

5/4/2021

Author Guidelines

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

I. Manuscript Submission

Manuscripts must be submitted electronically as **.RTF documents** through the Southwest Respiratory and Critical Care Chronicles website. At:

<http://www.pulmonarychronicles.com/index.php/pulmonarychronicles/login>.

II. Conditions for Publication

When submitting a manuscript, the corresponding author agrees to “Conditions for Publication” including scientific responsibility, exclusive publication, conflict of interest, and plagiarism.

A. Scientific Responsibility (Authorship). In submitting a manuscript, all authors are attesting to the fact that they have participated substantially in the conception and design of the work, in the acquisition of data, or in the analysis and interpretation of data (when applicable). They should also have participated in the writing of the manuscript and have approved the final version to be published. They should have participated sufficiently to take public responsibility for the work.

Contributors who do not meet the criteria for authorship should be recognized in an acknowledgments section, rather than given authorship (see Acknowledgments). Examples include technical help, writing assistance, or general support from a department chair. All such persons must give written permission to be acknowledged (see Permissions).

B. Exclusive Publication. Authors must certify that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere. This does not preclude our consideration of 1) a complete report that follows publication of a preliminary report, 2) a paper that has been presented at a scientific meeting but has not appeared in print, or 3) a paper rejected elsewhere. Explanation of any potential duplicate publication should be in a letter to the Editor.

C. Conflict of Interest. Authors must disclose any commercial association that might pose a conflict of interest in connection with the manuscript. Research or project support from commercial firms, private foundations, and government should be acknowledged.

D. Copyright Transfer. When a manuscript is accepted for publication, print and electronic copyright ownership is retained by the authors.

E. SRCCC follows the COPE [Code of Conduct and Best Practice Guidelines for Journal Editors](#) and the [COPE Core Practices](#).

In addition, as a journal that follows the ICMJE’s [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#), it is expected that authors, reviewers and editors follow the best-practice guidelines on ethical behavior in these recommendations.

III. Peer Review and Processing

Manuscripts are generally reviewed by expert consultants. In almost all cases, one or two peer reviewers evaluate each submission within two to six weeks and submit a written report to the editors. During peer review, all manuscripts are considered privileged communications; copying them, showing them to anyone, and discussing personal evaluations or recommendations are prohibited without approval of editorial staff. Manuscripts are to be destroyed after the review is completed. Peer reviewers also are asked to report immediately to the editors any possible personal, professional, or financial conflicts of interest with authors or related to the topic; when a conflict exists, SRCCC editors then find another reviewer in their place. Revisions will require additional time. Written comments, when available, are returned when manuscripts are returned.

A. *Editing.* All manuscripts accepted for publication are edited for clarity in accordance with Journal style and returned to the author for approval. Authors are responsible for all statements made in their work, including changes made by the editors and authorized by the corresponding author.

B. *Ownership.* All accepted manuscripts become permanent property of the Southwest Respiratory and Critical Care Chronicles and may not be published elsewhere without written permission from the Editor.

IV. Electronic Manuscript Preparation

Manuscripts should be prepared in a word processing system such as Microsoft Word or one that can be easily converted to or saved in Word format. Please use .docx or .rtf. The manuscript should be in English, double-spaced throughout, using 8½” by 11” paper, with 1” margins. The paper should be arranged in this order (all in one document): title page, abstract, text, acknowledgments, figure legends, and references. Tables and figures should be in separate files. Number pages consecutively, in the upper right-hand corner, beginning with the title page. Use the left justification feature (ragged right margins). Use letter-quality printing. Do not use line numbering.

Revised manuscripts must be submitted with a revised cover letter that contains each review comment followed by the authors’ response. In addition, all changes in the main document must be highlighted. “Track changes” will not be accepted.

