JMVFH
JOURNAL OF MILITARY, VETERAN AND FAMILY HEALTH

Instructions for Authors

Introduction and Scope

The *Journal of Military, Veteran and Family Health (JMVFH)* is the official scholarly journal of the Canadian Institute for Military and Veteran Health Research (CIMVHR), published by the University of Toronto Press (UTP). *JMVFH* aims to maximize the health and social wellbeing of military personnel, Veterans, and their families by publishing world-class research for a broad international and multidisciplinary readership of researchers, health practitioners, administrators, and policy makers.

JMVFH publishes original articles related to the health and wellbeing of active military personnel, Veterans, and their families including Research articles, Reviews, Emerging Practices and Programs articles, Arts and Humanities articles and several other types of articles (see *Types of Articles and Specific Formatting Requirements* for details).

JMVFH welcomes submissions in the following research theme areas:

- Mental health and treatment
- Physical health and rehabilitation
- Social health and wellbeing
- Transition from military to civilian life
- Family health and wellbeing
- Evolving treatment practices or programs
- Occupational and environmental health
- Novel health technologies related to military service
- Transitions back to family life after deployment
- Health care policies and programs
- Military history related to health and wellbeing
- The arts and military-Veteran health and well-being
- Gender-based research related to any of the above theme areas

JMVFH is multidisciplinary in scope and accepts articles from researchers and clinicians conducting research relevant to enhancing the physical, mental, or social health of the beneficiary populations, including bioinformatics, biomechanical engineering, kinesiology and health studies, medicine, neurosciences, nursing, occupational therapy, organizational behavior, physical therapy, psychiatry, psychology, public administration, public health, social work, sociology, the arts and humanities and other relevant research areas.

JMVFH publishes articles in English, with English and French abstracts. To ensure that published work is of the highest scientific and ethical quality, *JMVFH* adheres to the International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Biomedical Journals. All scientific articles submitted to *JMVFH* should conform to the ICMJE's requirements for manuscripts, which can be found at icmje.org/icmje-recommendations (PDF).

Editorial Review

JMVFH uses a double-blind peer-review process. All blinded manuscripts will be read by one of the Editors in Chief and/or an Associate Editor to determine

whether the article is suitable for peer review based on methodology, originality of content, relevance to the journal's readership, and the importance of the research findings. Articles with low priority for publication or significant flaws will be rejected; articles that *JMVFH* wishes to consider for publication will be sent for peer review. Based on this evaluation, the author will receive one of the following responses: accepted, accepted with revisions, revise and resubmit, or rejected. Authors will be sent anonymous reviewer comments to help improve their manuscript.

JMVFH endeavours to make decisions about whether to send an article for peer review within 2 weeks of submission and to notify the author of an editorial decision within 8 weeks thereafter. After the first decision authors will work with an editor on subsequent drafts of the manuscript requiring revisions until a final decision has been made.

Articles have been accepted for publication will then be copyedited for clarity, consistency of style, and accuracy. The corresponding author will be contacted with queries from the copyeditor. Preliminary proofs will be sent to the author. In order to reduce the time from acceptance to publication corresponding authors should notify the editorial office if they will be away from their email for an extended period or if their contact information changes and should respond to copy editing questions as quickly as possible.

Articles that have reached the proof stage will be published as *Advance Online* articles on the *JMVFH* website. Final comments on the proofs will be incorporated in the version of record that is included in an issue of *JMVFH*.

JMVFH uses Similarity Check plagiarism detection software on a random sample of articles prior to peer review. Manuscripts in which plagiarism is detected may be rejected outright.

Submitting Articles

All articles are submitted using ScholarOne Manuscripts. Before you upload your article, you will need to be a registered user in ScholarOne at the following link: https://mc04.manuscriptcentral.com/JMVFH

All submissions must be the author's original work, not previously published, and not currently under consideration for publication in another journal.

All scientific articles should be blinded and conform to the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available [here](). All articles must also be accompanied by:

1. A copy of the *JMVFH Author Disclosure Form* signed by all authors
2. A list of five potential reviewers who are considered experts in the area of research and for whom reviewing the manuscript would not represent a conflict. A reviewer should not be suggested if s/he
    a. is from the same institution, government department, or organization as the applicant or interact with the applicant in the course of his/her duties;
    b. has direct involvement in the proposal being discussed;
    c. has collaborated, been a co-applicant, or published with the applicant(s) within the past 5 years;
    d. has been a student or supervisor of the applicant(s) within the last 10 years; or
    e. is a close personal friend or relative of the applicant(s).

