SQUMJ Guide for Authors

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Manuscripts should be submitted online via the Editorial Manager system at www.edmgr.com/squmj/

Key Issues

UNIFORM REQUIREMENTS OF ICMJE (International Committee of Medical Journal Editors)
Before submitting manuscripts, authors should check that they conform to the Uniform Requirements of the International Committee of Medical Journal Editors (www.ICMJE.org) to which SQUMJ conforms.

TYPES OF MANUSCRIPTS PUBLISHED
Manuscripts submitted must be based on original work and not have been published, submitted or accepted for publication elsewhere. The Journal accepts the following kinds of manuscripts:
1. Editorials (by invitation from the Editorial Board, or papers received of exceptional merit)
2. Comments
3. Reviews
4. Special Contributions
5. Medical History articles
6. Sounding Board articles
7. Original Studies
8. Brief Communications
9. Technical Notes
10. Case Series and Case Reports
11. Continuing Medical Education articles
12. Interesting Medical Images
13. Letters to the Editor
14. Conference Abstracts

CONFIDENTIALITY
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AUTHORSHIP
Authorship must be based on all of the following four criteria: 1) Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) Drafting the article or revising it critically; 3) Final approval of the version to be published’ and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section at the end of the article.

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Trust in the peer review process and the credibility of published articles depends partly on the handling of conflict of interest issues in the writing, peer review and editorial decision-making process. Conflict of interest exists when an author (or the author’s institution), reviewer or editor has financial or personal relationships that inappropriately influence his/her actions. These people must disclose all relationships that could be viewed as potential conflicts of interest. Authors need to complete the Conflict of Interest section in the standard SQUMJ Covering Letter. The editors may use this information as a basis for editorial decisions and may publish it in the Journal. Peer-reviewers are requested to declare any conflict of interest. SQUMJ Subject Editors have to declare any conflict of interest before taking responsibility for a manuscript.

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ETHICAL PERMISSION - Human and Animal Rights
All studies on human or animal subjects must contain a statement about ethical permission for the study including the date it was granted and the name of the committee and organization which granted it. Such studies must be in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

When reporting experiments on animals, authors should indicate whether the institutional and national guidelines for the care and use of laboratory animals were followed.

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Following the World Association of Medical Editors (WAME), SQUMJ defines scientific misconduct as:

1. **Falsifying data**: Inventing data, selective reporting or the omission, suppression or distortion of data.
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3. **Authorship issues**: Exclusion of involved researchers, or inclusion of researchers who have not contributed to the work, or publication without permission from all authors.
4. **Disregard for generally accepted research practice**: Manipulation of experiments/statistics to get biased results, or improper reporting of results, for example.
5. **Failure to follow legal requirements**: Violation of local regulations and laws involving the use of funds, copyright, care of animals, human subjects, investigational drugs, recombinant products, new devices, or radioactive, biological or chemical materials.
6. **Inappropriate behaviour in cases of misconduct**: False accusations of misconduct; failure to report misconduct; not providing information relevant to a misconduct claim; and retaliation against people claiming or investigating misconduct, for example.

SQUMJ takes all these forms of misconduct extremely seriously. It follows the Committee on Publication Ethics (COPE) guidelines. The final decision on action is taken by the Editor-in-Chief.

**OPEN ACCESS**

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**ARCHIVING**

SQUMJ utilises the LOCKSS system to create a distributed archiving system among participating libraries and permits those libraries to create permanent archives of the online version of Journal issues for the purposes of preservation and restoration.

**Preparing the Manuscript**

1. **TYPES OF ARTICLES – Length and Subsections**

   **Editorials & Comments**: (c. 2,000 words & 20 refs.). These types of articles should refer either to an article already published or scheduled to be published in an issue of SQUMJ or be a short opinion article on a topic of recent interest. These should have a sequence of logical sections related to their content and purpose. 
   
   *Editorials and comments should be submitted via e-mail to the Editorial Office.*

   **Reviews**: (c. 5,000 words & max. 100 refs.). These articles should succinctly and holistically summarise current knowledge of a chosen topic, with a sequence of logical sections related to their content and purpose.