A. *Title Page.* The title page should include: 1) a concise, informative title for the article consisting of 20 or fewer words (no abbreviations); 2) full name and highest relevant academic degree(s) of each author (limit of 2 degrees); 3) names of departments and institutions where the work was completed by each individual author (use symbols to link authors to affiliations) and current affiliations if these have changed; 4) disclaimers, if any; 5) sources of support in the form of grants, equipment, or drugs; 6) the name of one author who is to be designated as the corresponding author, with a complete postal address, telephone number, fax number, and e-mail address; and 7) a short title (9 or fewer words).

B. *Abstract and Keywords.* The 2nd page should carry an abstract of no more than 250 words, stating the purposes of the study, basic procedures (study subjects or experimental animals; observational and analytic methods), main findings (specific data and statistical significance), and conclusions. Emphasize new and important aspects of the work. Avoid abbreviations other than standard units of measurement. Information must match the information in the text and may contain no information that is not presented in the text.

Below the abstract, provide, and identify as such, 3 to 10 key words or phrases that will assist in cross-indexing the article. Use terms from the Medical Subject Headings (MeSH) list available from MEDLINE/PubMed; other terms may be used if suitable MeSH terms are not yet established.

Abstracts for Case Reports and Reviews should use a narrative format. Abstracts for Original articles should use a structured format. Editorials, Images, and Updates do not require abstracts but should include key words at the end of the article.

Suggested manuscript details: Editorials- 500-800 words, 5 or fewer references; original articles-2000-2800 words, 20 or fewer references; reviews-2000-3000 words, 20-30 references; Updates- 800-1200 words, 10 references; case reports- 800-1200 words, 10-12 references; Medicine and Public Policy- 800- 2000 words 10 references; letters-400 words, 5 or fewer references; all submissions-3-4 tables and/or figures. Authors should communicate with the editor if the length of the manuscript exceeds these guidelines.

C. *Text.* The texts of observational and experimental articles generally include these sections: Introduction, Patients (or Materials) and Methods, Results, and Discussion. Other articles such as Case Reports and Reviews will need other formats; authors should consult representative articles in the Journal.

1. Protection of Human and Animal Subjects

a. *Informed Consent: Studies.* Manuscripts should state formally that studies were performed in compliance with human-studies guidelines or animal-welfare regulations of the authors' institutions and in compliance with FDA guidelines, and that informed, written consent was obtained from human subjects after the nature of the procedure was explained.

b. Informed Consent: Patients' Privacy and Confidentiality. Identifying information should be eliminated if not essential.

When any such information is included, the patient must give informed, written consent for publication (for details, see Privacy and Confidentiality).

2. References to Drugs. Use generic names of drugs unless the specific trade name is relevant. State the form in which the drug was used (salt or base), the amount given in relation to body weight, and the route of administration; if injected, state the volume and rate of injection. State the frequency and the time of additional doses.

3. Manufacturing Information. Credit suppliers of drugs, equipment, and other materials described at length in the paper in parentheses at 1st mention, giving specific product name and model number (if applicable), company name, and location (city, state, and country).

4. Methods. Present methods in sufficient detail to enable repetition by other investigators, citing references for published methods or statistical methods, well known or otherwise.

5. Results. Present both positive and relevant negative results.

6. Numbers. Provide exact numbers when possible; for example, “87 of 137 patients (63.5%)” is preferable to stating the percentage alone. Spell out numbers at the beginning of a sentence and when less than 11.
7. Repetition. Summarize in the text, but do not repeat, data presented in tables and figures.
8. Abbreviations. Avoid abbreviations in the title and abstract and keep abbreviations to a minimum in the rest of the paper. The full term should precede the 1st use of an abbreviation in the text unless it is a standard unit of measurement.
9. Units of Measurement and Symbols. Measurements of length, height, weight, and volume should be reported in metric units; temperatures, in degrees Celsius (°C) or Fahrenheit (F); blood pressures, in millimeters of mercury (mmHg); and hematologic and clinical chemistry, in terms of the International System of Units (SI) or in the units used by the laboratory at the authors' home institution.
- D. *Acknowledgments.* When expressing appreciation to another scientist for assistance with your research or manuscript, enclose written permission, because such an acknowledgment may imply endorsement of your data and conclusions (see Written Permissions).
- E. *References.* Cite original sources when possible. See guidelines above for suggested number of references. Type references, double-spaced, on a separate page. Cite and number references consecutively as they appear in the text. Within the text, place each citation immediately after the term or phrase to which it is relevant with a superscript. References first cited in tables or figures should be numbered so that they will be in sequence with references cited in the text. Double-check all references for accuracy, completeness, and duplication. Our reference style is similar to that used by the New England Journal of Medicine. List all authors up to 3. For 4 or more, list the first 3 and add “et al.” List inclusive page numbers; include specific page numbers for books as well.

