SMRJ Information for Authors
These author guidelines for Spartan Medical Research Journal are each in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" established by the International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org/icmje-recommendations.pdf).

Journal Mission
Spartan Medical Research Journal (SMRJ) is the official scholarly publication of the Statewide Campus System (SCS) of MSUCOM. It provides a forum for communicating research findings, clinical practice observations, philosophic concepts, and other biomedical advances for MSUCOM medical students, residents, fellows and faculty. SMRJ publishes article types as generally distinguished in the "Article Categories" section of this document. This online journal will continue to give priority to original research, and research focusing on healthcare quality.

Online Manuscript Submission
The SCS now uses Scholastica™ online submission software for all types of SMRJ submissions. To submit your scholarly activity paper:
1. Go to the MSU Statewide Campus System website at https://scs.msu.edu;
2. Click on the “Scholarly Activity” Tab;
3. Click on the “Spartan Medical Research Journal” icon;
4. Toward the lower half of this SMRJ page you will see a blue-colored rectangle named “Submit via Scholastica” on the Right side. Click on this rectangle link:
5. You will need to establish a Scholastic Account. KEEP THIS USERNAME and PASSWORD. This account will enable you to look up the status of your paper, submit updated paper drafts, add additional submission files, etc.
6. Most of this online submission process will entail copying and pasting sections from a recent version Microsoft Word paper document into the submission software. You WILL need to attach figures and tables as separate submission files.

Article Categories
SMRJ welcomes submissions in the following categories:

1. Original Contributions
Manuscripts in this category document original clinical or applied research. Original contributions include randomized controlled trials, observational studies, studies of healthcare quality (quality improvement and patient safety), diagnostic test studies, and survey-based studies. SMRJ will accept basic scientific research if the work has clear clinical applications. For randomized controlled trials, study flow diagrams and flow diagrams for all other types of original contributions are encouraged. Original contribution submissions should generally be up to 3,500 words with up to 50 references and five tables and figures.
2. Literature Reviews and Clinical Reviews

Literature review manuscripts are generally detailed, critical surveys of bodies of published research relevant to specific clinical problems. Literature reviews should be up to 3,000 words with up to 75 references and four separate tables or figures. Clinical Reviews are briefer reviews summarizing evidence on a specific clinical question. Manuscripts in this category should consist of the following three sections: Introduction to the Topic, Summary of the Evidence, and Conclusions. Clinical reviews should be up to 1,500 words and 25 references. A more general summary abstract is requested for this type of submission.

3. Clinical Practice

Manuscripts in this category consist of expert critical viewpoints with practical applications for osteopathic physicians. Clinical practice articles emphasize findings and recommendations based on the authors' clinical experience. They should be up to 3,000 words and 50 references with up to five tables or figures.

4. Brief Reports

Brief Reports are intended to more concisely document clinical information, early-phase investigations and small pilot studies and similar scholarly insights. Studies with “negative results” (i.e., studies with inconclusive findings or statistically non-significant results) may also be considered. Brief reports should be structured similar to original contributions and should include at least the following sections: (1) a brief introduction to the topic, (2) an outline of study methods, (3) a description of results, (4) a discussion of the implications of the findings, and (5) a conclusions section. Brief reports should be up to 2,000 words and 35 references, with up to five tables or figures.

5. Case Reports

Case reports describe clinical presentations with newly recognized or rarely reported clinical scenarios. A case report should include the following: (1) a brief narrative abstract; (2) an introduction to the topic (e.g., prevalence, implications, differential diagnoses); (3) a description of the patient's presentation, medical history, treatments, and outcomes; (4) a discussion of the case in the context of relevant medical literature; and (5) conclusions section. Case reports should be up to 1,500 words and 20 references with up to five tables or figures.

6. Medical Education

Manuscripts in this category focus on dimensions of undergraduate, graduate, and continuing medical education. Medical education submissions may be structured as original contributions, review articles, or special communication articles. These types of papers should focus on medical education research, curricular developments, teaching methods, standardized tests, etc. Generally, medical education submissions should be up to 3,000 words and 50 references with up to five separate tables or figures.