    The reviewer list will be entered in ScholarOne at the time the article is uploaded.

3. The blinded article manuscript, including the abstract (where applicable), five to eight academic keywords and five to eight non-academic keywords that can be used to optimize retrieval and discoverability of the article. Wherever possible, academic keywords should be MeSH compliant to ensure the search terms are compatible with MEDLINE/PubMed and the National Library of Medicine databases (Please consult www.nlm.nih.gov/mesh/MBrowser. for more information on appropriate MeSH keywords). Non-academic keywords or phrases should be chosen according to things that would be used to search for your topic area in popular internet searches (e.g., Google).
4. All supporting files, including figures and illustrations, tables, and images; for the initial submission, these must be included at the end of the main file, but need not be high resolution.

When an article is accepted for publication, the corresponding author must also submit:

1. A signed [Imaging Permission Form]() from the original copyright holder of any images, data, or material that you would like to be reproduced from another source.

2. A signed [Permission to Acknowledge Form](#) from each person named in the Acknowledgements section of the article and/or for whom a reference to "personal communication" has been made in the article
3. A signed [Consent Form](#) for any person who is identified in an article or case study as a research subject, or whose photo is included
4. All figures, graphs, images, etc., as either source files (e.g., Excel, PowerPoint) or high-resolution (minimum 300 dpi at a width of 4") .JPEG, .TIF, or .EPS files.
5. All material required for the back matter for each article including brief author bios, any acknowledgements, disclaimers, etc. Author bios should not exceed 80 words and should include the highest academic degree of each author and (if applicable) the most relevant professional designation of the author (MD, PT, C.Psych, etc.). *JMVFH* does not publish military ranks or fellowships.
6. A lay summary of the article produced according to CIMVHR guidelines.
7. For submissions where the first author is an employee of the Government of Canada, a signed Crown Copyright form in a form acceptable to CIMVHR. Please see the [Crown Copyright Letter Template](#) for an example.

General Formatting Instructions

All manuscripts should be submitted in MS Word, using the following formatting: 12-point Times New Roman font; double spaced; 1" margins on all sides; page size at 8½×11" (Letter size), page numbers at top right, with continuous line numbering. Please do not include any header or footer text beyond the page number. Text should be aligned left (ragged right); use hard returns at the end of paragraphs only; do not add extra line spaces between paragraphs. Use only 1 space after periods and other punctuation (comma, semicolon, etc.).

Up to 3 levels of headings may be used. Headings should be formatted as follows: Level 1 headings, **BOLD ALL CAPS**; level 2 headings, **Bold sentence case**; level 3 headings, *Italic sentence case (not bold)*. In your article title, subtitle, and level 2 and 3 headings, capitalize only the first word and any proper nouns.

Please do not use endnotes or footnotes. Citation numbers should be in superscript (e.g., [1]) and should be numbered consecutively in the order in which they are first mentioned in the text.

References should be formatted in Vancouver style as outlined here: www.nlm.nih.gov/bsd/uniform_requirements. Although NLM includes 6 authors before using et al., please list only 3 authors before adding "et al." for 4+ authors.

For additional details, consult the NLM's *Citing Medicine*, available online at
www.ncbi.nlm.nih.gov/books/NBK7256/.

Wherever possible, please use generic names for drugs; the brand name may be listed in parentheses to aid comprehension by a general audience. Measurements should be given in metric units, with Imperial or standard units listed in parentheses if required.

P-values <0.05 should be reported to three decimal places (e.g., $p = 0.028$) and *p*-values >0.05 to two decimal places (e.g., $p = 0.44$). Report *p*-values less than 0.001 as $p < 0.001$, not as $p = 0.000$. When making comparisons between groups, be sure to identify the reference category and provide estimates of effect sizes and the corresponding confidence interval and *p*-value.