Examples:

1. Standard Journal Article

Patel SB, Kress JP. Sedation and analgesia in the mechanically ventilated patient. *Am J Respir Crit Care Med* 2012; 185: 486-497.

2. Book by 1 or More Authors (including specific page numbers)

West JB. *Respiratory Physiology-The Essentials*. Baltimore: Lippincott Williams & Wilkins; 2008. p.13-24.

3. Chapter in a Book

Weinberger SE, Lipson DA. Cough and Hemoptysis. In: Fauci AS, Kasper DL, Longo DL, Braunwald E, Hauser SL, Jameson LJ. Editors. *Harrison's Principles of Internal Medicine*. 17th Edition. New York: McGraw-Hill, 2008. p. 225-228.

4. Abstract in Journal Supplement

Akthar M, Okeke N. The disappearing cardiac mass. *Chest* 2012; 142: 97A.

5. Internet Journal Article

Global Strategy for Diagnosis, Management, and Prevention of COPD. 2011. Available at: <http://www.goldcopd.org/>.

Papers accepted but not yet published may be referenced (indicate the journal, followed by “in print”). Unpublished personal observations and personal communications are not acceptable as references but may be included in the text.

F. *Tables.* Each table should appear on a separate page, numbered with Arabic numerals, with a title for each. Submit tables in a word processing, not an imaging, format. Explain all nonstandard abbreviations in footnotes. Identify statistical measures of variations, such as standard deviation or standard error of the mean. Do not submit tables that merely repeat information in the text. Supply permissions to use data from another published or unpublished source.

G. *Illustrations: General Information* (for details, see Digital Image Guide). Letters, numbers, and symbols should be clear and even throughout, and should contrast with the background; they should be large enough to be legible when reduced for publication and should be added after images are scanned to the proper resolution. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in the photomicrographs should contrast with the background. Titles and detailed explanations belong in the legends, not on the illustrations themselves.

Privacy and Confidentiality. Avoid photographs of patients; if such photographs are used, the subjects must not be identifiable (masking their eyes is inadequate). Figures should not include any written patient identification, including names, initials, and hospital numbers. Photos or illustrations that might in any way reveal the identity of a patient must be accompanied by written permission to use the photograph; moreover, the patient should be shown the manuscript and should be told if the manuscript will be available on the Internet as well as in the print publication.

Cite each figure in the text in consecutive order. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material.

H. *Legends for Illustrations.* Legends for illustrations should be double-spaced, on a separate page from text or tables, with Arabic numbers that correspond to the illustrations. Supply a detailed explanation of each figure. Define all symbols, arrows, or legends that are used to identify parts of the illustrations. Explain internal scale and identify the method of staining in photomicrographs.

V. Digital Image Guide

The Journal requires that digital artwork be prepared according to professional standards. Digital files must meet Journal requirements in order to be accepted for publication. Files that do not meet the guidelines will be rejected. Please refer to the instructions below when preparing images for publication.

A. Image Preparation Checklist. To verify that you have fulfilled the requirements for electronic image preparation, use the following checklist. Each category is expanded below the checklist.

_____ Black-and-white images are saved in grayscale mode (not black and white).

_____ Photographic images are saved in RGB color mode (not CMYK or indexed color).

_____ Files are submitted in native JPEG, TIFF, or PNG and are not embedded in another program such as Microsoft Word, PowerPoint, or Excel.