7. Special Communications and Reports

Articles in this category cover various biomedical topics of interest to osteopathic physicians, especially unique perspectives and hypotheses related to health care, career development, and the application of osteopathic manipulative treatment. Special communication manuscripts should be up to 2,500 words and 35 references with up to five separate tables or figures.

8. Letters to the Editor

Readers are invited to comment on previously published articles that have appeared in SMRJ. Letters should be focused and brief (i.e., one-to-two double-spaced pages). Those authors of the article being commented upon will be provided the opportunity to respond in cases where a criticism or dissenting viewpoint is being expressed.
Peer Review and Publication Processes
All manuscripts submitted to SMRJ are first reviewed by the Chief Editor and Assistant Editor. Two or more peer experts in the specialties or subspecialties that are relevant to the manuscript will also generally review the submission.

Corresponding authors will be expected to review proofs of their submission before publication. Corresponding authors will also receive an email requesting them to sign and return a copyright release form. SMRJ is copyrighted by the MSU Board of Trustees, and will follow the 2007 (or any later versions) of the Committee on Institutional Cooperation (CIC) Statement on Publishing Agreements. Under this agreement, authors maintain non-exclusive rights to their publication, and six months after original publication can make digital versions of their publication.

Manuscript Preparation
Public Registration
For manuscripts concerning Phase III clinical trials, the trials must have been registered with at least one public trial registry (e.g., ClinicalTrials.gov) before subject enrollment in the study had begun. Authors must provide SMRJ with the name of the public registry they used at time of initial submission. For those manuscripts involving registered clinical trials, the trial registration number should also be specified at the end of the abstract.

Submission Components
• **Cover letter and/or Title Page:** Some form of cover letter and/or title page addressed to SMRJ Chief Editor Bill Corser, PhD, RN, is strongly encouraged for each submission. The cover letter should provide the corresponding author's full name and contact information (including cell phone number), specifying each author's full professional titles and institutional affiliations, preferred mailing address, and preferred e-mail address. Osteopathic medical students should include the OMS designation after their names. The cover letter should also specify the type of article being submitted for consideration.

In the cover letter/title page, each author's contributions to the submission should be identified using language provided by the ICMJE, as follows: “[Author(s)] provided substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; [Author(s)] drafted the article or revised it critically for important intellectual content; and [Author(s)] gave final approval of the version of the article to be published.” Individuals who do not meet all three of these criteria should be listed in the acknowledgments.

The corresponding author should also describe any financial support provided for the work on which the manuscript is based, and grant numbers should be provided (if applicable). A conflict of interest statement (e.g., any nonfinancial affiliation with a group that may benefit from the study) should also be made on title page.

All submitted manuscripts (including both text and abstract) should be double-spaced with 1” margins, and formatted in **12-point standard font** (Arial). On first mention, all abbreviations other than measurements should be placed in parentheses after the full names of the terms (e.g., “Michigan State University College of Osteopathic Medicine (MSUCOM).”)
Paper Sections

- **ABSTRACT:** *SMRJ* requires structured abstracts for original contributions, systematic reviews, meta-analyses, and brief reports. Unstructured abstracts are acceptable for all other article types. Structured abstracts should be at least 200 words, but generally limited to 350 words. Unstructured abstracts are generally limited to 250 words. The abstract should end with three-to-five keywords related to the manuscript topic. Structured abstracts for original contributions and brief reports should include at minimum the following four sections: CONTEXT, METHODS, RESULTS and CONCLUSIONS. Narrative abstracts should be included for most other types of submission papers.

- **INTRODUCTION:** In at least two to three paragraphs, authors should briefly introduce the topic of their manuscript for a general readership. The Introduction section should end with a brief objective statement or subsection that clearly identifies any hypotheses addressed in the study and/or the purpose of the study/project.

