



Spartan Medical Research Journal

Research at Michigan State University
College of Osteopathic Medicine

SMRJ Information for Authors

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These guidelines for contributors to *Spartan Medical Research Journal: Research at Michigan State University College of Osteopathic Medicine* are 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>).

Manuscripts submitted to *SMRJ* should be prepared using the ICMJE's guidelines.

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's mission is to advance medicine and medical education through the timely publication of peer-reviewed medical research and medical education research from the MSUCOM community.

SMRJ publishes article types as generally distinguished in the "Article Categories" section of this document. This online research journal gives priority to original research, and research focusing on healthcare quality.

Manuscript Submission

To submit a manuscript to *SMRJ*, authors should send a digital copy of the cover letter (see below) and the full manuscript in MS Word format to the Chief Editor, Dr. Bill Corser, PhD, RN at smrjeditor@hc.msu.edu. After submission, authors will receive an e-mail requesting them to sign and return a copyright release form. *SMRJ* is copyrighted by the Michigan State University Board of Trustees, and will follow the 2007 (or any later versions) of the Committee on Institutional Cooperation (CIC) Statement on Publishing Agreements (<http://www.cic.net/docs/default-source/library/authorsrights.pdf>), as endorsed by the MSU Academic Council in September 2007. Under this agreement, authors maintain non-exclusive rights to their publication, and six months after original publication will have the right to make digital versions of their publication available in other forums. Manuscripts will not move forward to review until all completed forms have been submitted to *SMRJ*.

SMRJ does not require authors to provide hard copies of manuscripts. However, authors should make available electronic or hard copies of all materials cited in their manuscripts. Failure to make these materials available upon request during the publication process may result in delayed publication.

All manuscripts (including both text and abstract) should be submitted as MS Word documents (.doc), should be double-spaced with 1" margins, and formatted in 12-point standard font (Times New Roman or Arial). Standard units of measure should be given with all laboratory values. 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)".

For specifications regarding electronically generated graphic elements, consult the section titled "Graphic Elements" in these guidelines.

Authors are encouraged to use *SMRJ*'s "Manuscript Checklist" as a reference for required materials when preparing manuscripts for submission. [link]

Previous Publication and Simultaneous Submission

SMRJ accepts manuscripts for consideration with the understanding that they have not been published elsewhere in print or online and that they are not simultaneously under consideration by any other print or electronic publication. Any duplicative materials (e.g., an abstract, material published using the same or similar data, graphic elements) should be described in the cover letter and identified as such in the submitted materials. When appropriate, manuscripts need to clearly specify in their text that project(s) described in the paper were approved by an Institutional Review Board before data collection was begun.

Because *SMRJ*'s volunteer peer reviewers invest a considerable amount of time in the peer review process, manuscripts must be withdrawn from consideration by *SMRJ* if they (1) have already been published in any print or online medium, or (2) are currently under review by another biomedical journal.

Article Categories

Recommended limits on word count, number of references, and number of tables or figures are listed below for each *SMRJ* section. These limits are provided to help guide authors as they prepare their submissions. Manuscripts that exceed these limits may be considered for publication; however, an author may be asked to shorten his or her manuscript. Since this is an online journal, lengthy graphic elements and supplemental material will be acceptable if reasonable and integral to the manuscript.

SMRJ welcomes submissions in the following categories:

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, cost-effectiveness studies, and survey-based studies. (Also see section on "Replication Studies and Studies with 'Negative' Results".) *SMRJ* will accept basic scientific research if the work has clear clinical applications. For randomized controlled trials, study flow diagrams must be submitted. For all other types of original contributions, flow diagrams are encouraged. Original contributions should be approximately 3000 words with no fewer than five, and no more than 50 references with limit of 5 tables or figures.

Reviews

Manuscripts of this type are detailed, critical surveys of published research relevant to clinical problems. Systematic reviews and meta-analyses are preferred and will receive a higher publication priority than other reviews. Systematic reviews should include a discussion of the research implications.