_____ Charts or illustrations created in Microsoft Office (Word, PowerPoint, Excel) are submitted in native format and do not include embedded images.

_____ Charts created in SPSS, SigmaPlot or ChemDraw are submitted as JPEG, TIFF, or PNG images. (All charts have to be exported to JPEG, TIFF, or PNG file and saved in separate files.)

_____ All graphics are sized to 100% of their print dimensions so that no scaling is necessary (3.2" wide for 1-column figures, and 6.4" wide for 2-column figures).

_____ Images have been scanned according to our scanning guidelines.

_____ Files are named using our recommended naming conventions.

B. Color. When preparing digital images for publication, it is important to scan and save electronic files in the correct color space.

1. Photographic images. Images such as photographs, pulmonary angiograms, Chest x-ray, etc., should be scanned and saved in RGB color mode.

2. Line art. Black-and-white images, including line drawings, charts, graphs, and pulmonary function tests, should be scanned and saved in grayscale mode (not black-and-white or color). (For charts created in SPSS, refer to Section C.2. For charts and graphs created in Microsoft Office, refer to Section C.3.)

3. Avoid ICC Profiles. Images should not contain any ICC profiles.

C. File Format. Submit only JPEG, TIFF, or PNG for electronic images. See instructions for submitting artwork created in Microsoft Office programs (Word, PowerPoint, Excel).

1. JPEG (Joint Photographic Experts Group). JPEG/JPG is recommended for photographic images. When preparing JPEG images, be sure to refer to our scanning guidelines for proper resolution. When submitting JPEG files for publication, be sure to use the following guidelines:

- Convert text to outlines or include/embed fonts. Use only Journal-approved fonts.
- Flatten any layers.

- Use line weights greater than 0.5 points.
- Use a resolution of 300 dpi/ppi.
- Save color images in RGB color mode.
- Use/Save as format baseline (“standard”), high to Maximum quality (Quality 8-12), None Matte.

In most software programs, a JPEG is made by choosing *File / Save as... or Export / JPEG or JPG or JPE*. For more information, consult the Help menu of your software.

2. TIFF (Tagged Image File Format). TIFF format is also recommended for photographic images. When preparing TIFF images, be sure to refer to our scanning guidelines for proper resolution. When submitting TIFF files for publication, be sure to use the following guidelines:

- Use a resolution of 300 dpi.
- The Journal accepts TIFF images saved with LZW compression (not to use JPEG compression); choosing this option will result in smaller files.

In most software programs, a TIFF is made by choosing *File / Save as... or Export / TIFF or TIF*.

3. PNG (Portable Network Graphics). PNG format is recommended for line art, charts, simple graphic images, and illustrations that are created using professional drawing programs such as Adobe Illustrator, SPSS, ChemDraw or SigmaPlot, etc. When submitting PNG files for publication, be sure to use the following guidelines:

- Convert text to outlines or include/embed fonts. Use only Journal-approved fonts.
- Flatten any layers.
- Use line weights greater than 0.5 points.
- Use format 24-bit PNG (24 bits per pixel).
- Save as none compression and none interlace.

In most drawing programs, a PNG file is made by choosing *File / Save as ... or Export / PNG*.

4. Microsoft Office (Word, Excel, PowerPoint). Charts and illustrations created in Microsoft Office programs are accepted. Do not submit Microsoft Office files that contain embedded images. When creating charts and illustrations—

- Work in black-and white, not color.
- Do not use patterns for fill color; use black, white, and shades of gray.
- Avoid 3-dimensional charts.
- Use only Journal-approved fonts.
- Use line weights greater than 0.5 points.
- Submit the grouped image so that Journal compositors can access the datasheet.

5. Avoid the following:

- **Submitting graphics downloaded or saved from Web pages. The resolution will be too low, regardless of how the image looks on screen.**

- Submitting GIF files. GIF files are never appropriate for publication.
- Scanning preprinted photographs (already published halftones). The printing process introduces distortion into the photograph that will transfer to the scan.
- Generating JPEGs in the Microsoft Office Document Scanning program. This proprietary program changes image formatting such that the image cannot be opened in our image evaluation program.

