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JOURNAL OF COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN (JCPSP)

Journal of College of Physicians and Surgeons Pakistan (JCPSP), is an open access, peer reviewed **MONTHLY** biomedical journal of the country published regularly since 1991. College of Physicians and Surgeons Pakistan is the parent body of this Journal.

The College of Physician and Surgeons Pakistan which is the premier postgraduate medical institution of Pakistan established in 1962 under an act of Parliament. Initially the College followed the parameters of Royal Colleges of UK and Ireland. CPSP awards postgraduate qualifications of Fellowships and Memberships at present in 74 different specialties of medical sciences, upon successful completion of prescribed training and passing of relevant examinations.

AIMS & SCOPE

The journal aims to provide medical health professionals with current information relevant to the diagnosis and treatment. Each issue contains a series of timely in-depth original research papers, systematic review articles, case reports, commentaries, short communication, new technology, editorials and letters to the editor by scholars of biomedical sciences from Pakistan and abroad covering a range of current topics in medical research. It covers the core biomedical health science subjects, basic medical sciences and emerging community problems, prepared in accordance with the "Uniform requirements for submission to bio-medical journals" laid down by International Committee of Medical Journals Editors (ICMJE). All publications of JCPSP are peer reviewed by subject specialists from Pakistan and locally and abroad.

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Authors can submit their manuscripts online via journal's online submission system at <https://www.jcpsp.pk/oas/>. Manuscripts must be submitted by corresponding author of the manuscript, and should not be submitted by anyone on his behalf.

A successful electronic submission of a manuscript will be followed by a system-generated acknowledgement to the principal/ corresponding author. Any queries therein should be addressed to publications@cpesp.edu.pk

A duly filled-in author's certification proforma is mandatory for publication (Download form from the journal's website). The duly signed ACP must be returned to the journal's office as soon as possible. The sequence/order of the authors on ACP once submitted shall not be changed at any stage. Delay in submitting the ACP will result in delay in the processing and publication of the manuscript.

It is mandatory to provide the institutional ethical review board/ committee approval/exemption letter with clear number/date on letterhead for all research articles, at the time of submission of article. No manuscript shall be entertained if it is not submitted, be it a dissertation based article.

Authorship Criteria

All contributing authors must be a medical graduate/PhD with relevant specialist qualification. The journal does not entertain articles from non-medical graduates on clinical subjects. Moreover, JCPSP allows only one author to contribute as corresponding author.

Authors must provide a final list of authors with their contact details such as workplace, telephone/cell numbers and E-mail addresses on the manuscript at the time of submission, ensuring the correct sequence of the names of authors, which will not be considered for any addition, deletion or rearrangement after final submission of the manuscript. Authors must also mention contribution of each author in the manuscript according to ICMJE criteria as stated in ICMJE recommendations. (<http://www.icmje.org/icmje-recommendations.pdf>). The ICMJE recommends that authorship be based on the following 4 criteria: 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and 2. Drafting the work or revising it critically for important intellectual content; and 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.

Only six authors are allowed in a single institution / single discipline study. In a multi institution / multi-disciplinary and international collaboration research, Editorial Board shall guide on individual case basis.

JCPSP strongly discourages gift authorship. Mere supervision, collection of data, statistical analysis and language correction do not grant authorship rights. Ideally all authors should belong to same department of an institute, except for multi-center and multi-specialty studies.

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There are no article submission, processing and publication charges/ fee.

General Archival Instructions

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Sub-headings should not be used in any section of the script except in the abstract. In survey and other studies, comments in verbatim should not be stated from a participating group. Acknowledgements are only printed for financing of a study or for acknowledging a previous linked work.

From January 2015, all randomized trials should also provide a proof of being registered at the International RCT Registry.