   **Special Contributions & Sounding Board articles**: (c. 5,000 words & 30 refs. and 2,000 words & 20 refs. respectively). These should have a sequence of logical sections related to their content and purpose. Sounding Board articles should aim to elicit discussion on potentially controversial topics or present novel ideas.

   **Medical History articles**: (c. 2,500 words & 20 refs.). These articles should highlight the historical background of a disease or its discoverer, or any other topic within the history of medicine. These should
have a sequence of logical sections related to their content and purpose. *Medical History articles should be submitted via e-mail to the Editorial Office.*

**Clinical & Basic Research articles:** (c. 3,000 words & 30 refs.). The manuscript should be divided into the following seven major sections: 1) Advances in Knowledge (how the paper contributes to this, list of max. 100 words); 2) Application to Patient Care (how the paper contributes to this, list of max. 100 words); 3) Introduction; 4) Methods; 5) Results; 6) Discussion; and 7) Conclusion. The Methods section should include sufficient details of methods and equipment so that another individual could repeat the work. Clearly mention the time period of the research and the institution where it was conducted.

**Brief Communications:** (c. 1,500 words & 15 refs.) The manuscript should be divided into the following five sections: 1) Introduction; 2) Methods; 3) Results; 4) Discussion; and 5) Conclusion, with similar instructions as for Clinical and Basic Research articles.

**Technical Notes:** (c. 1,500 words & 15 refs.) These short articles should describe a new methodology, technique or piece of equipment. These articles should have a sequence of logical sections related to their content and purpose.

**Case Series & Case Reports:** (Series: c. 2,000 words & 15 refs; Reports: 1,500 words & 15 refs, or 2,000 words & 25 refs. if literature review included). These should have the following four sections: 1) Introduction; 2) Case Report/s; 3) Discussion; and 4) Conclusion. Due to space constraints, these articles may not appear in the print edition, although their abstracts will. However, full articles will still appear in the online edition.

**Continuing Medical Education articles:** (c. 3,000 words & 30 refs.). These articles should seek to test the knowledge and clinical practices of doctors or medical students. Such articles should have a sequence of logical sections related to their content and purpose and be followed by a quiz with a key for the answers.

**Interesting Medical Images:** These short articles highlight an interesting image(s), with a brief Introduction to the image/s and a detailed caption for each one, followed by a Comment section of maximum 500 words and c. 5 refs.

**Letters to the Editor:** (c. 1,000 words & 5 refs.). These are short communications either in response to a previous SQUMJ article or on a new topic of interest.

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### 2. JOURNAL LANGUAGE & TRANSLATION

The Journal publishes papers in UK English, with the title, author names, abstracts and keywords in Arabic and UK English. Where none of the authors are Arabic speaking, an abstract translation service is provided. If you wish to include an Arabic translation of these sections, please upload it on the SQUMJ Editorial Manager website as a separate file; do not include it within the manuscript itself.

### 3. STYLE

The modern trend to simplify has also influenced scientific writing. When preparing your manuscript, avoid long sentences, jargon and clichés. When tempted to use a difficult word or complex sentence, see if it can be replaced by a simpler one. Always write for the generalist, rather than the specialist. The overall essence of your manuscript should be understandable to someone educated until university level.

### 4. ABBREVIATIONS & SYSTEM OF UNITS

Since abbreviations tend to make the text difficult to read, avoid them except when essential. In the Abstract and the article itself, define each abbreviation when first used—e.g. coronary artery disease (CAD)—and thereafter use the abbreviation alone without further explanation. Avoid beginning sentences with abbreviations. All abbreviations must be expanded in titles, subtitles and captions. Use standard abbreviations, rather than words, for units and percentages (e.g. km, mm, kg, L, mL, %, etc.). This Journal uses the International System (SI) units for most measurements (e.g. pmol/L). Alternative corresponding units may be included in parentheses.
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All tables and figures should be inserted/placed at the end of the manuscript, rather than within the main text. Provide a brief but fully self-explanatory caption and title for each figure and cite each figure in the text and number them consecutively. Number tables consecutively, give concise but self-explanatory titles to each and cite them in the text. All figures will be printed in colour. Tables will be formatted to fit the standard shading/layout of the Journal. It is the author’s responsibility to obtain permission for the reproduction of previously published figure or table from other sources and the source of the original figure/table should be clearly cited underneath the reproduction. An explanation of all definitions used, as well as any other potentially non-intuitive features, should be included in the legend to the figure or table. A maximum of 6 figures/tables are permitted for Clinical & Basic Research articles. All other article types are allowed a maximum of 4 figures/tables.

