

# INSTRUCTIONS FOR AUTHORS

The journal follows the guidelines of Uniform Requirements for Manuscript Submission as recommended by the International Committee of Medical Journal Editors (ICMJE) available on the website [www.icmje.org](http://www.icmje.org), including all updates (Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, Updated December 2016).

## **Who is an author?**

Researchers who have made substantial contribution to (ICMJE):

*“The conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND Drafting the work or revising it critically for important intellectual content; AND Final approval of the version to be published; AND Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.”*

The contribution by each author of the manuscript should be defined at the time of manuscript submission. The relevant person shall then be deemed accountable for manuscript errors.

## **Corresponding author**

The researcher (Principal Investigator or Co-Investigator) who shall hold all correspondence with the journal and be held accountable for issues related to all communications and deadlines regarding publication of the article.

## **Types of articles considered for publication**

These include original research articles, short communications, case reports, review articles and conference reports. A general section will be optional for articles other than the above types.

## **Other material to be published**

These include letters to the editor; book reviews; biographies; updates on research; news on innovations / techniques / discoveries; guidelines or resources for medical research; external links to useful web resources.

## **Supporting documents**

All manuscript submissions must include the following:

1. List of Authors with details: complete names, qualifications, designations, postal addresses, email addresses, contact numbers.
2. Identification of Principal Author, whose name shall be written as first author. The Principal Author must make a statement that the article has not been submitted to another journal at the time of submission to Journal of Rehman Medical College. In case the article has to be withdrawn at a later stage, sufficient reasons, acceptable to the editorial board shall be submitted by the Principal Author.
3. Identification of Corresponding Author, whether the first author or another author.
4. Letter of Undertaking by all authors indicating their contribution to the research study and submitted manuscript and that they have read the manuscript prior to submission.
5. Letter of No Conflict of Interests by all authors; if a conflict exists, it should be mentioned.
6. Letter of approval from an Institutional Ethics Review Committee stating that there are no ethical violations or if there are any, these have been compensated for.

## **MANUSCRIPT SUBMISSION**

Types of manuscripts accepted:

1. Original research papers
2. Short communications
3. Review articles
4. Case reports
5. Editorials
6. Book Reviews
7. Biographical notes
8. Conference reports

## Manuscript requirements

1. All manuscripts should be submitted in the form of one printed copy and a soft copy. The soft copy may be emailed or submitted on CD, DVD or USB. An optional PDF version may be sent for purposes of record keeping.
2. Manuscripts should be in MS Word format, typed in Times New Roman font size 12, double spaced with one inch margins all around the page. The title should be in capital letters, font size 14, center-aligned and not more than 150 letters (including spaces). It should reflect the study objectives and/or main results.
3. The names of authors should be written below the title with the Principal Author/Investigator written first, unless otherwise specified. The first author is also considered the Corresponding Author, unless otherwise specified. Complete names, qualifications, designations, postal addresses, email addresses and contact numbers of all authors are to be submitted.
4. The Abstract should contain a structured abstract with sections of Introduction, Objectives, Materials & Methods, Results and Conclusions, followed by 3-10 Keywords based on MeSH indexing. Each section of the abstract should be concise and contain content relevant to the study objectives, study design, data collection, main results and brief conclusion; the abstract should contain 200-250 words.
5. The Introduction should have three components, written as sequential paragraphs: the first portion should Identify and State the Problem Under Study, with supportive references and epidemiological data based on a recent (within last 5 years) literature search; the second part should be a Literature Review, giving a brief account of the major research studies on the problem along with the milestones, highlights and failures to date. Preferably this should be based on research done in the last 5-10 years. The third part of Introduction is the Rationale of the Study, where the importance of the study is presented. It should describe why it is necessary to carry out the research, what would be gained from it and what would be lost if the research were not done.
6. The Aim and Objectives are written at the end of Introduction. Though writing an aim is not essential, writing the objectives are essential and papers would not be accepted without written objectives in the standard 'To do...' and SMART format.
7. Any Hypothesis, if written, should be based on clear understanding and description of both Null and Alternate states; some justification should be given as to why the alternate hypothesis was developed and what would be the possible consequences of putting the findings in practice should the null be considered rejected on the basis of the research study.
8. The Materials & Methods should follow a standard checklist based on Setting, Duration, Population & Sample, Selection Criteria, Study Design, Sampling Technique, Sample Size, Method of Data Collection and Data Analysis. Sufficient details of materials used, and methods adopted, should be provided to enable other researchers to replicate the study in case they wish to do so. For data analysis, mention the main variables, their types, what calculations and analyses were done, what tests of significance were used, and the p value considered significant.
9. The Results should be presented in an integrated manner in tables, figures, illustrations, etc. with supportive and explanatory text; the explanatory text should precede the corresponding table, and not be written separately. A good approach is to have a table for demographic data, followed by tables or figures with specific data to be presented. Most articles should be able to summarize their findings in up to 4 tables and 2 figures. The captions of tables should be on the top of the table serially numbered (Table 1, Table 2, etc.); the captions for figures should be at the bottom and serially numbered separately (Figure 1, Figure 2, etc.). These should be cited in relevant accompanying text so that the reader can find the results being referred to. DO NOT duplicate presentation of identical data in both tables and figures.
10. The Discussion is a most important part of an article and should not be used to describe the results as a repetition; rather it is meant to *explain and interpret the results* and provide readers with a comprehensive picture of how the researchers have viewed their results in light of their objectives. It should be mentioned how the results strengthen a hypothesis or help in making a decision regarding the null hypothesis. A recommended technique is to discuss the main findings of the study first, giving reasons for the plausibility or otherwise of the findings. Demographic and other supportive data should be used to further the discussion and should not be used to discuss unimportant aspects of the profiles of subjects. An important component of discussion is to *compare and contrast the findings* of the study with other similar studies starting from the local level and proceeding to national, regional and international levels, as indicated. References for comparisons should also be recent studies with similar objectives and/or study designs; preferably studies with large random samples and strong statistical analyses should be selected for discussion.
11. The Conclusion follows logically from the discussion and should be based on Results and Discussion, rather than written as a separate entity with bookish content. It should not be lengthy but composed of a few conclusive sentences that will convey a final summarized message to the reader regarding the utility of the study undertaken.
12. Recommendations may be written separately, if any follow logically from the findings of the study. They should be based on the present study and not given from other sources such as books or other articles.
13. Acknowledgements are also a separate heading where needed, written before references. Acknowledge only material, technical or financial support; routine secretarial work and/or proofreading the article are not to be acknowledged. Supervision of the study can only be acknowledged, as it is not a criterion for authorship.
14. The References are a separate heading, listing all the literature searched, used and cited in the study. Referencing should follow the *Vancouver style* as given in [www.icmje.org](http://www.icmje.org). The number of references should be justified and preferably no more than three references on a given aspect or issue cited in the text; the total number of references should be between 20 and 40 for an original article; a review article may contain from 50 -100 references, whereas a case report may have less, depending on the rarity of the case (minimum 5 references).