Narrative reviews should include a clear objective and a description of the data-selection and -exclusion process. Such reviews should also provide a description of the condition being reviewed, a summary of common problems in diagnosis and treatment, and a discussion of new theories in the medical literature for improving patient care.

Reviews should be about 3500 words with no more than 75 references and 4 tables or figures.

Clinical Review

Manuscripts of this type are brief 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 Conclusion*. They should also include a box that summarizes the main points by answering the following questions: (1) What is the clinical question? (2) What does the evidence say? (3) What is the take home message for clinicians? Clinical reviews should be limited to approximately 1500 words and 25 references. No abstract is needed for this submission category.

Clinical Practice

Manuscripts in this category consist of expert critical viewpoints with practical applications for osteopathic physicians. Although often similar to review articles in both content and structure, clinical practice articles emphasize findings and recommendations based on the authors' clinical experience. Clinical practice submissions should be approximately 3000 words with no more than 50 references and 4 tables or figures.

Brief Reports

Submissions in this category substantively but briefly document clinical information, early-phase investigations and small pilot studies, clinical "pearls," and similar scholarly insights.

Brief reports should be structured as 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 conclusion. Brief reports should be approximately 2500 words with no fewer than five, or more than 35 references, with total of 4 tables or figures.

Case Reports

Case reports describe clinical presentations with newly recognized or rarely reported clinical scenarios that have strong relevance to medicine. Results of osteopathic structural examinations should be included in these manuscripts where appropriate. (Note: Case reports must be of a rigorous nature, including a thorough review of the relevant literature. Case reports involving more than a single case are encouraged.)

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) a

conclusion. Case reports should be approximately 1500 words with no more than 20 references and 2 tables or figures.

Medical Education

Manuscripts in this category focus on osteopathic undergraduate, graduate, and continuing medical education.

Medical education submissions may be structured as original contributions, review articles, or special communication articles. They should focus on medical education research, curricular developments, teaching methods, standardized tests, or programs specific to osteopathic medical education. Generally, medical education submissions should be about 3000 words with no more than 50 references and 5 tables or figures.

Replication Studies and Studies with “Negative” Results

Authors are encouraged to submit manuscripts for studies that are replications of previous studies or that produce “negative” results; i.e., studies with inconclusive findings or statistically non-significant results. Such “negative” studies could be useful for inclusion in future meta-analyses to answer important questions, would provide a public record that might prevent unwarranted replication or, in contrast, may prove valuable to future researchers who might wish to replicate the study to expand an initially insufficient database. To be accepted, such studies must be well-designed and adequately performed studies of clinically relevant problems, and the authors must provide for publication with the article a contact for future access to the full database and any critical materials (e.g., survey instruments, data collection forms) for use by a researcher wishing to replicate and expand the study. Replication studies must identify the study being replicated, including full citation of publication(s) of the original study, and must demonstrate close duplication of the original methodology.

Special Communication

Articles in this section 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 approximately 2500 words with no more than 35 references and 3 tables or figures.

Special Report

Special reports are miscellaneous articles that describe current economic, ethical, and sociologic issues, including descriptions of changes to standard-of-care guidelines. Special reports do not have abstracts, and they should be 1500 words with no more than 10 references and 1 table or figure.

Letters to the Editor

Readers are invited to comment on articles that appear in *SMRJ*. Letters should be sent to the Chief Editor (smrjeditor@hc.msu.edu), should be focused and brief, identifying the specific article being commented upon. 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.

Overall Peer Review and Publication Process

All manuscripts submitted to *SMRJ* are first reviewed by the Chief Editor. Submissions are then reviewed by two or more peer experts in specialties or subspecialties relevant to the manuscripts. *SMRJ* usually notifies authors of manuscript acceptance, revision requests, or rejection within one month of acknowledging receipt of manuscripts. Authors are encouraged to contact the Chief Editor if they have not received a status update in that period.

