

Information for authors

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1. Confirmation that the manuscript is original material, has never been published before, is not under consideration for publication elsewhere, and has been approved by all authors.
2. Confirmation that each author substantially contributed to the intellectual content of the paper and accepts public responsibility for that content.

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Type the manuscript on one side of white A4 paper (8.5 * 11 in.), with margins of at least 1 in. Double-space all portions of the manuscript, including title page, abstract, text, acknowledgements, references, individual tables, and figures. Each section should begin on a separate page. Number pages consecutively in the upper right-hand corner, beginning with the title page. The following describes the different types of submissions published in The Education in Medicine Journal, including specific requirements for each, such as maximum

word count and number of tables and figures allowed. These restrictions are enforced so the Journal can publish as many papers in each issue as possible.

Categories of Papers

Original articles: This category is intended for full-scale medical education research. Original articles should not exceed 5,000 words (not including structured abstracts of up to 250 words, 3-5 key words, references, tables, and figures) with a maximum of 5 figures and 5 tables in total.

Review articles: This category is for scholarly, comprehensive reviews that summarize and critically evaluate research in the field addressed and identify future implications. Review articles should not exceed 5,000 words (not including structured abstracts of up to 250 words, 3-5 key words, references, tables, and figures) with a maximum of 5 figures and tables in total.

Commentaries: This category is intended for articles expressing views, judgments, and/or advices on the matters relevant to medical education field. Opinions should contain no more than 1,500 words (not including structured abstracts of up to 150 words, 3-5 key words, references, tables, and figures).

Innovative ideas: An Innovative Idea is suitable for recording the results of complete small investigations or giving details of new models or hypotheses, innovative methods, techniques or apparatus related to medical education.

Abstract: Not more than 175 words

Text: Not more than 1500 words

Figures and tables: Not more than 3.

References: Less than 20

Special communications: These manuscripts describe an important issue in medical education research in a scholarly, thorough, well-referenced, systematic or evidence-based manner.

Abstract: A narrative (unstructured) abstract of 200 words or fewer is required.

Text: Not more than 3000 words (excluding tables, figures, or references).

References Less than 80

Programme, Workshop or Student Activity reports: These should briefly report on a single useful and interesting programme, workshop or student activities. Manuscripts in this category should contain no more than 500 words (reference at least ONE or maximum of THREE and tables and figure are not required). The manuscript format details are as below:

1. Context (what are the setting background that lead to the idea)
2. Reason for the idea (why the idea was necessary)
3. Methods (what have been done)
4. Evaluation (of the programme, workshop or student activity)

Letters to the Editor: These should briefly respond to recent articles. Letters to the Editor should not exceed 750 words (including text and references) with a maximum of one table or figure.

Title page:

The title page should carry the following information:

1. Title, which should be concise but informative without using acronyms.
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Abstract:

The abstract should include: Objective: purpose of the study or research question; Methods: study design, sample selection, setting, subjects, interventions(s) if any and main outcome measure(s); Results: main findings (giving their statistical significance, if possible); and Conclusions.

Main content:

Introduction: Provide a context or background for the study (i.e., the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation. The main and secondary objectives should be made clear, and any pre-specified subgroup analyses should be described. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

Methods: The Methods section should include only information that was available at the time the plan or protocol for the study was written; all information obtained during the conduct of the study belongs in the Results section. Selection and description of participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. The guiding principle should be clarity about how and why a study was done in a particular way. Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the experiment. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. Statistics: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results.

Results: Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables.

Discussion: Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. For experimental studies it is useful to begin the discussion by summarizing briefly the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice. Avoid claiming priority and alluding to work that has not been completed.

Acknowledgements: This section may include: i) acknowledgements of financial and material support; ii) contributions that need acknowledging but do not justify authorship; iii) acknowledgement of technical help; and iv) indications of previous presentation.

References: Authors are responsible for the accuracy and completeness of the references. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming". Information from manuscripts submitted but not accepted should be avoided but, if necessary, may be cited in the text as "unpublished observations". Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. Only relevant references cited in the text should be included, and numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in brackets. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first

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identification in the text of the particular table or figure. The titles of journals should be abbreviated according to the style used in the Index Medicus. Example citations: "Depression is a disease state affecting both the body and the brain, and it contributes to direct and indirect healthcare costs via consequent disability and reduced productivity [1]/(1). Depression affects nearly 340 million people worldwide at any given time [2,3]/(2,3). In clinical population with depression, physical symptoms are common [4-6]/(4-6). The reference style should be in concordance with the International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals (full details are available at http://www.nlm.nih.gov/bsd/uniform_requirements.html). Examples are as follows:

ARTICLES IN JOURNALS

1. Standard journal article

List the first six authors followed by et al. (Note: NLM now lists all authors.):

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002;347:284-7.

More than six authors:

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res*. 2002;935(1- 2):40-6.

2. Organization as author

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension*. 2002;40(5):679-86.

3. Both personal authors and an organization as author

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol*. 2003;169(6):2257-61.

4. No author given

21st century heart solution may have a sting in the tail. *BMJ*. 2002;325(7357):184.

5. Volume with supplement

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and longterm use for treatment of migraine and in comparison with sumatriptan. *Headache*. 2002;42 Suppl 2:S93-9.

6. Issue with supplement

Glaser TA. Integrating clinical trial data into clinical practice. *Neurology*. 2002;58(12 Suppl 7):S6-12.

7. Volume with part

Abend SM, Kulish N. The psychoanalytic method from an epistemological viewpoint. *Int J Psychoanal*. 2002;83(Pt 2):491-5.

8. Issue with part

Ahrar K, Madoff DC, Gupta S, Wallace MJ, Price RE, Wright KC. Development of a large animal model for lung tumors. *J Vasc Interv Radiol*. 2002;13(9 Pt 1):923-8.

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9. Article published electronically ahead of the print version

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood*. 2002 Nov 15;100(10):3828-31. Epub 2002 Jul 5.

BOOKS AND OTHER MONOGRAPHS

10. Personal author(s)

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

11. Editor(s), compiler(s) as author

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

12. Author(s) and editor(s)

Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

13. Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

14. Dissertation

Borkowski MM. *Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]*. Mount Pleasant (MI): Central Michigan University; 2002.

OTHER PUBLISHED MATERIAL

15. Newspaper article

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post*. 2002 Aug 12;Sect. A:2 (col. 4).

16. Audiovisual material

Chason KW, Sallustio S. *Hospital preparedness for bioterrorism [videocassette]*. Secaucus (NJ): Network for Continuing Medical Education; 2002.

17. Dictionary and similar references

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

UNPUBLISHED MATERIAL

18. In press

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in *Arabidopsis*. *Proc Natl Acad Sci U S A*. In press 2002.

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ELECTRONIC MATERIAL

19. CD-ROM

Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

20. Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

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