D. Resolution and Scanning

1. Images must be scanned at the proper resolution in order to ensure print quality. Use the following guidelines to select the correct scanning resolution. Images scanned at lower resolutions will be rejected.

- Photographic images without text or arrows: 300 dpi/ppi
- Photographic images with text or arrows: 600 dpi/ppi
- Black-and-white line art: 600 dpi/ppi

a. Scanning photographic images without text or arrows

- Scan in RGB mode.
- Scan at 300 dpi/ppi.
- Select a target width of 3.2" for 1-column figures, and 6.4" for 2-column figures.
- Crop images tightly; do not scan the margins.
- Use the proper naming convention; save as a JPEG file, high to Maximum quality (Quality 8-12), None Matte.

b. Scanning photographic images with text or arrows

- Scan in RGB mode.
- Scan at 600 dpi/ppi (even if text or labels will be added after the image is scanned).
- Select a target width of 3.2" for 1-column figures, or 6.4" for 2-column figures.
- Crop images tightly; do not scan the margins.
- If adding labels, use an approved font. If these are pixelated, you may be asked for an unlabeled version.
- Use the proper naming convention; save as a JPEG file, high to Maximum quality (Quality 8-12), None Matte.

c. Scanning black-and-white line art

- Scan in grayscale mode.
- Scan at 600 dpi/ppi.
- Select a target width of 3.2" for 1-column figures, and 6.4" for 2-column figures.
- Images should be tightly cropped; do not scan the margins.
- If adding labels, use an approved font. If these are pixelated, you may be asked for an unlabeled version.
- Use the proper naming convention; save as a JPEG file, high to Maximum quality (Quality 8-12), None Matte.

2. Scanning originals that are smaller than the target width

- Choose the correct color space for photographic images or line art.
- Determine the correct resolution. If an image has a width smaller than the target

width, it is necessary to compensate with an increase in the scanning resolution. To do this, divide the actual width by the target width (either 3.2" or 6.4"). Multiply the answer by the target dpi and round up to the nearest hundred. This will determine the scanning dpi. Use the following example: If an image is 2.4" wide and needs to be 300 dpi/ppi at 3.2" wide, then $3.2 \div 2.4 =$

1.33

$1.33 \times 300 = 399$ – Round up to 400.

Thus, if the 2.4" image is scanned at 400 dpi/ppi, the Journal can properly convert the image to 3.2" wide at 300 dpi.

- Use the proper naming convention and save.

A. Naming Files

1. Please use the following naming convention for electronic images: Author last name + figure number. file format. For example: Clark1.jpg or Clark1A.png
2. Revising images. Any time you revise an image and resubmit it to the Journal, you need to add a version number to ensure that the image will be re-evaluated. For example: Clark1.png would be saved the next time as Clark1_v2.png
3. Note: Always allow the software program to add the file format extension. Files that do not contain an extension will be rejected. To change a file format extension, you must use a software program. Renaming a file extension does not properly convert a file. For example, simply renaming a TIFF file to a JPEG does not convert the file to a JPEG image. Opening a TIFF file in Photoshop (or comparable software program) and saving as a JPEG does properly convert the file. Note: You can safely change the Author last name + figure number (i.e., anything before the "dot file format" portion) by using the Rename command.

B. Approved Fonts. Please use one of the following fonts for text in labels, graphs, and charts:

- Arial
- Times New Roman

C. Labels

1. Do not place figure labels (A, B, C, etc.) on digital files; include the letter in the figure file name (for example, Clark2B.jpg).
2. If images are part of an A, B, C series, scan and submit each image separately.