As a means of maintaining editorial and other quality standards, all accepted manuscripts may be subject to editing and abridgment. Such editing generally takes place after manuscripts undergo peer review and author revision. During this editing process, the *SMRJ*'s staff editors revise all accepted manuscripts for clarity, organization, grammar, conformity to house style and format, and adherence to AOA-preferred terminology, nomenclature, and spelling. Editorial staff may also conduct basic fact checking, including verifying referenced statements. As a consequence, staff may request copies of referenced materials that were not provided on submission. As noted under "Manuscript Submission," failure to provide copies of referenced material upon request may result in delayed publication.

Corresponding authors will receive proofs of edited manuscripts for review and comment before publication. Corresponding authors are responsible for responding to peer reviewers' comments and concerns, as well as staff editors' queries. Corresponding authors are also responsible for verifying all statements in their articles, including confirming the accuracy of changes made by *SMRJ*'s editorial staff. Failure to respond fully to peer reviewers' comments and concerns before manuscript acceptance, to address staff editors' queries, or to verify statements may result in publication delay.

Manuscript Preparation

Public Registration

For manuscripts on Phase III clinical trials, the trials must have been registered with at least one public registry before subject enrollment in the study. Other clinical trials involving human subjects, including pilot studies, must meet this requirement if they have at least one prospectively assigned concurrent control or comparison group.

Authors may register their studies with any trials registry that is electronically searchable and accessible to the public for free. In addition, the registry must be nonprofit, it must be open to all registrants, and it must have a mechanism to ensure the validity of the registration data (see <http://clinicaltrials.gov/ct2/manage-recs>).

Authors must provide *SMRJ* with the name of the public registry they used at time of initial submission. The registry listings for research submitted to *SMRJ* must include information on the 20 items that the World Health Organization identified in 2004 as the minimal registration data set (see <http://www.who.int/ictrp/network/trds/en/>).

For those manuscripts involving clinical trials that have been registered, the trial registration number should be noted at the end of the abstract.

Manuscript Components

- *Cover letter* A cover letter addressed to *SMRJ* Chief Editor Bill Corser, PhD, RN, must accompany each submission. The cover letter should provide the corresponding author's full name and contact information, including that author's full professional titles and affiliations, preferred mailing address, preferred e-mail address, and telephone number.

The cover letter should *specify the type of article* being submitted for consideration (e.g., original contribution, brief report, case report), all of the relevant practice focus areas addressed in the manuscript (e.g., gynecology, oncology, gynecologic oncology, gynecologic surgery), and the name of the SCS member institution from which the work initiated.

- *Title page* In addition to providing the title of a submission, the title page should state the date of submission. The title page should list the full names of all authors according to the authors' preferred usage. Authors' names should include all doctoral and master degrees in the order in which they were earned. For authors without doctoral or master degrees, their highest earned academic degrees should

be listed. In addition, the full professional titles and affiliations of all of the manuscript's authors should be included on the title page.

To conform with the AOA's policy statement "Uniform Title for Osteopathic Medical Students" (Resolution 298 [A/2006]), the names of osteopathic medical students should include the OMS designation with the year of training in Roman numerals (e.g., "OMS IV" should appear after the names of fourth-year osteopathic medical students).

Any manuscript submitted by osteopathic medical students, interns, or residents must include at least one clinician or scientist's name in the byline. This individual should be a clinician or scientist who has a thorough understanding of the research or other work associated with the manuscript.