Blinding

Articles should be blinded by removing from the manuscript all information that could identify the author: references to authors, specific research facilities, acknowledgements, names of ethics review boards, or any other information that could identify the authors. To blind your manuscript, replace your name (and any coauthors' names) in the text and in any reference that would identify you with Xs. For example, if you are referring to one of your previously published articles, change the numbered reference entry to XXXX (e.g., 5. XXXX). Substitute XXXX for the city or town in which the research took place if it could help identify the participants and/or the institution. For universities, use "University X"; for REBs, use "the Y University REB" or "the Z Institution REB." Try to avoid including any other characteristics that might lead to the identification of the individuals or institutions involved.

Please also remove any information that would identify you from the "properties" section of your Word file. To do this, open the document, click on "File," scroll down to "Properties," and delete any identifying information. If you are sending a PDF, please remove this information before you create the PDF version of the article.

Manuscripts that have not been adequately blinded will be returned to the authors for revisions prior to being sent out for peer review.

Tables

Tables should convey information simply and clearly. Please submit tables in either MS Word or Excel format to allow for copyediting, preferably after being created

in one of these formats. Some other programs will allow tables to be saved in Word or Excel format, and this should be done prior to submission rather than copying and pasting a table created in another file format into a Word document. The information presented in the table should not duplicate information presented in the text. Titles for tables should appear above the top row of the table. The source and any notes should appear below the bottom row, and all units of measurement should be clearly labelled. Please be sure to reference the appropriate table in the text and to comply with the reference conventions of ICMJE where applicable.

Figures, Diagrams and Images

The same general size and labelling guidelines apply for figures and diagrams. The font used for all figures and labels should be Arial/Helvetica. Any manipulation of clinical images should be mentioned in the body of the manuscript.

Figures submitted at the review stage must be clear and legible and at the approximate size at which they will be published. Final figure files must be submitted to the following specifications:

- Colour photographs must be saved in RGB, and black-and-white photographs saved in greyscale. Where possible, all figures, graphs, and images should be submitted in full colour.
- Provide a separate high-resolution .EPS (the preferred format), .TIF, or .JPEG file (at a minimum resolution of 300 dpi and a minimum width of 4") for each figure.Scans of print photos are welcome when digital versions are not available. Please scan the original photo on a high-resolution scanner with the resolution setting set to 600 dpi and at the highest sharpness setting available. Colour prints should be scanned in full colour.
- Please do not include the final versions of your images in the body of your manuscript; instead, include the number and caption of each figure in the manuscript at the point you recommend that it would be best displayed.

Supplemental Files

The online format of the journal can accommodate video and audio clips and other supplementary files such as datasets, questionnaires, test instruments, checklists, clinical practice aids and other documents that better illustrate the methodology, results or conclusions of the author(s). The material is also subject to peer review and must be of the same scientific quality as the manuscript.

Videos should be approximately 1–3 minutes long and should be submitted in .avi or .mp4 format. To prevent pages from loading slowly, videos must not exceed 10 MB. Where the video is an author, expert, or research subject discussing an aspect of the research, please ensure that sound levels and light balance are conducive to portraying the material well. A 5-second cue countdown is recommended before beginning each clip.

Sound clips may be submitted in .mp3 format.

Acceptable file formats for supplemental data and appendices are

- Word (.doc, .docx)
- PowerPoint (.ppt, .pptx)
- Excel Spreadsheet (.xls, .xlsx)
- Adobe PDF (.pdf)
- Additional figures or images in the supported formats (.eps, .tif, .tiff, .jpg, .jpeg)
- ZIP compressed file (.zip)

Supplemental data files should not exceed 20MB in total.

Editors may request that video or audio clips be resubmitted if they are of substandard quality, and may choose not to publish some or all of the supplemental material provided.

Discoverability and Metadata

The amount of content published online has been increasing at a rapid pace in the past few years, and the vast amount of content available means that authors face a lot of competition for readership. Optimizing content for search engines is essential to ensuring that journal content is found and read. Search engines search for search terms throughout article metadata – article titles, authors, abstracts, and keywords. These elements are key to articles coming up in relevant searches. Authors are encouraged to supply effectively written abstracts with carefully chosen keywords to improve search engine optimization (SEO), improve Google search ranking, boost citation metrics, and increase readership. The abstract and keywords can strongly influence an article's online worth to readers, and both must be carefully considered and constructed early on in the article's development. Readers should know whether or not they want to read an article just by reading the abstract and keywords. Here are a few tips for effectively written titles, abstracts, and keywords.