D. How to Submit Images. To submit digital artwork, refer to the information in the Manuscript Submission section.

VI. Written permission

Authors are responsible for obtaining written permissions upon manuscript submission or shortly thereafter if they plan to include any of the following:

- Previously published materials (contact copyright holder)
- Personal observations and personal communications other than those of the authors (include direct quotation with signature of researcher, along with the month and year of observation or communication)
- Names of contributors other than the authors, as an acknowledgment

(which might imply endorsement of your data and conclusions)

- Photographs of human subjects

VII. Manuscript Checklist

_____ Cover letter with complete contact information; revision cover letter must contain Point-by-point responses to all reviewers' comments

_____ Manuscript, including

- Title page (required for ALL submissions)
- Abstract (250-word maximum) and key words
- Text
- Acknowledgments, if any
- References (check for accuracy and completeness); cite in numerical order in text
- Tables (with brief titles), in text, in MS Word
- Legends for illustrations

Note: Revised manuscripts must have all changes highlighted. Do not use "track changes."

_____ Digital Images, if any, each saved as a separate file according to the section above (not embedded in a Word document); cite in numerical order in text

_____ Permissions, if applicable

Submissions

Submissions are published with no fee to the Author for publication or processing. Authors should use the following steps below for submissions.

I. Manuscript Submission - **please submit as .RTF file**

To save a Word document in the RTF format, follow these steps:

1. Open the document you wish to make available in **RTF** format.
2. Choose File > Save As.
3. From the drop down list labeled "**Save as type**," choose "Rich Text Format (*.rtf)".
4. Click "**Save**."

II. Conditions for Publication

1. Scientific Responsibility (Authorship)
2. Exclusive Publication

3. Conflict of Interest
4. Copyright Transfer

III. Review, Processing

IV. Electronic Manuscript Preparation

1. Title Page
2. Abstract and Key Words
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V. Digital Image Guide

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7. Labels
8. How to Submit Images

VI. Written Permissions

VII. Manuscript Checklist

Journal Sections

Editorials

This section is limited to short articles by the current editorial board or outside experts. These articles should have 500-800 words and five or fewer references.

Longer articles may be acceptable depending on the topic. Please contact the Editor.

Make a new submission to the [Editorials](#) section.

Original Articles

All submissions to this section must be based on original research and include a clearly detailed methodology section. These submissions can have 2000-2800 words, 20 references, and 4 tables/figures total.

Make a new submission to the [Original Articles](#) section.

Pilot Study

Pilot studies should involve original clinical investigations with less than 20 patients. The submission should have the same format as original articles. Please limit the number of tables and/or figures to 4.

Make a new submission to the [Pilot Study](#) section.

Brief Report

Brief Report should include original data with discussion and analysis.

Make a new submission to the [Brief Report](#) section.

Reviews

These reviews should provide a focused summary of important topics in respiratory and critical care medicine. In general authors should avoid broad overviews such as "Pulmonary Hypertension" and focus on more limited aspects of this topic such as "Pulmonary Hypertension in Scleroderma." These articles can have up to 2800 words, 30 references, and 4 tables/figures.

Make a new submission to the [Reviews](#) section.

Focused Review

Focused review should provide a literature review and discussion about a more narrow topic than review articles. Please limit the number of tables and/or figures to 4.

Make a new submission to the [Focused Review](#) section.

Systematic Review

Systematic reviews should review the medical literature using the PRISMA format. Make a new submission to the [Systematic Review](#) section.

Basic Science in the ICU

Articles in this section should review the basic science relevant to clinical disorders often managed in the intensive care unit.

Make a new submission to the [Basic Science in the ICU](#) section.

ICU Rounds

These articles should provide short updates on topics relevant to patients in ICUs. These topics could include ICU management strategies, review of recent guidelines, and ICU therapeutics. These articles can have up to 1200 words, 10 references, and 4 tables/figures. Abstracts can be used to provide key statements about information in the article but are not necessary.

Make a new submission to the [ICU Rounds](#) section.

Regional Medicine

Regional medicine reports should provide information about medical disorders which occur more frequently in the Southwestern United States. Please limit the number of tables and/or figures to 4.

Make a new submission to the [Regional Medicine](#) section.

