

The International Journal of Medical Students (IJMS) is a peer-reviewed open-access scientific journal, created to give a voice to the thousands of medical students worldwide, who actively participate in research and who contribute with their actions to the development of better science and medical progress.

The IJMS follows the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#), issued by the International Committee for Medical Journal Editors (ICMJE), and the [Committee on Publication Ethics \(COPE\) code of conduct for editors](#).

The criteria that a manuscript needs to meet to be published in the *IJMS* include: originality, transparency, readability, factual accuracy, authorship and conflict of interest disclosure.

Originality

The manuscript should be original, meaning that it (1) is not a duplicate publication, the authors should state this in the Authors Signature Form; (2) is not been retracted from another journal and is now being submitted for publication in *IJMS*; (3) offers new important information for the medical literature; (4) is not intended to replace an existing publication; and (5) if it has been published previously, attach the original authorization of the Journal which was the primary publication for duplication in the *IJMS*.

Quoted from ICMJE Uniform Requirements: "This requirement does not prevent considering a complete report that follows publication of a preliminary report, such as a letter to the editor or an abstract or poster displayed at a scientific meeting. It also does not prevent considering a paper that has been presented at a scientific meeting but was not published in full, or that is being considered for publication in proceedings or similar format. Press reports of scheduled meetings are not usually regarded as breaches of this rule, but they may be if additional data tables or figures enrich such reports. Authors should also consider how dissemination of their findings outside of scientific presentations at meetings may diminish the priority journal editors assign to their work. An exception to this principle may occur when information that has immediate implications for public health needs to be disseminated, but when possible, early distribution of findings before publication should be discussed with and agreed upon by the editor in advance."

Transparency

The transparency statement that is included for *IJMS* authors is the following:

The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.¹

The Transparency Statement of the *IJMS* is part of the final checklist an author has to abide by before submitting a manuscript to the *IJMS*.

Readability

The information presented in the manuscript must be at an appropriate readability level for its intended audience. This can be affirmed by asking colleagues to read the manuscript and confirm understanding is at the correct level.

Factual Accuracy and Timeliness of Data

The manuscript must have no errors of facts, interpretation, or calculation. Manuscripts submitted to the *IJMS* should be timely and current and should be based on data collected as recently as possible (typically not more than 5 years before manuscript submission). Note that manuscripts in which the most recent data have been collected more than 5 years ago will receive lower priority for publication, and authors of such manuscripts should provide a detailed explanation of the relevance of the information in light of current knowledge and medical practice.

Authorship

At least one author of the manuscript must be:

- A current medical student in any University in the world. or
- A physician up to two years after graduation.

Additionally, at least one of the authors of any original article, short communication or review article submitted for consideration for publication needs to be a senior researcher, someone who has experience in the area of research and who preferably has formal research training (i.e. graduate degree).

Each author must have contributed directly to the intellectual content of the manuscript, the genesis and analysis of their data.

The ICMJE recommends that authorship be based on the following 4 criteria: (1) Substantial contributions to the conception or design of the work or the acquisition, analysis, or interpretation of data for the work; (2) Drafting the work or revising it critically for important intellectual content; (3) Final approval of the version to be published; and (4) 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.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their coauthors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors.

Contributors who meet fewer than all four (4) of the above criteria for authorship should not be listed as authors, but they should be acknowledged. (See Acknowledgement section below)

All authors (i.e., the corresponding author and each coauthor) must be complete and submitted in an [Authors Signature Form](#). In addition, authors are required to identify their contributions to the work described in the manuscript, as present in the Authors Signature Form and meet all the statement conditions in the Authors Signature Form.

¹ Altman DG, Moher D. Declaration of transparency for each research article. *BMJ* 2013;347:f4796

Corresponding author

The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication.

Group Authorship

When a large multi-author group has conducted the work, the group ideally should decide who will be an author before the work is started and confirm who is an author before submitting the manuscript for publication. All members of the group named as authors should meet all four criteria for authorship, including approval of the final manuscript, and they should be able to take public responsibility for the work and should have full confidence in the accuracy and integrity of the work of other group authors. They will also be expected as individuals to complete conflict-of-interest disclosure forms.

