

Instructions to the Authors

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About the Journal

International Journal of Academic Medicine, an official publication of The American College of Academic International Medicine, INDUSEM and OPUS 12 Foundation, Inc, is a peer-reviewed online journal. The journal is available at www.ijam-web.org. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository.

As such, the journal aims to provide the much needed forum for high-level academic discussions involving global approaches and strategies to implementing a universal, world-wide platform of medical education and key competency training.

Scope of the journal

Building on a long of tradition of academic excellence and following in the footsteps of OPUS 12 Scientist, the **International Journal of Academic Medicine (IJAM)** reflects the desire and opportunity of a common vision. This vision is the open, honest, insightful, stimulating - and even potentially controversial, unusual, or disruptive – sharing of ideas and viewpoints. IJAM offers the opportunity for authors to publish their work. High-quality, efficient peer review and the commitment to open access make IJAM the preferred forum to publish and promote the rapid dissemination of academic work across the globe.

The journal will cover technical and clinical studies related to health, ethical and social issues in field of Academic medicine; Research conduct & administration; Medical education;. Articles with clinical relevance and academic discussions involving global approaches and strategies to implementing a universal, world-wide platform of medical education and key competency training.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to International Journal of Academic Medicine alone at that point in time and has not been published elsewhere. The corresponding author will be authorized to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts. Manuscripts that do not convey a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the International Journal of Academic Medicine readers are also liable to be rejected.

Manuscripts that are found suitable for publication in International Journal of Academic Medicine are sent to two or more expert reviewers. During submission, the contributor is requested to provide name and address of reviewers, which is mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process. The editor, or a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) are sent to the contributor. The contributor is expected to provide a point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs. The process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal provides an open access platform.

Clinical trial registry

International Journal of Academic Medicine favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. International Journal of Academic Medicine is a member of the International Clinical Trial Registry Group. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.clinicaltrials.gov/>. Manuscripts that have commenced enrollment of subjects prior to June 2008 would be considered for publication in International Journal of Academic Medicine only if they have been registered retrospectively with clinical trial registries.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and

3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have a role in writing the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent. The number of authors should be limited to 6. The manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

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All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of their manuscript.

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Future Trends, Images in Academic Medicine, Letter To Editor: US \$ 125 (for overseas authors), INR 0 (for authors from India)

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Types of Manuscripts

Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rates. Manuscripts should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) (http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee) over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning their names. Indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

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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 (including manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods. For 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. Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.equator-network.org/reporting-guidelines/stard/
PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org
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MOOSE	Meta-analyses of observational studies in epidemiology	https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology/
CARE	Case reports	https://www.care-statement.org/

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Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms of action, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their main objectives are economic. Hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

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It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributors should be included.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words). A review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

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New, interesting, very rare cases can be reported. Cases with clinical significance or implications will be given priority. However, mere reporting of a rare case will not be considered. Up to 1,500 words accompanied by the following, essential elements: (a) potential importance or significance of the case to the educational process; (b) the listing of core competencies involved or discussed in the case s

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These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations authored by not more than four authors.

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References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify *references in text*, tables, and legends by Arabic numerals in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM *in IJAM* journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or <http://www.nlm.nih.gov/bsd/unpublished.html>)

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans. R.Soc. Trop. Med. Hyg.* 2008; 62: 123-125.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.*

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2009; 47: 1234-1238.

1. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 2: 1-10.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In Ascariasis and its prevention and control*, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis 2004: pp 123-135.

Electronic Sources as reference

Journal article on the Internet: Pariia SC. Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine. and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the

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