Each author's contributions must be identified using language provided by the International Committee of Medical Journal Editors, 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 rather than the byline (see <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

The title page should describe any financial support provided for the work on which the manuscript is based, and grant numbers should be provided (if applicable). For each author, the title page should also include a financial disclosure statement (e.g., employment, funding, or stock ownership with the manufacturer of the product studied) and a conflict of interest statement (e.g., any nonfinancial affiliation with a group that may benefit from the study, such as serving on a formulary committee). Each listed author should go to http://www.icmje.org/downloads/coi_disclosure.pdf to complete an automated conflict of interest form that will generate an appropriate conflict of interest statement to be included on the title page. An electronic copy of this completed automated form for each author should be saved and submitted with the manuscript. In the event that authors do not have any potential conflicts to disclose, a statement to that effect must be made on the title page. A list of potential conflicts of interest is included in the "Manuscript Checklist".

The title page should contain the name and contact information of the one author designated as the Corresponding Author.

The title page should contain any necessary disclaimers, a word count for the abstract and for the text of the manuscript (not including the abstract or references), and an indication of the number of figures and tables.

Finally, the title page should contain three-to-five keywords related to the topic of the manuscript.

- *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 are limited to 350 words. Unstructured abstracts are limited to 150 words.

Structured abstracts for original contributions and brief reports should include at minimum the following four sections: context, methods, results, and conclusions. Structured abstracts for systematic reviews and meta-analyses should consist of at least the following six sections: objective, data sources, study selection, data extraction, data synthesis, and conclusions.

- *Introduction* Authors should briefly introduce the topic of their manuscript. Introductions should end with a brief objective statement that clearly identifies any hypotheses addressed in the study and/or the purpose of the study.
- *Methods* For a clinical trial with at least one prospectively assigned concurrent control or comparison group, the methods section must state the name of the public registry in which the trial was listed before subject recruitment began (see "Public Registration").

For human or experimental animal investigation, the methods section must identify the institutional review board or the institutional animal care and use committee that approved the project and include the IRB or IACUC identification number and date of approval. If the study was determined to be "Exempt", this must be stated and the date of the exemption letter noted. The methods section must also state the manner in which informed consent was obtained from human subjects.

Authors must also clearly describe the basic study design and identify all primary and secondary outcome measures; list measurement instruments and other tools used for independent and dependent variables, and clearly identify any modified or novel interventions that did not comply with approved or standard use.

For any studies using human subjects, a complete description of the subjects, including inclusion and exclusion criteria, must be presented along with a description of any control groups used and the numbers of subjects in each group.

In addition, authors must define the masking or blinding protocol and any statistical methods used, providing the full name of each method at first mention (e.g., "Pearson's product moment correlation coefficient" rather than "Pearson's correlation coefficient"). Specify the statistical software package(s) and versions used.

For studies using cell cultures, authors are encouraged to report data on the cell line quality and identity for each cell line used; e.g., the source, authentication, and mycoplasma contamination status.

As a general guideline, the methods should be written with enough detail that another researcher can 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. Provide 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.

Measurements of length, height, weight and volume should be reported in metric units (meter, kilogram or liter) or their decimal multiples. Temperatures should be in degrees Celsius, and blood pressures in millimeters of mercury. Use only standard abbreviations; the spelled-out abbreviation followed by the abbreviation in parentheses should be used on first mention unless the abbreviation is a standard unit of measurement.

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., $P = 0.06$). If, however, the value would be reported as $P = 0.00$ because of the number of significant digits allowed, then it is acceptable to state $P < 0.001$. When reporting groups of P values, it is permissible to provide an inequality (e.g., "groups were similar on all demographic characteristics [$P > 0.05$]"). 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 as they relate to other relevant literature, describe any limitations of the study, and make recommendations for future research. The discussion should also comment on the study's importance in relation to the tenets of osteopathic medicine (<http://osteopathic.org/inside-aoa/about/leadership/Pages/tenets-of-osteopathic-medicine.aspx>).
- *Conclusions* 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. They should not consist of a summary of the study. Conclusions normally should be limited to one paragraph.
- *Acknowledgments* Authors should limit acknowledgments to people who substantially contributed to either the study or the preparation of the manuscript. Acknowledgments should list contributors' full names; highest earned academic degrees, including all doctoral and master degrees; and professional titles at academic and other institutions. Acknowledgments of osteopathic medical students should include the OMS designation after their names as indicated under "Title Page" of this section.