Some large multi-author groups designate authorship by a group name, with or without the names of individuals. When submitting a manuscript authored by a group, the corresponding author should specify the group name if one exists, and clearly identify the group members who can take credit and responsibility for the work as authors. The byline of the article identifies who is directly responsible for the manuscript, and MEDLINE lists as authors whichever names appear on the byline. If the byline includes a group name, MEDLINE will list the names of individual group members who are authors or who are collaborators, sometimes called non-author contributors, if there is a note associated with the byline clearly stating that the individual names are elsewhere in the paper and whether those names are authors or collaborators.

Acknowledgements

Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading. Those whose contributions do not justify authorship may be acknowledged individually or together as a group under a single heading (e.g. "Clinical Investigators" or "Participating Investigators"), and their contributions should be specified (e.g., "served as scientific advisors," "critically reviewed the study proposal," "collected data," "provided and cared for study patients", "participated in writing or technical editing of the manuscript").

Because acknowledgment may imply endorsement by acknowledged individuals of a study's data and conclusions, editors are advised to require that the corresponding author

obtain written permission to be acknowledged from all acknowledged individuals.

Conflicts of Interest

A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could influence or bias the author's decisions, work, or manuscript. All authors are required to complete and submit the [ICMJE Form for Disclosure of Potential Conflicts of Interest](#). In this form, authors will disclose all potential conflicts of interest, including, but not limited to, employment, affiliation, grants or funding, consultancies, honoraria or payment, speakers' bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued.

Authors without conflicts of interest should indicate such in the [ICMJE Form for Disclosure of Potential Conflicts of Interest](#) and include a statement of no such interest in the Acknowledgement section of the manuscript.

In either case, each author should submit this form and failure to submit it results in delaying the evaluation and review of the manuscript. Each author's disclosure of conflicts of interests should be accurate, up-to-date and consistent with what is reported in the "Conflicts of Interest statement by author" and "Financing" sections on the first page of the manuscript.

Discussions about whether such information provided by authors should be published, and thereby disclosed to reader, are usually straightforward. The policy requiring disclosure of conflicts of interest applies for all manuscript submissions, including letters to the editor.

If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement, and additional action may be taken as necessary.

Cover Letter

The authors should state in the Cover Letter that the material submitted to *IJMS* has not been submitted to any other journal and is not under review, accepted or published in another journal. The cover letter should explain why the manuscript is suitable for publication in the *IJMS*.

Research Studies Accepted for Submission

Clinical Trials

The ICMJE defines clinical trials as "any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationships between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like".

All manuscripts reporting clinical trials must include a copy of the trial protocol, typically including the complete statistical analysis plan, a [CONSORT flow diagram](#), and a complete [CONSORT Checklist](#). All clinical trials should be registered at an appropriate online public registry. The registry should be acceptable to the ICMJE (i.e., the registry must be owned by a not-for-profit entity, be publicly accessible by ICMJE).

Acceptable trial registries include the following and others listed at [ICMJE website](#):

- [ClinicalTrials.gov](#)
- [Australian New Zealand Clinical Trials Registry](#).
- [The ISRCTN Registry](#).
- [The European Clinical Trials Database](#)

All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. Please note: for clinical trials starting patient enrollment after July 2005, trials must have been registered before onset of patient enrollment. For trials that began before July 2005 but that were not registered before September 13, 2005, trials must have been registered before journal submission. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (eg, phase 1 trials), are exempt. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract.

For additional guidance on reporting cluster trials, non-inferiority and equivalence trials, pragmatic trials, and trials with patient-reported outcomes, see [Extensions of the CONSORT Statement](#).

