

Instructions to authors

The Journal of Institute of Medicine publishes original articles, reviews and leading articles. All manuscripts are submitted to editorial review.

An article is reviewed for publication on the understanding that the work it reports has not been submitted simultaneously to another journal, has not been accepted for publication elsewhere and has not already been published. **Any detected attempt at dual publication will lead to automatic rejection and may prejudice acceptance of future submissions.** To avoid subsequent embarrassment, please submit with your manuscript copies of any other papers, either published, in press, or submitted for consideration elsewhere, which relate to the same subject. It is essential that you submit any other publications or submissions using the same data set to the Editors to allow assessment of any potential overlap with the submission to the Journal. Indicate on the title page whether the paper is based on a previous communication to a society or other meeting. Articles and their illustrations become the property of the Journal unless rights are reserved before publication.

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A covering letter must accompany all submissions and must be signed by all the authors. State in the covering letter whether an abstract of the works has been published and give an appropriate reference on the title page. Disclose in the covering letter any potential or actual personal, political or financial interest you may have in the material, information or techniques described in the paper. The decision to publish or withhold such information will be made by the Editor. Acknowledge all sources of financial support for the work. The first named author is responsible for ensuring that all authors have seen and approve the manuscript and are fully conversant with its contents. When a paper has many authors (i.e. more than six), you may be asked to justify the inclusion of all names listed. Results of multicentre studies should be reported under the name of the organizing study group.

Digital Submission

Following final approval of articles, you will be asked to submit the accepted version on compact disc or by e-mail. Please send us digital versions of your figures. Ideally, these should be sent in native format. Files saved as JPEG, GIF and TIF may also be used, but please note that it may not be possible to modify them. Avoid using tints if possible; if they are essential, try to make them coarse. Further details can be obtained from the Editorial office.

Rejected manuscripts and illustrations will not normally be returned.

Ethics

The Journal publishes all material relating to human investigation and animal experiments on the understanding that local ethics committees have approved the design of the work or that it conforms to standards currently applied in the country of origin. The Journal further reserves the right not to publish an article on the grounds that appropriate ethical or experimental standards have not been reached. Written consent must be obtained from the patient, legal guardian or executor for publication in *The Journal of Institute of Medicine* of any details or photographs that might identify an individual. Submit evidences of such consent with the manuscript.

Preparation of Manuscript

The Journal of Institute of Medicine subscribes to the policy of uniform requirements for manuscripts, which is designed to permit authors to resubmit papers to journals without extensive recasting.

Authors are responsible for the accuracy of their report including all statistical calculations and drug doses. **When quoting specific materials, equipment and propriety, state in parentheses the brief name and address of the manufacturer.** Failure to do so will result in delay in publication as the Journal believes that this information is essential for any reader who wishes to obtain similar material. Generic names should normally be used.

Original articles

Original articles should normally be in the format of

introduction, methods, results, and discussion. Each manuscript must have a 200- word structured abstract. Lengthy manuscripts are likely to be returned for shortening. The discussion in particular should be clear and concise and should be limited to matters arising directly from the results. Avoid discursive speculation. **Randomized clinical trials** should be clearly identified as such in the title and abstract.

Reviews

The Editorial Board of *The Journal of Institute of Medicine* encourages submission of review articles on topics of interest to its readers. Any topic will be considered, but priority will be given to those addressing a major current problem.

Leading articles

The Editors commission signed leading articles which are 600-900 words in length and address controversial topics of current interest. They should be supported by not more than ten key references. The Editorial Board before acceptance may subject submission to external review and assessment. The Editors retain the right to alter style and shorten material for publication.

Correspondence

The Editors welcome correspondence relating to articles published in the Journal. Letters should not exceed 250 words.

Typescripts

Manuscripts may also be submitted in printed form but should invariably include the digital copy in a CD or a word file through the email. **Manuscripts that do not conform to these requirements will be returned to you for recasting.** Begin each section (abstract, introduction, patients and methods, results and discussion) on a new page.

Title page

On the title page give (1) the title of the article; (2) the name and initials of each author; (3) the department and institution to which the work should be attributed; (4) the name, address and telephone, facsimile and e-mail numbers of the author responsible for correspondence and to whom requests for reprints should be addressed; (5) sources of financial support; and (6) the category in which the manuscript is being submitted (original article, review etc.)

