

# INSTRUCTIONS FOR AUTHORS

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

## **Who is an author?**

Researchers who have made substantial contribution to developing the research proposal; data collection and analysis; article writing and reviewing; and agreeing to be held accountable for their specific tasks. 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, meta-analyses, 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 Institute. In case the article has to be withdrawn at a later stage, sufficient reasons, acceptable to the editorial board shall be submitted by the Principal Author.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. Conflict of Interest Statements 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 any, these have been compensated for.
7. A plagiarism report is recommended for submission along with the manuscript. Manuscripts will be subjected to plagiarism check prior to acceptance for publication.

## **MANUSCRIPT SUBMISSION**

### **Types of manuscripts accepted**

1. Original Research Papers
2. Short Communications
3. Review Articles
4. Case Reports
5. Meta-Analyses
6. Editorials
7. Book Reviews
8. Biographical Notes
9. Conference Reports
10. General Articles of Biomedical Interest

## Manuscript requirements (components may vary depending on article type)

1. All manuscripts should be submitted in the form of **one printed copy** and **one soft copy** submitted online to the journal website. Alternately, 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 be a structured abstract with sections of Introduction, Objective(s), Materials & Methods, Results and Conclusions, followed by 3-10 Keywords based on PubMed Medical Subject Headings (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 up to 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 not more than in the last 5 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/or Objective(s)** 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 formats.
  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 hypothesis get rejected based on 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 written before each table and figure. 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.). Tables and Figures should be cited in relevant accompanying text (written *before* each table or figure) so that the reader can find the results being referred to.
  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 considering their objectives. It should be mentioned how the results strengthen a hypothesis or help in deciding about 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 current 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 (within 5 years) 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 a separate subheading written after the Discussion. It should not be lengthy but composed of a few conclusive sentences that convey a final summarized message to the reader regarding the utility of the study undertaken.
  12. **Recommendations** should be written separately, as a subheading, 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 subheading 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.
  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 cited at any one location in the text should be justified to no more than three references on a given aspect or issue; the total number of references should be between 20 and 40 for an original article; a review article may contain from 50 -70 references.
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