Material for Publication

The material submitted for publication may be in the form of an Original research (Randomized controlled trial - RCT, Meta-analysis of RCT, Quasi experimental study, Case Control study, Cohort study, Observational Study with statistical support, etc.), a Systematic Review Article, Commentary, a Case Report, Recent Advances, New Techniques, Debates, Adverse Drug Reports, Current Practices, Clinical Practice Article, Short Article, An Audit Report, Evidence Based Report, Short Communication or a Letter to the Editor. Ideas and Innovations can be reported as changes made by the authors to an existing technique or development of a new technique or instrument. A mere description of a technique without any practical experience or innovation will be considered as an update and not an original article. Current scenario is a contextual opinion-cum-literature review-based critical write-up which pertain to debatable post graduate education, research or practice with the same format as a commentary. Any study ending three years prior to date of submission is judged by Editorial Board for its suitability as many changes take place over the period of time, subject to area of the study. Studies more than three years old at the time of submission are not entertained. In exceptional cases, if Editorial Board is of the view that data is important, an extension of one year may be granted. JCPCP does not accept multiple studies/multiple end publications gathered/ derived from a single research project or data (wholly or in part) known as 'salami slices'. KAP (Knowledge, Attitude, Practices) studies are no more accepted. Moreover, JCPSP is a clinical science journal, animal-based studies or research articles conducted on animals, will not be considered for processing or publication in the journal.

The journal discourages submission of more than one article dealing with related aspects of the same study.

Non-English language articles are not entertained at JCPSP. Citing of the same is also discouraged.

Article Categories

Original Article should normally report original research of relevance to clinical medicine. A manuscript will be considered in the original article category if it is a Randomised Controlled Trial (RCT) or an Observational Study. RCT should be registered with International RCT Registry (Trial Registration Number mandatory). Moreover, Retrospective Studies with adequate sample size supported by appropriate advance statistical analysis may also be considered in this category.

Authors should clearly state in the manuscript under separate heading the name of the approval committee, highlighting that legal and ethical approvals were obtained prior to initiation of the research work carried out on subject, and that the experiments were performed in accordance with the relevant guidelines and regulation. Also, it is mandatory to provide the institutional ethical review board/committee approval/exemption for all research articles, at the time of submission of article. Dissertation/ thesis approval letter from relevant authority is also acceptable.

The original paper should be of about 2000-2500 words excluding abstract and references. It should contain a structured abstract of about 250 words. Three to 10 keywords should be given for an original article as per MeSH (Medical Subject Headings). There should be no more than three tables or illustrations. The data should be supported with 20 to 25 references, which should include local as well as international references. More than 50% of the references should be from last five years from the date of submission.

Clinical Practice Article is a category under which all simple observational case series are entertained. A manuscript will be considered in this category if it is a Descriptive Case Series or a Retrospective Study. The length of such article should be around 1500 - 1600 words with 15 - 20 references. The rest of the format should be that of an original article.

Evidence Based Report must have at least 10 cases and word count of 1000 - 1200 words with 10 - 12 references and not more than 2 tables or illustrations. It should contain a non-structured abstract of about 150 words.

Short Communication should be of about 1000 - 1200 words, having a non-structured abstract of about 150 words with two tables or illustrations and not more than 6 references.

Clinical Case Report must be of academic and educational value and provide relevance of the disease being reported as unusual. Brief or negative research findings may appear in this section. The word count of case report should be 800 words with a minimum of 3 key words. It should have a non-structured abstract of about 100 - 150 words (case specific) with maximum of 5 - 6 references. Not more than 2 figures and one table shall be accepted.

Systematic Review article should consist of critical overview/analysis of some relatively narrow topic providing background and the recent development with the reference of original literature. It should incorporate author's original work on the same subject. The length of the review article should be of 2500 to 3000 words. It should have non-structured abstract of 150 words with minimum 3 key words. An author can write a review article only if he/she has written a minimum of three original research articles and some case reports on the same topic.

Letter should normally not exceed 400 words, with not more than 5 references and be signed by all the authors-maximum 3 are allowed. Preference is given to those that take up points made in contributions published recently in the journal. Letters may be published with a response from the author of the article being discussed. Discussions beyond the initial letter and response will not be entertained for publication. Letters to the editor may be sent for peer review if they report a scientific data. Editorials are written upon invitation.

Audit Reports, Current Practices, Survey Reports and Short Articles should be written in the format of Clinical Practice Article.

Dissertation / Thesis Based Article

An article, based on dissertation, approved by REU [Research Evaluation Unit] of CPSP, which was submitted as part of the requirement for a Fellowship examination of the CPSP, can be sent for publication provided the data is not more than three years old. A copy of approval letters of synopsis and dissertation obtained from REU must be submitted with the research paper.

Approval of synopsis from REU is required for two research articles submitted for publication in JCPSP from candidates opting to write and publish articles in lieu of dissertation for appearing in first Fellowship examination of CPSP. Approval of synopsis is not required for an article submitted for publication for second fellowship examination in lieu of dissertation. Dissertation based article should be re-written in accordance with the journal's instructions to the author guidelines.