Survey Research

Manuscripts reporting survey data should report data collected as recently as possible, ideally within the past 2 years. Survey studies should have sufficient response rates (generally at least 60%) and appropriate characterization of non-responders to ensure that non-response bias does not threaten the validity of the findings. For most surveys, such as those conducted by telephone, personal interviews (eg, drawn from a sample of households), mail, e-mail, or via the web, authors are encouraged to report the survey outcome rates using standard definitions and metrics, such as those proposed by the [American Association for Public Opinion Research](#).

Reports of Diagnostic Tests

These manuscripts may be classified as Original Articles, Short Communications, Case Reports, or other types like Letters. Authors of reports of diagnostic tests are encouraged to submit the [STARD flow diagram and checklist](#).

Reports of Cost-effectiveness Analyses and Decision Analyses

These manuscripts may be classified as Original Articles, Short Communications, Case Reports, or Letters. Authors of reports of cost-effectiveness analyses and decision analyses must submit a copy of the decision tree comprising their model. This is for editorial evaluation and review, not necessarily for publication, unless it is included in the body of the manuscript.

Systematic Reviews and Meta-Analysis

Submissions of reviews and perspectives covering topics of current medical interest are welcome and encouraged. Reviews are disease-oriented, clinically focused overviews for medical students. Systematic reviews often include meta-analysis; statistical techniques to combine results of the eligible studies.

The *IJMS* requires that authors of systematic reviews adhere to the [Preferred Reporting of Systematic reviews and Meta-](#)

[Analyses](#) (PRISMA) Statement to ensure transparent and complete reporting of systematic reviews.

Unpublished Data and Personal Communications

There should be a permission statement in the case of information from unpublished data or in a personal communication. The permission statement should be signed by each individual identified as a source of such information. Date of communication and whether the communication was written or oral should be specified.

Identification of Patients in Descriptions, Photographs, Video, and Pedigrees

A permission statement to publish (in print and online) patient descriptions, photographs, video, and pedigrees should be obtained from all persons who can be identified in such written descriptions, photographs, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section of the manuscript. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify patients is acceptable, but changing any such data is not acceptable.

Ethical Approval of Studies and Informed Consent

For all manuscripts reporting data from studies involving human participants or animals, formal review and approval, or formal review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the Methods section. For those investigators who do not have formal ethics review committees, the principles outlined in the [Declaration of Helsinki as revised in 2008](#) should be followed. For investigations of humans, state in the Methods section the manner in which informed consent was obtained from the study participants (i.e., oral or written).

IJMS is adherent to the [Consensus Author Guidelines on Animal Ethics and Welfare for Editors of the International Association of Veterinary Editors \(IAVE\)](#). All material published in *IJMS* must adhere to high ethical standards concerning animal welfare.

Animal ethics-based criteria for manuscript consideration

Manuscripts will be considered for publication only if the work detailed therein:

1. Follows international, national, and/or institutional guidelines for humane animal treatment and complies with relevant legislation;
2. Has been approved by the ethics review committee at the institution or practice at which the studies were conducted where such a committee exists;
3. For studies using client-owned animals, demonstrates a high standard (best practice) of veterinary care and involves informed client consent.

Prior to acceptance of a manuscript, to verify compliance with the above policies, the authors must:

1. Specify in Materials and Methods the ethical review committee approval process and the international, national, and/or institutional guidelines followed.

Animal ethics-based criteria for manuscript rejection

1. Manuscripts and authors that fail to meet the aforementioned requirements;
2. Studies that involve unnecessary pain, distress, suffering, or lasting harm to animals;

3. The Editor retains the right to reject manuscripts on the basis of ethical or welfare concerns.

Editors may request that authors provide documentation of the formal review and recommendation from the institutional review board or ethics committee responsible for oversight of the study.

Plagiarism and Guidelines

IJMS has created internal guidelines to ensure that *IJMS* content is free of plagiarism and adherent to most important research guidelines, because plagiarism and lack of transparency are the most regular threat to the author's content.

If you take notice of any unethical irregularities in *IJMS* content, please let us know.