Photographs/Images/Scans - The quality of such figures must be high enough resolution for good print reproduction and should stand reduction. The Journal uses standard arrows/identifying symbols for figures, so additional arrows, symbols, words and other identifying/descriptive features should not be placed on the figure itself, if possible, but into the Microsoft Word document instead. After acceptance, figures should be provided to the Editorial Office in digital format (300 dpi) and in JPEG, PNG, GIF, TIFF or other image format. Sourcing figures directly from a Microsoft Word document may greatly and negatively affect their quality in print.

Drawings - All line drawings should be planned to fit the Journal’s page size (12 x 18 cm). Lines should be dark enough and letters should be of professional quality in order to stand reduction. Do not use bold or all-capital lettering. Do not combine line drawings and photographs into one illustration. For best results, it is advisable to execute your drawings in a vector application such as Adobe Illustrator or CorelDraw. The Editorial Office is able to accommodate a wide range of vector and bitmap formats executed on Windows or Macintosh platforms.

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Tables and Charts - All X and Y axes must be clearly labelled. Charts and tables pasted into Microsoft Word documents in un-editable “picture” formats are not acceptable and should be provided in Microsoft Excel or a similar programme. Please ensure that no charts or graphs are displayed in three dimensions. For tables, please ensure that as few cells as possible are merged and that each column and row is clearly labelled and outlined using the border function. Within a table, do not insert multiple spaces or tabs within a single cell.

6. FORMATTING
All manuscripts must be submitted in Microsoft Word. Use 12 point Times New Roman font for the entire manuscript. Use minimum formatting, restricting formatting to superscripts and subscripts and what is absolutely essential to reveal various heading levels, since most formatting will be removed before typesetting. Use true superscripts and subscripts and not “raised/ lowered” characters. For symbols, use the standard symbol fonts on Windows or Macintosh. Using strange symbol fonts may give unpredictable results in print, even if the fonts are supplied by the author. Put exactly one space between words and after any punctuation. Put one blank line between paragraphs and do not use indents to indicate new paragraphs. Ensure that the text of the entire manuscript is in uniform black font colour, unless you need to indicate changes to your article made during a request for revision. Please do not insert page borders.

Article Sections

1. MANUSCRIPT DETAILS
Please ensure that you remove the author names and affiliation details from the Microsoft Word document of your manuscript as it will be sent out for blind peer review. In addition, ensure that any potential identifying information—such as that which might be included in an Acknowledgments/Funding/Conflict of
Interest section—is uploaded as part of the standard SQUMJ Covering Letter on the SQUMJ Editorial Manager website. This information can subsequently be included in the manuscript after an acceptance decision has been made.

2. ABSTRACT
As the most widely read part of a paper, the abstract demands careful preparation. Editorials, Letters to the Editor and Interesting Medical Images do not need an abstract. Abstracts of Clinical & Basic Research studies and Brief Communications (max. 250 words and 150 words respectively) should be clearly divided into four sections: 1) Objectives; 2) Methods; 3) Results; and 4) Conclusion. Reviews, Sounding Board articles, Special Contributions, Technical Notes, Case Series/Reports and CME articles should have a narrative abstract in a single paragraph (max. 150 words). The abstract is uploaded to the SQUMJ Editorial Manager website as a separate file.