Abstract

This should be not more than 200 words on the second page of the manuscript and be presented in a structured format.

Introduction: state why the study was done, and its main aim; **Materials and Methods:** describe patients, laboratory material and other methods used. Clearly identify the nature of the study: randomized controlled trial, retrospective review, experimental study, etc. **Results:** state the main findings of the study; include important numerical values. **Conclusion:** state the main conclusion drawn from the results. Controversial or unexpected observations may be highlighted, but keep this section brief. Write the abstract in clear prose.

Tables and illustrations

Submit one copy of all illustrations and tables. Type each table on a separate page with an appropriate brief title. Line drawings are acceptable as clear black on white graphics, computer printout or photocopies. Submit radiographs, photomicrographs, etc unmounted in the form of glossy prints, original transparencies or negatives. If you include photocopies, they should be of sufficient quality to enable the Journal's referees to judge their content and value. Label each illustration on the reverse side giving its number (to correspond with its reference in the text) and the name(s) of the author(s); indicate the top of the illustrations. Include a measure of magnification of photomicrographs. Illustrations should be drawn and labeled appropriately for reduction to one or two column widths of the Journal. Include explanations of symbols and shading in the legend. Survival curves should be accompanied by a table giving the actual numbers of patients involved. Include in the legends to illustrations and the footnotes to tables brief but comprehensive explanations of all the information presented. Look at recent issues of the Journal for examples of accepted layout. If a table of an illustration has been reproduced from a published work give the original source in full. Obtain permission to use published work from the original author and the publisher before submission.

Abbreviations

Use abbreviations sparingly. Terms that are mentioned frequently may be abbreviated but only if this does not impair comprehension by the reader. Use abbreviations consistently throughout the text and clearly define each one on first use.

Numbers and units

Use the decimal point. Not a comma, e.g. 5.7. Use a space

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not a comma after thousands and multiples thereof, e.g. 10 000. Use SI units (International System of Units) except for the measurement of blood pressure (mmHg). Where measurements were made in non-SI units, give the actual values and units, with SI equivalents inserted in parentheses at appropriate points.

Statistics

In evaluating a manuscript the Editors and the statistical referees will consider the design of the study, the presentation and analysis of data and the interpretation of results.

Design

Set out clearly the objectives of the study, identify the primary and secondary hypotheses, and the chosen end-points, and explain the rationale for the choice of sample size.

Presentation

Whenever possible use graphical presentation to illustrate the main findings of a study. The use of standard deviation and standard error should be clearly distinguished. Do not use the \pm symbol; these statistics should be presented in parentheses after the mean value.

Analysis

Clearly describe which methods were used for which analyses; any methods not in common usage should be supported by references. Report results of statistical tests by stating the value of the test statistic, the number of degrees of freedom and the *P* value, e.g. ' $t = 1.34$, 16d.f., $P = 0.20$ '.

Actual *P* values should be reported to two decimal places, especially when the result is not significant, rather than stating 'not significant'. Whenever possible, the results of the primary analyses should be reported using confidence intervals instead of, or in addition to, *P* values

Interpretation

Do not confuse statistical significance with clinical significance. In particular, 'negative findings should be interpreted through the use of confidence intervals. Beware of placing undue emphasis on secondary analyses, especially when they are suggested by an inspection of the data.

References

Type the references with double spacing in the Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals). Reference to abstracts from meetings is discouraged. Reference to unpublished communications will not be accepted. Cite personal communications in the text, in parentheses. The first author is responsible for confirming the acceptability of the material quoted with the originator.

In the text, number the references consecutively by superscript:¹ or ¹⁻³. References cited only in tables or figures should be numbered in sequence according to the first mention of the table or figure in the text. The sequence for a standard journal article should be: author(s); title of paper; journal name abbreviated as in Index Medicus (written in full if no abbreviation is quoted); year of publication; volume number. For example: De Bolla AR, Obeid ML. Mortality in acute pancreatitis. *Ann R Coll Surg Engl.* 1984; **66**: 184-6. The sequence for the chapters of a book should be: author(s); chapter title; editors; book title; place of publication; publisher; year of publication; page numbers. For example: Calenoff L, Rogers L. Esophageal complications of surgery and lifesaving procedures. In: Meyers M, Ghahremani G, eds. *Iatrogenic Gastrointestinal Complications*. New York: Springer, 1981: 123-63.