- **METHODS:** For human or experimental animal investigation, the methods section must clearly specify that their respective institutional review board or the institutional animal care and use committee had approved the project before any form of data collection or recruitment had begun.

Authors must also clearly describe the basic study design and identify all primary and secondary outcome measures; list and reference measurement instruments and other tools used for independent and dependent variables. In addition, authors should define any statistical methods used, providing the full name of each method at first mention. Please also specify and reference the statistical software package(s) and versions used.

As a general guideline, the methods section should be written with enough detail that another researcher could replicate the study.

- **RESULTS:** Authors must report all outcome data and other results in a logical sequence as they relate to the study's objectives and to the manuscript's "Methods" section, stating the main or most important findings first. Work to provide readers with data on all primary and secondary outcomes identified in the Methods section. Where appropriate, authors should discuss the relevance and importance of their findings specific to osteopathic medicine.

Whenever possible, report both the number and percentages throughout paper. (e.g., a total of 49 (55.0%) of respondents…) Measurements of length, height, weight and volume should be reported in metric units (meter, kilogram or liter) or their decimal multiples. When results of statistical analyses are presented, single P values should not be reported as an inequality (e.g., P > 0.05) but instead should be reported as the exact value (e.g., P = 0.06). Measures of precision of results should be used where appropriate, such as 95% Confidence Intervals. Where appropriate, note power and effect size estimates.

- **DISCUSSION:** Authors should interpret the significance of the findings for a general readership as they relate to other relevant literature in least two or three paragraphs. Authors should describe several limitations of the study in a subsection/paragraph, and make recommendations for future research.

- **CONCLUSIONS:** In at least two paragraphs, authors should identify the study's major findings as they relate to the study's purpose and the clinical applications of those findings, if appropriate. This section may consist of more than a general summary of the study results.
for clinicians and researchers in that area of inquiry.

• **Acknowledgments** Authors should limit acknowledgments to people who substantially contributed to the study/preparation of manuscript. Contributors' full names; highest earned academic degrees, and professional titles should be listed.

• **References** Cited references are required for all material derived from the work of others and should follow the standards summarized in the ICMJE Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals.

NOTE: You WILL also need to make sure that your paper references are formatted to SMRJ formatting specifications (file on SCS webpage under “Scholarly Activity” tab-SMRJ icon- “For Authors” group of files).

For **NLM Journal abbreviation titles**, you may wish to go to: https://www.ncbi.nlm.nih.gov/nlmcatalog/journals

**Tables, Graphs and Figures**

All accompanying tables and figures should be numbered as separate files in the Scholastica™ submission software, and they should be cited sequentially in the text (e.g., “(Table or Figure 1 followed by Table of Figure 2, etc.).

PREFERRED STANDARD IMAGE FORMATS (i.e. for your figures): 1. JPG/JPEG, 2. TIF/TIFF, and 3. EPS files. Microsoft Excel and Microsoft PowerPoint charts may also work. PLEASE AVOID SCREENSHOT IMAGES. The lettering used in each piece of imaging artwork should not vary too much in size and should match text font if possible.

Table headings should appear in the tables themselves. Do not convert tables into graphics. Figure headings, however, should appear as a separate line of Word text below the figure. When appropriate, a full bibliographic citation should be provided for reprinted or adapted graphic elements. **All patient information must be removed from or blocked out of graphic elements. Radiologic images in particular should be checked for patient information before being submitted to SMRJ.**

**Appendix Materials**

Supplemental material directly germane to the manuscript may also be accepted. For manuscripts based on survey data, **copies of the original surveys** and the cover letters that accompanied the surveys should be included with the submitted manuscript.

**Permissions**

Authors are responsible for obtaining written permission from publishers and authors to adapt or reprint previously published tables, medical illustrations, and other graphic elements. Authors who primarily serve in the US military must obtain armed forces' approval for their manuscripts and provide military/institutional disclaimers when submitting manuscripts.

**Retention of Data**

Investigators are encouraged to make arrangements for retention of primary data in an accessible form for **at least ten years** following publication of their manuscript.