References References are required for all material derived from the work of others and should follow the standards summarized in the NLM's International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References (www.nlm.nih.gov/bsd/uniform_requirements.html) webpage and detailed in the NLM's Citing Medicine, 2nd edition (www.ncbi.nlm.nih.gov/books/NBK7256/). In general:

- Items are listed **numerically** in the order they are cited in the text. In the text, references are noted by means of superscript Arabic numerals. Use Arabic superscript numerals outside periods.
- **Authors:** in the reference list, use surnames first followed by initials of first and second names with no spaces or punctuation. Include up to **six** authors. If there are more than six, include the first **six**, followed by **et al.** If no author is given, start with the title.
- Websites: include the name of the webpage, the name of the entire website, the full date of the page (if available), and the date you looked at it. Provide the URL that works as close as possible to the date of publication.

References should generally include direct, open-access URLs (uniform resource locators) to full-text versions of the referenced articles. A URL to an abstract in the National Library of Medicine's PubMed database does not meet this requirement.

For journal articles that are not accessible online for free, authors must send photocopies via e-mail, if requested by the chief editor, once their manuscripts are accepted for publication.

For additional requirements and examples of reference style, [click here](http://www.nlm.nih.gov/bsd/uniform_requirements.html).
[http://www.nlm.nih.gov/bsd/uniform_requirements.html]

When comparing the work of the manuscript with published studies, authors must refer to original documents rather than secondary sources.

Graphic Elements

Research-based submissions should include at least one graphic element. All accompanying tables and figures should be numbered, and they should be cited sequentially in the text.

Table headings should appear on the tables themselves. Labeled captions for figures, including illustrations, should be provided at the end of the manuscript. A full bibliographic citation should be provided in each caption for reprinted or adapted graphic elements.

All images must be submitted as separate high-resolution JPEG or TIF files. The minimum resolution that *SMRJ* can accept is 2 megapixels, with higher resolution suggested for items like radiologic images. 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*.

Please note that charts created in Microsoft Excel (.xls), Microsoft PowerPoint (.ppt), or Microsoft Word (.doc) can be used in the peer-review process, and for online publication as long as they can be transferred to .pdf format.

For further details regarding tables and figures, see page 16 of the ICMJE "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (<http://www.icmje.org/icmje-recommendations.pdf>).

Supplemental Material

Since *SMRJ* is an electronic online journal, space limitations normally required for print journals do not apply as rigorously, and supplemental material directly germane to the manuscript can be accepted, and for some types of articles will be expected.

For manuscripts based on survey data, copies of the original surveys and the cover letters that accompanied the surveys must be included with the other manuscript components at the time of submission.

For randomized controlled trials, authors must submit study flow diagrams.

Permissions

Authors are responsible for obtaining written permission from publishers and authors to adapt or reprint previously published tables, illustrations, and other graphic elements. Authors must submit such signed permissions from publishers and authors once their manuscripts are accepted for publication in *SMRJ*. Likewise, authors must submit signed permission from anyone explicitly named in their studies, including named sources for unpublished data and individuals listed in the acknowledgments.

Authors also must obtain written permission from patients to use their photographic images if those patients are identifiable in the images. If a patient is younger than 18 years, authors must obtain permission from one of the patient's parents or guardians. Authors are encouraged to use the [SCS patient-model release form](#) for this purpose. [provide link]

Authors serving in the US military must obtain armed forces' approval for their manuscripts and provide military or institutional disclaimers when submitting manuscripts.

Failure to submit appropriate permission forms may delay publication.

No material published in *SMRJ* may be reprinted within the first six months of publication without the written permission of the *SMRJ*'s chief editor.

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.

Further Information

Further guidance on manuscript preparation can be found at:

<http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html>.

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