Titles

Article titles should be descriptive, frank, and concise.

Abstracts

Please use a structured abstract for all Research, Reviews and Practice-Based Reviews articles (use the IMRAD structure: Introduction, Methods, Results, and Discussion). Non-structured abstracts are required for Emerging Practices and Programs articles and Arts and Humanities articles (IMRAD structure is not required). Submissions that do not require an abstract are: In Graphics, Info Briefs, Perspectives, On Health and Healing and Snapshots.

An effective abstract must do the following things:

- It must motivate – Why do we care about the problem and the results?
- It must provide a problem statement – What problem is the article trying to solve?
- It must describe an approach – How did the author go about solving or making progress on the problem?
- It must describe the results – What's the answer?
- It must summarize the conclusions – What are the implications of the answer?

Keywords

The best keywords are not just individual words, but 2- to 4-word phrases that precisely describe the work. Often these are words that researchers might type into a search engine (e.g., Google, MeSH) to find articles of interest in the same field.

Lay Summaries

Increasingly lay summaries are being produced to increase discoverability of the research by the general public, media outlets, or policy makers. Lay summaries are required for all accepted *JMVFH* submissions prior to publication and will be published with the article on the *JMVFH* website. An effective lay summary should explain in non-technical language what the article is about, why it is important and add any additional perspectives from the author on the piece of work. Guidelines for creating effective lay summaries for *JMVFH* are available from the editorial office or on CIMVHR's website.

Types of Articles and Specific Formatting Requirements

Research

Research articles are peer reviewed and should be no more than 3500 words (12–15 double-spaced pages) plus a 250-word structured abstract and no more than 50 references. *JMVFH* publishes research that uses any method (qualitative, quantitative, other methods) as appropriate to the goals and objectives of the research, as long as it falls within the journal's areas of editorial scope. Research articles should be specific enough to contribute to the international literature in the author's discipline but written so that the content can be easily understood by *JMVFH*'s multidisciplinary audience. Research articles can include the results of randomized controlled trials (RCTs), evaluations of programs or clinical practices, policy analyses, or any other study related to enhancing the health and wellbeing of the beneficiary populations. Reports of RCTs should be consistent with [CONSORT guidelines](#) and should include the clinical trials registry number in the abstract. Headings for research articles and abstracts must include Introduction, Methods, Results, and Discussion (IMRAD), according to the ICMJE Uniform Requirements.

Reviews

Review articles publish findings related to the quality and scope the scholarly literature on topics related to the health and wellbeing of *JMVFH*'s populations of interest. Review articles are peer reviewed and should be no more than 3500 words (12–15 double-spaced pages) plus a 250-word structured abstract and may contain more than 50 references. Review articles can take the form of scoping reviews, systematic reviews, meta-analyses, and other structured Reviews that use a formal methodology. Systematic reviews and meta-analyses should clearly reference the protocol used by the authors in the Methods section and may contain more than 50 references. Headings and abstracts for Review articles must also include the IMRAD structure.

Practice-Based Reviews

As a sub-category of Reviews, *Practice-Based Reviews* present results of literature reviews on clinical issues, structured around up to five clinical questions aimed at enhancing practice for one of the beneficiary groups. Reviews are peer reviewed and must be previously unpublished and provide a knowledge synthesis for each of the clinical questions. Reviews should be based on a detailed understanding of the most current literature and may include the results of scoping reviews or other methodologies. Each review should include a brief introduction, a description of the methodology used to gather the evidence (inclusion and exclusion criteria,

search terms, databases searched and description of the number and type of articles found), the results (clinical questions and knowledge syntheses), and a concluding discussion (gaps in the literature found or upcoming research studies that will further illuminate the questions, etc.). Authors may also focus on evaluating the evidence for different approaches to a difficult clinical issue and provide their recommendation for which practice may be best based on the evidence and clinical experience.

Practice-Based Reviews should be no more than 2000 words; may include up to 4 figures or tables and up to 40 references; and should include a structured abstract (IMRAD) of up to 200 words.

