



1. SMRJ Information for Authors

These guidelines for initial *Spartan Medical Research Journal* submissions are each in general 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>).

2. 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 quality QI/patient safety projects.

3. Online Manuscript Submission

The SCS uses **Scholastica™ online submission software** for all types of SMRJ submissions and resubmissions. To submit your submission:

1. Go to Scholastica SMRJ "For Authors" at <https://smrj.scholasticahq.com/for-authors>;
2. You will need to establish a Scholastic Account. KEEP THIS USERNAME and PASSWORD. This information will enable you to look up the status of your paper, submit updated paper drafts, add additional submission files, etc.
3. Submit ONE SINGLE "master manuscript file," with or without a second cover letter.
4. Place each of your proposed figures and tables in the master manuscript file text sections in their preferred location.
5. Always list the contact information of the "Corresponding Author" on the title page of the master manuscript file. List each authors' credentials and organizational affiliations using superscript numbers.
6. Ensure that all project-related papers include text concerning prior IRB approval before data collection was begun in the "Methods" section of the submission text.
7. Ensure that your text references and reference list are each formatted to SMRJ specifications before you submit the manuscript file.
8. Review SMRJ "Standards for Reference Citations" and "Submission Checklist" files at <https://smrj.scholasticahq.com/for-authors> before you submit anything.

4. Article Categories

The *SMRJ* Editorial Office welcomes submissions in the following categories:

4a. 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. Required Text Section Headings: "Introduction," "Methods," "Results," "Discussion," and "Conclusions." Original contribution submissions should be at least **2,000 words** with at least **10** references and up to **TEN** tables and figures. A **structured** abstract of at least 200 words with "Introduction," "Methods," "Results," "Discussion," and "Conclusions" subsections is required with your initial submission.

4b. Literature Reviews and Clinical Reviews

Literature review manuscripts can be different types of detailed, critical evaluations of bodies of published articles relevant to specific clinical problems. Literature review papers should be at least **2,000 words** with at least **25** references and up to **FOUR** separate tables or figures. A “**semi-structured**” summary abstract with subheadings of at least 200 words is required in your initial submission.

4c. 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 **at least 1,200 words** with at least **10** references and up to **FOUR** separate tables or figures. A semi-structured summary abstract of at least 200 words is required in your initial submission.

4d. 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 **between 1,500 and 3,000 words** with at least 10 references with up to **FIVE** tables or figures. A semi-structured summary abstract of at least 200 words is required in your initial submission.

4e. Data Brief/Brief Reports

These types of submissions 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. The text of these submissions should be structured similar to original contributions and include “Introduction,” “Methods,” “Results,” “Discussion,” and “Conclusions” sections. Submissions should be **between 1,200 and 2,000 words** with at least **10** references, with up to **FIVE** tables or figures. A **structured abstract** of at least 200 words with “Introduction,” “Methods,” “Results,” “Discussion,” and “Conclusions” subsections is required with your initial submission.

4f. Case Reports

Case reports describe clinical presentations with **newly recognized or rarely reported** clinical scenarios. An initial case report submission should include the following: (1) a brief 200+-word semi-structured 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 concerning “clinical implications” . Case report submissions should be at least **1,200 words** and have at least **10** references with up to **SIX** tables or figures. A semi-structured summary abstract of at least 200 words is required in your initial submission.

4g. 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. Medical education submissions should be at least **2,000 words**, have up to 10 references and up to **FIVE** separate tables or figures.

4h. 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 at least 1,500 words with at least five references.

4i. 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.

5. Peer Review and Publication Processes

All manuscripts submitted to *SMRJ* are first reviewed by the Chief Editor and Assistant Editor. In most instances, a member of the editorial team will schedule a phone conference to discuss the initial submission with the designated corresponding author. Two or more peer experts in the specialties or subspecialties that are relevant to the manuscript will also review the initial submission. If a “Revise and Resubmit” decision is made on an initial submission, corresponding authors will be required to commit to return an updated submission draft to the *SMRJ* Editorial by a specified date to remain under active consideration for publication.

If accepted for publication, corresponding authors will be expected to carefully review typesetter proofs of their submission before publication. *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 copyrighted publication.

6. Manuscript Project 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.

7. Submission Components

- **Title Page:** The title page should also specify **each author's full name, professional titles and credentials and institutional affiliations**. The preferred mailing address, and preferred e-mail address of the corresponding author is required. Osteopathic medical students should include the OMS designation (e.g. “OMSIII”) after their names. The cover letter should also *specify the type of article* being submitted for consideration.
- **Author Contributions:** In either the cover letter/title page, each author's primary 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.

- **Possible Financial Support/Conflicts of Interest:** The submission should include two brief notes AT THE END OF THE TEXT concerning 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 at the end of the text.

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).”

Additional Editorial Office Notes

1. All SMRJ submissions should be double-spaced with 1” margins **MICROSOFT WORD files**, and formatted in **12-point standard font (Arial)**.
2. At first mention, all abbreviations other than measurements should be placed in parentheses after the full names of the terms (e.g., “total knee arthroplasty (TKA).”
3. Authors of project-related papers must 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.
4. Authors should define any statistical methods used, providing the full name of each method at first mention. Specify and reference the statistical software package(s) and versions used.
5. As a general guideline, the methods section should be written with enough detail that another researcher could replicate the study.
6. Whenever appropriate, authors should discuss the relevance and importance of their findings specific to osteopathic medicine.
7. Whenever possible, report both the number (first) and percentages (second in parentheses) throughout the 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.
8. 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., $p = 0.07$). Measures of precision of results should be used where appropriate, such as 95% Confidence Intervals. Where appropriate, note pre-project power and effect size estimates.
9. **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.
10. **References** Cited text and reference list references are required for all material derived from the work of others. For **NLM Journal abbreviation titles**, you may wish to go to: <https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.
11. **Tables, Graphs and Figures** All accompanying tables and figures should be INCLUDED IN TEXT in preferred location. Each table/figure should be cited sequentially (e.g., “(Table or Figure 1 followed by Table of Figure 2, etc.). 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*.

12. PREFERRED STANDARD IMAGE FORMATS (i.e. for your figures): JPG/JPEG, TIF/TIFF, and EPS files. Microsoft Excel and Microsoft PowerPoint-generated charts may also work. **SCREENSHOTS of Tables, Figures, or any other image will NOT be accepted .** The lettering used in each piece of imaging artwork should not vary too much in size and **should match text font** if possible.

13. Appendix Materials

Supplemental material that are directly pertinent to the manuscript project should be included in the initial submission. For example, manuscripts based on survey data, **copies of the original surveys** should be included with the submission.

14. 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.

15. Retention of Study Data Sets

Author teams are strenuously encouraged to retain their raw and primary data sets in an accessible form for **at least ten years** following publication of their manuscript.

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