Manuscripts That Pose Security Risks

Authors and reviewers should notify editors if a manuscript could be considered to report dual use research of concern (ie, research that could be misused by others to pose a threat to public health and safety, agriculture, plants, animals, the environment, or material). The Editor in Chief will evaluate manuscripts that report potential dual use research of concern.

Unauthorized Use

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Article Types

Five types of manuscripts may be submitted:

1. Original Articles.
2. Short Communications.
3. Case reports.
4. Reviews.
5. Special Section: Letters, Experiences and Interviews.

General Instructions for All Types of Articles

Authors must submit the manuscript using the Articles Template, available at their corresponding type below. The editorial process of a submitted manuscript will not start if the manuscript is not in this format.

Authors must submit these documents, in addition to the manuscript:

- Cover Letter.
- [Authors Signature Form](#).
- [Form for Disclosure of Potential Conflicts of Interest](#) for each author separately, not just the Corresponding Author. However, the Corresponding Author will be responsible for uploading all these forms.

If the manuscript is a Case Report, a third document must be included:

- [Patient Consent Form](#).

These documents must be sent in PDF format, however, if you have problems in exporting PDF files, you can embed images

in a Microsoft Office Word® file. Conflict of Interest Disclosure form has to be opened with the latest edition of [Adobe Reader](#).

- The manuscript must be typed with Arial 11 and double spaced. No spaces before the lines of the paragraphs.
- All names of bacteria or other names in Latin should be in italic.
- All abbreviations are first described and then expressed in parenthesis: World Health Organization (WHO).
- The Title should be brief and descriptive of the data presented, without overrepresentation of the results and conclusion. Each word should be capitalized except connectors, no period at the end of the title.
- For **Abstract**: It must be written in complete sentences, using past tense, active verbs, and third person. Abbreviations should be avoided. No literature should be cited in this section. The Aim of the study should be clearly stated in the Background section. Following the abstract, provide five Keywords obtained from [MeSH/MEDLINE](#) for indexing purposes.
- The use of instrument of evaluation should be stated clearly depending on the type of study, preferably in the **Methods** section. For example: a systematic review (and meta-analysis) with [PRISMA](#), a clinical trial with [CONSORT](#), an observational study with [STROBE](#), a case report with [CARE](#), a clinical practice guideline with [AGREE](#) and for diagnostic tests, [STARD](#).
- For animal studies, authors must make it clear that the procedures they used were as humane as possible and complied with the guidelines for animal care of their institutions or with national/international guidelines. The species, strain and total number used, as well as conditions of maintenance, the doses of anesthetics and analgesics should be clearly stated; the method of assessing anesthesia, particularly after the administration of neuromuscular blocking drugs, must be clearly stated. For animal studies performed under anesthesia vital signs (e.g. blood pressure, heart rate and blood gases) should be monitored and these data be included in the **Methods**.²
- Only published articles or accepted manuscripts (in press) should be included in the **References** list. Conference abstracts and articles which have been submitted but not yet accepted for publication and personal communications should not be cited in the reference list.
- Simple website addresses are included in the text and not in the numbered references following the text. This should include only websites of international authorities (such as the World Health Organization, WHO) and these may be listed only once or twice and only if this information cannot be cited from a published article. It should read: ([Organization], Available from: [URL], updated [2002 May 16]; cited [2002 Jul 9]. [where updated is the date the website was updated, and cited the date the authors accessed the website to cite it])
- The references in the text should be shown with Arabic numerals indicated as superscript after the punctuation mark, at the end of the sentence (e.g. "... sample text.¹", "... sample text two.^{2-4,7}"). We strongly recommend the use of such software (e.g. EndNote®, Reference Manager®, etc.). The *IJMS* uses the numbered citation method. [Click](#)

² McGrath JC, Drummond GB, McLachlan EM, Kilkenny C, Wainwright CL. Guidelines for reporting experiments involving animals: the ARRIVE guidelines. *Br J Pharmacol*. 2010 Aug;160(7):1573-6.