Emerging Practices and Programs

Emerging Practices articles focus on new therapies, interventions, diagnostic tools, or programs that have been used with beneficial preliminary effects in the author's practice setting. Articles are peer reviewed and may also address new medical technologies, new decision-making tools, or new applications of existing therapies. An article in this category should contain (1) an introduction that describes the practice, the setting the practice is being used in, and relevant characteristics of the patients or subjects for whom the practice has been designed or with whom it is being used; (2) the rationale for the innovation in relation to current best practice or other commonly used interventions used to address the same issue; (3) the evidence base in the literature for the new practice, including any contrary evidence; (4) preliminary results based on outcome measures that are described, including any contraindications; (5) conclusions, which may also describe next steps in developing or measuring the success of the practice. Where the article is about a program, the author should clearly focus on the key therapeutic strategy employed in the program and any complementary techniques or features of the program used to increase the effectiveness of the primary therapeutic intervention.

Emerging Practices articles should be limited to 2000 words and 40 references; may include up to 4 figures and/or tables; and should include a non-structured abstract of up to 200 words (IMRAD headings not required).

Arts and Humanities

The *Arts and Humanities section* publishes articles on topics related to the health of the beneficiary populations written from an arts and humanities perspective.

Arts and Humanities Articles

Topics may include issues related to the intersection of military-Veteran life (health or un-health) and culture, social change or stigma reduction through the arts, arts-based therapies, military history as it relates to health and wellbeing, depictions of military-Veteran health issues in the media or arts (artistic renderings, drama, dance, literature, etc.), religion or spirituality and health or wellbeing, and historical perspectives on contemporary challenges from classical arts and literature, with a view to better understanding the challenges or finding insights into healing and care.

Articles should be limited to 2000 words and 40 references; may include up to 4 figures or tables; and should include a non-structured abstract of up to 200 words (IMRAD not required).

Where a formal research methodology has been used to evaluate arts-based therapies or other arts and humanities initiatives into healing, the article should be submitted as a Research article, using the appropriate guidelines.

On Health and Healing

JMVFH also accepts creative writing submissions on the themes of health or un-health in the beneficiary populations or personal and professional experiences with providing care. Articles may be up to 1000 words. Abstract not required.

Snapshots

JMVFH accepts photographs that tell a story related to the health and wellbeing of the beneficiary populations or military-Veteran health-related activities throughout history. Each S*napshots* submission includes one high-quality image, a caption, and one reference. Images can include artistic renderings, neuroimaging, etc.

Where Arts and Humanities submissions include content about non-fictional individuals and illness, a patient consent form is required.

Perspectives

Perspectives articles focus on topics currently being debated within the medical, therapeutic, or research community and provide an opportunity for evidence-based arguments that further the current scholarly discussion. These articles should clearly take a point of view in the debate and should be supported by up to 20 high-quality references. *Perspectives* articles should not exceed 1500 words. Abstract not required..

Talking Points

Talking Points pieces are meant to provide a brief synopsis of an issue affecting the health of active military personnel, Veterans, and their families for a cross-disciplinary audience of researchers, clinicians, and service providers working in the field. Authors will draw upon expertise from their own research area to increase understanding of key points among the broader MVHR community. The focus in these articles is on brevity, clarity, and significance of content. The two types of *Talking Points* articles are *Info Briefs* and *In Graphics* submissions.

Info Briefs

Info Briefs are one page submissions that present five brief but significant points about a topic related to the health of the beneficiary populations. Each of the five points should include a key statement followed by two to three sentences explaining the statement and one reference. Info Briefs can include topics such as the most common issues encountered by a particular population of interest; the most important things to know about a topic; the most misunderstood things about a topic; the most controversial or the most current information on a topic; incidence and prevalence; things to know about diagnosis, treatments, and success rates; most interesting emerging research or clinical therapies; most significant gaps in research; and so on. *Info Briefs* are limited to approximately 300–500 words and 5 references. Please see VanTil et al. in *JMVFH* 1.1 for an example of an effective *Info Brief*.

In Graphics

In Graphics are evidence-based presentations of important points about an issue related to the health of the beneficiary populations, presented in a 1 page graphical format. Topics should be chosen according to issues or challenges currently of significance to one of the beneficiary population groups and may include the kinds of topics covered under *Info Briefs*.