Article shall undergo routine editorial processing including external peer-review based upon which final decision shall be made for publication. Such articles, if approved, shall be published under the disclosure by author that 'it is a Dissertation based article'.

Initial Assessment

Every submitted paper is evaluated by at least two staff editors for archival and statistical analysis if applicable. The papers selected will be sent to two external reviewers. The staff bibliographer also examines and authenticates the references and checks for plagiarism.

Peer Review

After the initial assessment, the manuscripts selected are subjected to peer review by two external peer reviewers belonging to the subject speciality as identified by the Editor.

Text Organization

Manuscripts except Short Communication and Letter to the Editor should be divided into the following sections.

Abstract

Abstract of an original article should be in structured format with the following subheadings:

i. Objective. ii. Design. iii. Place & duration of study. iv. Methodology. v. Results. vi. Conclusion.

Four elements should be addressed: why was the study started, what was done, what was found, and what did it mean? Why was the study started is the objective. What was done constitutes the methodology and should include patients or other participants, interventions, and outcome measures. What was found is the results, and what did it mean constitutes the conclusion. Label each section clearly with the appropriate subheadings. Background is not needed in an abstract. The total word count of abstract should be about 250 words. A minimum of 3 key words as per MeSH (Medical Subject Headings) should be written at the end of abstract.

A non-structured abstract should be written as case specific statement for case reports with a minimum of three key words.

Introduction

This section should include the purpose of the article after giving brief literature review strictly related to objective of the study. The rationale for the study or observation should be summarized. Only strictly pertinent references should be cited and the subject should not be extensively reviewed. It is preferable not to cite more than 10 references in this segment. Pertinent use of reference to augment support from literature is warranted which means, not more than 2 to 3 references be used for an observation. Data, methodology or conclusion from the work being reported should not be presented in this section. It should end with a statement of the study objective.

Methodology

Study design and sampling methods should be mentioned. Obsolete terms such as retrospective studies should not be used. The selection of the observational or experimental subjects (patients or experimental animals, including controls) should be described clearly. The methods and the apparatus used should be identified (with the manufacturer's name and address in parentheses), and procedures be described in sufficient detail to allow other workers to reproduce the results. References to established methods should be given, including statistical methods. References and brief descriptions for methods that have been published but are not well-known should be provided; only new or substantially modified methods should be described in detail, giving reasons for using them, and evaluating their limitations. All drugs and chemicals used should be identified precisely, including generic name(s), dose(s), and route(s) of administration.

For statistical analysis, the specific test used should be named, preferably with reference for an uncommon test. Exact p-values and 95% confidence interval (CI) limits must be mentioned instead of only stating greater or less than level of significance. All percentages must be accompanied with actual numbers. SPSS output sheet must be attached with manuscript to clarify results (p-values).

Results

These should be presented in a logical sequence in the text, tables, and illustrations. All the data in the tables or illustrations should not be repeated in the text; only important observations should be emphasized or summarized with due statement of demographic

details. No opinion should be given in this part of the text. Statistics should be given in an ascending or descending order.

Discussion

This section should include author's comment on the results, supported with contemporary references, including arguments and analysis of identical work done by other workers. Study limitations should also be mentioned. A summary is not required.

Conclusion

Conclusion should be provided under separate heading and highlight new aspects arising from the study. It should be in accordance with the objectives. No recommendations are needed under this heading.

Conflict of Interest

Any conflict of interest should be declared by all authors. This may include grants or honorarium, credits and promotions, memberships or any personal or professional relationships which may appear to influence the manuscript. Such competing interests are not unethical but should be declared.

If there are no conflict of interests, authors should still include this heading and write "none to declare." or "Authors declared no conflict of interest".

Disclosure

Nonmonetary disclosures regarding being part of a thesis or dissertation, a pilot project or an ongoing study should be made explicitly at the time of submission.

Funding

Any company or institution who has financially contributed to the study must be acknowledged.

Patient Consent

Authors must state that the consent of the patient/guardian was taken prior to the writing of the manuscript if applicable.

References

References must be listed in the Vancouver Style only. All references should be numbered sequentially as superscripted in the text and listed in the same numerical order in the reference section.