[here to download IJMS style for EndNote](#) and follow the tips for installing the referencing style of *IJMS* described below. If using another reference manager software, please select the output style as Vancouver style (See Appendix A).

Tips for Installing Referencing Style of *IJMS*:

1. Download style file "Int J Med Students.ens" EndNote® by clicking [here](#). Open the file location, it is usually in the downloads folder in C:\Users\User\Downloads.
2. Cut and paste the file "Int J Med Students.ens" in the "Styles" Folder of EndNote®, usually the folder "Styles" is located in: C:\ProgramFiles\EndNote X\Styles.
3. Following this, open the manuscript in Word® and click in EndNote® tab and click in Style section on the box and "Select Another Style...". After this a new window will appear, please select style "Int J Med Students" and automatically the format of your references in the document will change to the Journal regulation.

Note: If the title of the article is in a language different than English, please include it translated into English in brackets [], and in EndNote® in the "Language" section, please include the name of the original language of the article.

The references should be listed and numbered consecutively in the order in which they are first mentioned in the text. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

The references shall not cite retracted articles except in the context of referring to the retraction.

For **Tables** and **Figures** (See Appendix B):

- The use of Tables and Figures should be adequate. They should effectively support and convey the information on the manuscript.
- The Tables and Figures should be put in their corresponding sections, after the Discussion and before the References sections. Check the Articles Templates below for clarification.
- The Tables should be designed to be as simple as possible in black and white (see Appendix). Tables are to be typed single-spaced throughout, including headings and footnotes.
- There are two ways of presenting Figures: photos or graphics. Photos should be sent in JPG or PNG format in the best possible resolution at least 300 dots per inch (DPI), and size at least 1024 x 768 pixels. However, overall size of a figure should be less than 1 megabyte. Tip: use Photoshop and export the image as "very high" or "maximum" resolution). Graphs such as charts, bars, lines, diagrams, Box-Plots, schemes, etc; must be prepared necessarily in Microsoft Office Excel®, SPSS® or Stata® and then inserted in the manuscript file.
- Each Table/Figure should be on a separate page, within the same manuscript, numbered consecutively in Arabic numerals (Table 1, Table 2, ..., Figure 1, Figure 2, ...) and supplied with a heading and a legend.
- Tables/Figures should be self-explanatory without reference to the text (i.e. the reader can completely understand the table or figure while reading it without having to read the text of the manuscript). All

abbreviations included must be explained in the legend along with any other necessary details that correspond to the Table/Figure.

- The details of the methods used in the experiments should preferably be described in the legend instead of in the text. The same data should not be presented in both table and graph form or repeated in the text.
- Each word in the title should be capitalized except connectors, no period at the end of the title. The title should include sufficient description so that the Table is understandable without reading the text of the manuscript.
- The Tables/Figures should be appropriately referenced to within the text (i.e. when describing the information of them in the text, they should state the Table/Figure number at the end of the sentence as: **(Table 1)** or **(Figure 1)** (**PREFERRED!**); or commented: as shown in **Table 1** or **Figure 1**).
- If the Table/Figure was not originally prepared by the author: (1) the source should be cited in the legend. It should read: "From [cite reference according to ICMJE guidelines]. Copyright© (Year of Publication being used) [Rightsholder]. Reprinted with permission from [rightsholder]." or as stated by the rightsholder in their terms and conditions. (2) the author also should attach the permissions from the entity with copyright for them (usually the editorial and not the author themselves) for use in the *IJMS*. It should be clear that they obtained permission to reproduce the table/figure from the applicable Rightsholder to use in a Journal or specifically in *IJMS*.
- If the original table/figure is not in English, it should include permission rights for translation to English and the translation should be provided by the authors. The license has to be directly granted to one of the authors, it cannot be sublicensed, assigned, or transferred by the author to any other person or entity without permission from the rightsholder.

