

# Editorial note

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The 'Vancouver' protocol was first laid down in 1978 by an informal meeting of a group of Medical journal editors in Vancouver, British Columbia. This group has now evolved into the International Committee of Medical Journal Editors (ICMJE), which meets annually and presents periodically revised Uniform requirements for manuscripts submitted to biomedical journals.

Authorship - credit should be based on:

- Contributions to conception and design, acquisition of data, or analysis and interpretation of data
- Drafting the article or revising it critically
- final approval of the version to be published

However general supervision of the effort does not constitute authorship. It is recommended that the editorial freedom involves full authority over the editorial content and timing of publication.

When a study involves use of a drug, commercially available equipment or a trademarked test kit, it is the responsibility of the author to disclose all financial and personal relationship with the concerned company. If financial support is availed of, the study design, execution, analysis and results should be independent of the finance source and should be kept private. Reviewers should disclose financial and personal affiliation with regards to the reviewed study. Duplicate publication in two journals, redundant publication with repetition of data and results should be avoided at all cost.

## Manuscript Preparation and Submission

The sections should be divided into the IMRAD format, introduction, methods, results and discussion. All portions of the manuscript should be double spaced and serially numbered. Case reports, 'how to do it' articles, correspondence, editorials and perspectives do not require an abstract.

**Cover letter :** The cover letter should state the purpose of the study and why it is important. It also states the participation of all the authors, originality of the work and conflict of interest if any.

**Title page :** The title page should include a title that describes the study in a concise manner as possible. Abbreviation and long convoluted titles should be avoided. The authors name, designations, departmental and institutional affiliations should be clearly stated. The contact information for the corresponding author should appear clearly. Word count, number of figures, tables, pages, and keys words should be included. A concise 100 word write up on the first author with a passport size photograph should be included.

**Abstract :** The abstract should follow the IMRAC format with introduction, methods, results and conclusion. It should not exceed 250 words. Abbreviations are generally avoided in an abstract.

**Introduction :** The introduction should be brief and focused and should contain a background to the study in question and hypothesis to be tested with relevant references.

## Methods:

- This section is important and should include
- Time duration and location of study
- Institutional review / ethics committee approval (review articles and case reports can dispense with approval)
- Patient demographics – this is best presented with tables. with texts noting only the submit points.
- Details of inclusion and exclusion criteria
- End points both primary and secondary should be stated with description of statistical method used.
- Technical details of the clinical procedures and investigations, questionnaires should be described with focus.

## Results

The results section is best presented with graphs and tables. long lengthy paragraphs with numerous figures and numbers should be avoided. Salient findings can be described with significance, in brief. Repetitions of data from table should be avoided.

## Discussion & References

The discussion itself must be structured to lend clarity to the reader. Most discussion are begun by reiterating the background, historical details of the device or procedure and epidemiological data. Following which data from similar literature on the subject of the study is detailed impartially with minimal reference to current study, highlighting similarities or contrast. The application of the result to the general population needs to be discussed.

Always follow this with the small description of the limitations, drawbacks and biases and make short, concise, clear conclusions. References from journals and books should be formulated as per guidelines set by the Vancouver group. References should be to the point and relevant to the study. There is no requirement for numerous references unless it is a review article.

## Bibliography

- 1) Holmes DR, Hodgson PK, Nishimura RA, Simari RD. Manuscript Preparation and Publication. Circulation. 2009; 120: 906-913
- 2) Uniform requirements for manuscripts submitted to biomedical journals: Writing and editing for biomedical publication. J Pharmacol Pharmacother. 2010 Jan-Jun; 1(1): 42-58.