Medicine and Health Policy

These articles should discuss important topics that involve public policy and/or the health care system and clinical medicine. The writer may take controversial positions provided he or she makes it clear that the discussion represents his or her opinion. The articles can have up to 2400 words and 10 references. Tables and/or figures may be used as needed.

Make a new submission to the [Medicine and Health Policy](#) section.

Case Reports

Case reports should present unusual diagnoses, atypical presentations of common diagnoses, or unique management approaches. The case report can have up to 1200 words, 10 references, and 4 figures/tables. They should include a narrative abstract.

Make a new submission to the [Case Reports](#) section.

Case Series

These articles should provide clinical information about 2 or more patients with similar clinical diagnoses. Patient information should be summarized in a table. Please limit the number of tables and or figures to 4.

Make a new submission to the [Case Series](#) section.

Case Report and Focused Review

Articles in this section should present information about a case and provide a longer but focused review of the case. The abstract should summarize the case and important information in the discussion.

Make a new submission to the [Case Report and Focused Review](#) section.

Clinical Case for Discussion

Articles in this section should take the format of two or more authors discussing a clinical case, a medical problem, a new guideline, or controversies about health care.

Make a new submission to the [Clinical Case for Discussion](#) section.

In the Clinic

Articles in this section should provide updates on the management of outpatients based on either new medical treatment, new guidelines, or new ideas regarding pathogenesis. The abstract should summarize key information in the article.

Make a new submission to the [In The Clinic](#) section.

Statistics Column

Articles in this section should summarize important ideas and methods needed for the analysis of numerical information used in clinical studies and clinical trials.

Make a new submission to the [Statistics Column](#) section.

Scientific Writing

Articles in this section should provide key information for writing scientific and medical manuscripts and outline methods to improve written communication.

Make a new submission to the [Scientific Writing](#) section.

Research Series

Articles in this section should outline approaches to developing and completing clinical research. Examples might include the use of the NHANES database to analyze associations between laboratory tests and self-reported diagnoses. An abstract can list key ideas in the discussion but is not necessary.

Make a new submission to the [Research Series](#) section.

Student Research Report

Student Research Reports should report recent clinical or basic science research projects undertaken and completed by medical students. The mentor should provide significant assistance in writing the manuscript.

Make a new submission to the [Student Research Report](#) section.

Medicine in Art

Medicine in Art articles should discuss the presentation of medical topics in fiction, poetry, paintings, and music.

Make a new submission to the [Medicine in Art](#) section.

Medical History

These articles should provide information about important people or events in the history of medicine. When possible, figures should be included.

Make a new submission to the [Medical History](#) section.

Medical Education

Articles in this section should involve either studies on medical education or analysis of the literature on medical education. The studies can involve both student and postgraduate education.

Make a new submission to the [Medical Education](#) section.

Medical Ethics

Articles on medical ethics should discuss and review important topics in medical education and when possible the intersection between law and medical ethics.

Make a new submission to the [Medical Ethics](#) section.

Medical Technology

Articles on Medical Technology should review important advances in medical technology with figures when possible. Abstracts can be used to summarize key information in the discussion but are not necessary.

Make a new submission to the [Medical Technology](#) section.

Images in Medicine

The Image section publishes informative radiographs, histological slides, and photographs. The Image should include a short text and 1-3 references. All identifying information related to a patient should be deleted.

Make a new submission to the [Images in Medicine](#) section.

Special Edition

Special editions could include abstracts from regional meetings or summaries from regional conferences. Please contact the editor with suggestions and questions.

Make a new submission to the [Special Edition](#) section.

Abstract Supplement

Abstract supplements should include abstracts submitted to regional meetings by either residents or students.

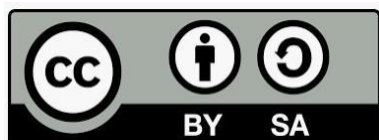
Make a new submission to the [Abstract Supplement](#) section.

Medical News

Medical news articles should provide the reader with an update about topics which have recently received considerable attention in the media.

Make a new submission to the [Medical News](#) section.

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