The *IJMS* encourages the submission of separate supporting information files, all appendices, detailed protocols, or details of the algorithms pertaining to new protocols or less well-established methods. These are published as online appendices but will be linked to the main article in a fully searchable format. Generic drug names should generally be used and in cases where proprietary brands have been used, the brand names must be included in parenthesis. Where available, the accession numbers of any nucleic acid sequences and protein sequences cited in the manuscript and the corresponding database name should be provided.

Specific Criteria for Each Article Type:

1. Original Articles

The *IJMS* prioritizes manuscripts of original research in which there was active participation of at least one medical student or a young physician. This includes papers of clinical, translational and basic science research. The document should be about 3000 words with around 30 references.

The Abstract should be structured into four sections (Background, Methods, Results, Conclusion), not exceeding 250 words (See [Original Article Template](#)).

Introduction

The Introduction should provide a clear statement of the problem, the relevant literature on the subject, and the proposed approach or solution. It should also include the study's objective and hypothesis

Methods

Include the design of the study, setting, type of participants or materials involved as well as a description of all interventions and comparisons.

The authors should also provide a description of the type of statistical analysis used, including a power calculation when appropriate. Well-established methodologies should simply be mentioned and referenced. For new methods, the protocols should be included.

The authors should provide enough detail to enable reproduction of the findings.

Results

The results should be presented with clarity and precision. The results should be written in the past tense. Results should be explained, but largely without referring to the literature. Discussion, speculation and detailed interpretation of data should not be included in the Results but should be put into the Discussion section. The data should be presented in a logical order and according to the sequence of tables and figures (e.g., first description of the population, then following a logical order according to the study).

Discussion

The discussion should interpret the findings in view of the results obtained in this and in past studies. Do not repeat the results in the Discussion section. The first paragraph is usually a summary of the Results section. Then the discussion is presented in a logical order. Limitations of the presented study should be included in this section.

State the conclusions in a few sentences at the end of the Discussion section, typically as the final paragraph of this section.

References

The references should be around 30 references. Authors are encouraged to keep the number of references limited to those that are important for the understanding of the manuscript and of scientific relevance.

2. Short Communications

Short Communications should present a complete study that is more limited in scope than a full-length paper. This indicates that all the requirements specific for Original Articles mentioned above are also required upon submitting a Short Communication to the *IJMS*, with the following exceptions:

1. Abstract should be structured into four sections (Background, Methods, Results, Conclusion), not exceeding 150 words.
2. The manuscript should contain 1500 words (without including Abstract and citations) and maximum 25 references (See [Short Communication Template](#)).
3. A maximum of two Figures and one Table.

3. Case report

Case reports are intended to inform, entertain, and inspire. Present a diagnostic conundrum, and explain how it was solved. The main aspects that should be presented are: presentation, history, examination, investigations, management, and outcome. In the Discussion, educate the

reader about the reported case. Case reports should enlighten readers about a condition or presentation that they find interesting. Rarity and overspecialization are not necessary (See [Case Report Template](#)).

Consent for electronic publication must be obtained from the patient or, if this is not possible, the next of kin, as well as for any pictures included in the manuscript (See a sample [Patient Consent Form](#)).

The following specific criteria should be considered for Case Report Manuscripts:

1. Abstract should be structured into three sections (Background, Results, Conclusion), not exceeding 250 words.
2. The manuscript should contain 800 words (without including the Abstract and References), with up to 10 references.
3. Figures (up to a maximum of two) can be helpful.

4. Reviews

The suggested outline of the Discussion of reviews of medical disorders includes an Introduction, Epidemiology, Pathophysiology, Diagnosis, Management and Prevention (See [Review Template](#)).

The *IJMS* encourages authors to adhere to the PRISMA Statement Checklist before submission. All Reviews should include a brief section entitled "Search strategy and selection criteria" stating the sources (including databases, keywords and free text search terms and filters, and reference lists from journals or books) of the material covered, and the criteria used to include or exclude studies. Citations to papers published in non-peer-reviewed supplements are discouraged.