3. KEYWORDS
Keywords are needed for Reviews, Sounding Board articles, Special Contributions, Clinical & Basic Research articles, Brief Communications, Technical Notes, Case Series/Reports and CME articles. Provide max. 8 keywords using terms from the medical subject heading (MeSH) database on the PubMed site (http://www.ncbi.nlm.nih.gov/mesh). Keywords are uploaded on the SQUMJ Editorial Manager website in the special section for this purpose.

4. METHODS – Clinical & Basic Research and Brief Communications
In the Methods section, it is vital that enough information is provided as to how your study was conducted so that the research can be replicated. If applicable, you should clearly state any inclusion/exclusion criteria, variables and sample size calculations. For studies with human or animal subjects, please include information as to which organisation granted ethical permission for the study and how the consent of the subjects/patient consent was obtained, if necessary. For ethical permission, be aware that you will need to provide the name of the committee which granted approval for the study, as well as the date and number of approval. Any references to medical equipment must include the official trade name of the equipment and the full company name and the city and country of the supplier. The time period of the study must be clearly noted in months and years (e.g. this study was conducted between April 2016 and February 2017).

5. CASE REPORT – Case Series and Case Reports
Include all relevant past medical history for the case as well as the circumstances leading to the presentation/admission of the patient. The year of presentation should be included, but not the specific month so as to avoid identification of the patient. Provide a full description of the sequence of events that followed the patient’s presentation/admission as well as the clinical decision-making process, diagnosis steps and/or treatment. Clearly mention the final prognosis status of the patient and the results of any follow-up/further observations. If any further treatment or observation is planned for the future, this should also be mentioned.

6. DISCUSSION
For studies, your Discussion section should first reiterate briefly the results, then move to a discussion of your main findings, and finally move to wider topics and comparison of your study with other research. For individual cases, it is advisable to describe how the case is rare/unusual and the educational/scientific merit of its publication, followed by an overview of the topic and a comparison of your case with similar cases described in the literature.

7. REFERENCES
All statements which require support/evidence or cite data from previously published material should be referenced. Other literature should be referenced sequentially in their order of appearance, for example: “The Omani Ministry of Health has prioritized eye care in its next 5 year plan”. Always try to use primary rather than secondary sources of data, if available. Avoid references to personal communications, unpublished data or other manuscripts which have not yet been accepted for publication.
The reference number must be inserted within the text in superscript after a comma or full stop. In the article itself and the Reference section, list all the references in sequential numerical order. In the Reference section, list all authors up to a maximum of six. If there are more than six authors then write et al. after the sixth author. The Journal uses a variation of the Index Medicus style of referencing, which is similar to the Vancouver style. Please adopt the exact style as shown in the examples below, including punctuation. Journal names should be abbreviated as per the Journals Database section in PubMed (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals). Please include DOI numbers where available.

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Figures and tables should not simply be a repetition of data already included in the text but should be used to present your data in a concise and more understandable format. They also not contradict results reported elsewhere within the manuscript. Ensure that the correct type of figure/table is used so that the information is presented in the most appropriate/interesting manner.

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Substantial delays in the submission process can be avoided if authors comply with these Guidelines for Authors.

**Review Process**
The Editorial Office of the Journal and the SQUMJ Subject Editors check each submitted manuscript for general quality, suitability and whether it conforms to accepted formatting requirements. All manuscripts are also checked for plagiarism; if discovered, immediate strong action is taken. If found *prima facie* acceptable, the manuscript will be sent out for double-blind international review. All reviewers treat the manuscript with the strictest confidentiality and must declare any conflict of interests. Comments and suggestions from the reviewers are conveyed to the authors via the online system. Revised manuscripts are subject to further review by the original reviewers and the responsible Subject Editors. The final decision as to acceptance or rejection lies with the Editor-in-Chief, with advice from the SQUMJ Editorial Board and Sultan Qaboos University’s Academic Publications Board.

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- Abstract has required length and sections? Keywords provided?
- Arabic translations of title, author-names, abstract and keywords provided (if one author is Arabic-speaking)?
- Manuscript conforms to SQUMJ’s style, length and formatting requirements?
- Tables, drawings, charts and photographs placed after the article text and in editable format?
- References in the Journal’s exact style?
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