Each *In Graphics* submission is meant to tell a story. The story begins with a short introductory paragraph that introduces the reader to the topic and why it is important. The remainder of the story is told with short segments of text (normally no more than 2-3 simple sentences) that tell one aspect of the overall story. One graphic will be used for each segment of text, and four to five graphics will be used in each submission. References should be provided for each data source in numbered Vancouver format. A few types of data work well in *In Graphics* submissions:

- *Trend data* that depicts the scope and magnitude of an issue over time. Trend data can be presented in traditional graphical formats (histogram, line

graph, pie chart, etc.) and more creative graphical formats to tell the story of this issue. Trend data can also include documenting changes in treatment conventions, significant research discoveries, and other trends over time.

- *International comparison data* that shows the incidence or prevalence of the issue in other comparable nations and puts the magnitude of the issue into an international perspective.

- *Statistics* that provide an overview of key facts readers should know about the topic and help illustrate its significance. When *statistical data* is presented, the emphasis should be on substantive interpretations using simple language and not on an overly technical statistical presentation or tables of data. Results should be taken from published studies from which readers can learn more about the methodology and modelling employed, and references provided for each data point. Statistics such as odds ratios should be presented in relation to the reference category, and confidence intervals, when used, should be provided in a simple format (95%, ±0.354). The key question an author should ask is, "How can the most relevant data be presented graphically?"

Graphics that accompany text should not simply replicate the information provided in the text but provide complementary and additional information that adds depth to the facts presented in the text. A variety of graphical types should be used throughout the *In Graphics* submission (i.e don't use a pie chart / bar graph in each box). Please see any of the *JMVFH* issues for examples of past *In Graphics* submissions.

Due to the graphical nature of Info Briefs *and* In Graphics *submissions, authors work with the Managing Editor to develop content that fits well with the submission type and standard formatting requirements. Please visit jmvfh.utpjournals.press/contact-the-editors to contact the editors directly regarding these submissions.*

Letters

JMVFH publishes selected letters written on articles published in the journal, along with author responses to those letters, to further scholarly discussion in the *Conversations* section. Published letters will maintain the highest professional standards, provide additional scholarly or clinical perspective to the contents of the article, and be supported with up to 5 high-quality references wherever possible.

Letters will be published with the author's name, institutional affiliation, and email address and should not exceed 250 words.

General Policies

All other policies of ICMJE should be followed regarding authorship standards, ethics review, protection of human subjects and animals in research, RCTs, observational studies, systematic reviews, etc. Please see the most current guidelines at www.icmje.org/icmje-recommendations (PDF).

Open Access Fees

JMVFH is committed to the highest standards of open access publishing and to making research findings accessible to the widest possible readership. This includes working with a publisher who copy edits our work, helps with marketing and other strategic development initiatives for the journal, and hosts our work on web-based platforms.

Thanks to funding provided by Health Canada and other philanthropic sources *JMVFH* has been able to offer a no-pay policy to authors for regularly submitted articles. This policy currently remains in effect but is subject to review annually based on the funded position of the journal.

JMVFH does charge a fee for publishing supplements and special issues based on the number of pages, articles and other factors. Supplements and special issues must fall within the scope of the Journal and be peer reviewed. Please contact the Managing Editor for details.

After publication, what next?

The measures of success of academic literature are knowledge uptake and citations. What are some of the things you can do to increase the discovery and use of your article?

1. Deposit your article in your University's open access repository or CIMVHR's Q-space repository qspace.library.queensu.ca/handle/1974/14416

2. Make sure your University library has *JMVFH* in its holdings information and is accessible to academic searches.

3. Post your lay summary and a link to your article on social media platforms or electronic research dissemination platforms.

4. Approach your University communications department about featuring your work.

5. Submit an abstract to present your work at CIMVHR's annual Forum.

6. Cite *JMVFH* articles in future articles and ask colleagues to consider doing the same for your work published in *JMVFH*.

7. Become a *JMVFH* peer reviewer or ambassador.

Questions

For more information on promoting your articles or other aspects of the submission and production process please see UTP`s Author Resource Kit at the following link: jmvfh.utpjournals.press/pb-assets/utoronto/jmvfh/Author-Resource-Kit.pdf

For further information on manuscript formatting or other issues, please contact Jocelyne Halladay at the Editorial Office at jocelyne.halladay@queensu.ca or (613) 533-6000 ext 74756.

For technical support related to ScholarOne, please contact the University of Toronto Press at journals@utpress.utoronto.ca.