The following specific criteria should be considered for Review Manuscripts:

1. Abstract should be unstructured (just a paragraph), not exceeding 250 words.
2. The manuscript should contain around 4500 words (without including the Abstract and References), with up to 100 references.
3. Figures and tables (up to a maximum of five) can be helpful to aid the reader.

5. Special section

This section includes Letters, Experiences, Interviews and other type of publications of interest to *IJMS* readers. We welcome correspondence on content published in the International Journal of Medical Students or on other topics of interest to our readers, through a Letter to the Editor. Letters of general interest, unlinked to items published in the journal, are also accepted. These can be up to 800 words long and include up to 10 references.

Letters

Correspondence letters are not usually peer reviewed (we rarely publish original research or Case Reports in this section), but the journal might invite replies from the authors of the original publication, or pass on letters to these authors. Only one table or figure is permitted, and there should be no more than five references and five authors. All accepted letters are edited, and proofs will be sent out to authors before publication (See [Letter Template](#)).

Experiences

In Experiences, medical students can send their medical experiences in the areas of academic, social outreach, student

exchanges, research and others. This manuscript should have a maximum of 800 words and up to 5 pictures (See [Experience Template](#)).

Interviews

Interviews and others sections will be called for by the Editorial Board of the International Journal of Medical Students. This section will also include short communications from our Partners about their national or international meetings and outcomes (See [Interview Template](#)). We do not publish elective experiences, unless they represent particular interest to the readership.

Submission Process

Submission to the *IJMS* is through our [website](#). At least the Corresponding Author should be registered in the website as Author. From User Home, choose “New Submission” to start the five-step submission process. Here are some notes on each step:

1. There is a space dedicated for notes for the editor, the *IJMS* encourages authors to provide contact details (including e-mail addresses) and area of expertise of a maximum of three potential peer reviewers in this space. These suggested reviewers should be experts in the field of study relevant to the manuscript and should not be members of the same research or academic institution as the authors.
2. Note that the manuscript must be submitted as ‘Submission file’.
3. The Submission Metadata includes the authors’ information. Choose “Add Author” to add the information of co-authors. The authors’ and co-authors’ metadata must be filled out completely and clearly. The Bio Statement of the Corresponding Author must be written for publication purposes. The title, abstract, keywords and References should be entered in the metadata.
4. The documents mentioned in Table 1 must be uploaded as supplementary files. Delays in uploading all the required documents result in delaying the editorial process.
5. Confirm the submission. Upon completing the 5 steps, an acknowledgement will be sent to the Corresponding Author’s email address.

Table 1. Documents, Formats and File Extensions to be Submitted as Supplementary Files.

Nº	Document	Format	Extensions
1	Cover Letter.	PDF	.pdf
2	Form for Disclosure of Potential Conflicts of Interest, for each author.	PDF	.pdf
3	Author’s Signature Form.	PDF	.pdf
4	Patient Consent Form, if applicable.	PDF	.pdf
5	Photos, if any.	JPG or PNG format	.jpg or .npg
6	Graphs: charts, histograms, diagrams, Box-Plots, schemes, etc; if any.	Excel©, SPSS© Output Navigator or Stata© Graph	.xls/x, .spo or .gph

After submission, the Corresponding Author can keep track of the progress of the editorial process by logging into the *IJMS* website and choosing the manuscript submitted.

Editorial and Peer-Review process.

The *IJMS* aims to provide all authors with an efficient, unbiased, fair and consistent editorial process. Submitted manuscripts will be evaluated by the Scientific Editor for fulfilling the *IJMS* requirements. Then they will be assigned to a member of the Editorial Board (usually an Associate Editor). The Associate Editor with his team of Student Editors will assess the manuscript to determine whether it is within the scope of the journal, the quality of the data presented and the standard of presentation before sending it for peer review.

Author suggested reviewers will be considered alongside other potential reviewers identified by their publication record or recommended by Editorial Board members. However, the final decision on the choice of reviewers rests with the Editorial Board without any obligation to contact any of the author recommended peer reviewers.

Manuscripts will be sent to at least two Peer-Reviewers who will independently assess if the manuscript is technically and scientifically sound and coherent. The final editorial decision is made based on the recommendations of the Peer-Reviewers provided these observations are in accord without any strong dissenting opinions. Once all reviews have been received and considered by the Editors, a final decision is made and a letter is drafted to the corresponding author. Final decision on acceptance or rejection of manuscripts is under the discretion of the Editorial Board.

The review process takes eight weeks on average and the decision is notified by email

Possible final decisions include:

- Accept Submission.
- Revision required.
- Resubmit for review.
- Decline submission.

Where there are issues with the standard of presentation or clarity of language, the authors will be informed accordingly and provided with suggestions or assistance for rectification.

Copy Editing and Layout

After a manuscript is accepted, a copyeditor communicates the final style and language corrections to the author as an Initial Copyedit. The author should be able to comply with the requested edits accordingly and upload an Author Copyedit promptly. The Final Copyedit is then moved to the next step: Layout. In the Layout step, the Design Editor diagrams the final copy of the to-be-published article.

Proofs and Reprints

Electronic proofs will be available in the website to the corresponding author as a PDF file.

Page proofs are considered to be the final version of the manuscript prior to its publication. With the exception of typographical or minor errors, no significant changes will be made to the manuscript at the proof stage. The corresponding author is expected to approve the final PDF copy promptly to avoid unnecessary delays in publication.

Because *IJMS* will be published freely online, authors will have free electronic access to the full text (in both HTML and PDF) of the article. Authors can freely download the PDF file from which they can print unlimited copies of their articles.

Appendix A: International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Sample References

Source:

http://www.nlm.nih.gov/bsd/uniform_requirements.html

Accessed: June 6, 2013.

Also read: http://www.icmje.org/urm_main.html,

Citing Medicine 2nd Edition:

<http://www.ncbi.nlm.nih.gov/books/NBK7256/?amp=&depth=2>

Articles in Journals

1. Standard journal article

List the first six authors followed by et al.

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 Jul;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 Nov;40(5):679-86.

3. Both personal authors and organization as author (List all as they appear in the byline)

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 Jun;169(6):2257-61.

4. Article not in English: Optional translation of article title (MEDLINE/PubMed practice):

Ellingsen AE, Wilhelmssen I. [Disease anxiety among medical students and law students]. *Tidsskr Nor Laegeforen.* 2002 Mar 20;122(8):785-7. Norwegian.

5. Volume with supplement

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

6. Issue with supplement

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

7. 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

8. Personal author(s)

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

Unpublished Material

9. In press or Forthcoming

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *ProcNatAcadSci U S A.* Forthcoming 2002.

Appendix B: Examples of Tables in IJMS format

Please take the following tables as examples of how tables should be presented.

Note that:

- The Table and number part of the title is in Bold and Italic format, followed by a colon (:) and then the title as given by the author.
- Section headings (of each column) are in Bold and the first column is left aligned, while the others are centered. The entire column should follow the same alignment.
- When a variable has different levels (Sex: Male, Female) note that these should be listed in rows beneath the variable name, and leaving 3 spaces before starting the text:
Gender
Male
Female
- Legends should be stated beneath the table and all abbreviations used in the table should be listed here.

Table 1: Distribution of Pharmacy, Nursing, Applied Medical Science, Medical, and Dentistry Students in Self-Administered Questionnaire by Percent and Frequency.

Students	Frequency (n)	Percent (%)
Pharmacy students	76	37.3
Nursing students	31	15.2
Applied medical science students	37	18.1
Medical students	56	27.5
Dentistry students	4	2
Total	204	100

(Legend: text, abbreviations, etc.)

Table 2: Socio-demographic Characteristics of Study Participants

Characteristic	Percent (%) n = 100
Religion	
Hindu	94
Muslim	5
Christian	1
Housing type	
Pucca	81
Kutchha	8
Semipucca	11
Family type	
Nuclear	93
Joint	7

(Legend: text, abbreviations, etc.)