See below few examples of references listed in the Vancouver Style.

Journal Reference:

Liu SJ, Liu JW, Cong JZ, Tong L, Zhang Y, Li XM, *et al.* Preparation of Neogambogic Acid Nanoliposomes and its Pharmacokinetics in Rats. *J Coll Physicians Surg Pak* 2018; **28**:937-40.

Book Reference:

Katzung BG. Non-steroidal anti-inflammatory drugs. Basic and clinical pharmacology. ed. 10th, San Francisco: McGraw Hill; 2006.

Book Chapter Reference:

Lal G, Clark OH. Thyroid, parathyroid, and adrenal. In: Brunicaudi FC, Andersen DK, Billiar TR, Dunn DL, Hunter JG, Matthews JB, Eds. *Schwartz's Principles of Surgery*. ed.10th, New York; Mc-Graw Hill; 2015: p.1521-96.

URL (WebPage):

Iridogoniodysgenesis, Type 1. University of Arizona College of Medicine, Department of Ophthalmology and Vision Science. <http://disorders.eyes.arizona.edu/disorders/iridogoniodysgenesistype-1>. (Accessed on 3/22/2016).

E-citations:

Citations for articles/material published exclusively online or in open access (free-to-view), must contain the accurate Web addresses (URLs) at the end of the reference(s), except those posted on an author's Web site (unless editorially essential), e.g. 'Reference: Available from URL'.

Echocardiographic features of dilated cardiomyopathy [Internet]. Available from: <https://123sonography.com/node/983> [cited 27 November 2016].

Some important points to remember:

- All references must be complete and accurate.
- List all authors if the total number of authors is six or less and for more than six authors use *et al.* after six (the term "*et al.*" should be in italics).
- Date of access should be provided for online citations.
- Journal names should be abbreviated according to the Index Medicus/MEDLINE.
- Punctuation should be properly applied as mentioned in the examples given above.
- Self-citation should be avoided.
- The author must verify the references against the original documents before submitting the article.
- The Editorial Board may ask authors to submit either soft or hard copy (full length) of all the articles cited in the reference part of the manuscript.

Tables and Illustrations

Legends to illustrations should be typed on the same sheet. Tables should be simple, and should supplement rather than duplicate information in the text; tables repeating information will be omitted. Each table should have a title and be typed in double space without horizontal and vertical lines. Tables should be numbered consecutively with Roman numerals in the order they are mentioned in the text. Page number should be in the upper right corner. If abbreviations are used, they should be explained in footnotes. When Graphs, scatter grams, or histograms are submitted, the numerical data on which they are based should be supplied. All graphs should be made with MS Excel and other Windows/Macintosh compatible software such as SAS and be sent as a separate Excel file, even if merged in the manuscript.

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System International (S.I.) Unit measurement should be used. Imperial measurement units like inches, feet, etc. are not acceptable.

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Photographs, X-rays, CT scans, MRI and photomicro-graphs should be sent in digital format with a minimum resolution of 3.2 mega pixels in JPEG/TIFF compression. Photographs must be sharply focused. Most photographs taken with a mobile phone camera do not fulfill the necessary requirements and, therefore, not acceptable for printing. The background of photographs must be neutral and preferably white. The photographs submitted must be those originally taken as such by a camera without manipulating them digitally. Scanned photographs must have 300 or more dpi resolution. These figures and photographs must be cited in the text in consecutive order. Legends for photomicrographs should indicate the magnification, internal scale and the method of staining. If photographs of patients are used, either they should not be identifiable or the photographs should be accompanied by written permission to use them.

Language Requirements

Authors are advised to write manuscripts in British English style, in past tense and third person indirect form of narration. Manuscripts containing language inconsistencies will not be published. Authors should seek professional assistance for correction of grammatical, scientific and typographical errors before submission of the revised version of the article for publication.

Abbreviations

Except for units of measurement, the first time an abbreviation appears, it should be preceded by the words for which it stands.

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Generic names should be used. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after first mentioning of the generic name in the Methods section

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GUIDELINES QUALITATIVE STUDIES

| | Yes | No | Comments |
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| Abstract | | | |
| Structured, up to 250 words | | | |
| Objective (in SMART form) | | | |
| Study design (clearly mention main and sub type example grounded theory and its sub type, eg. Constructivist approach, emergent design. Same applies to mixed method designs (action research designs) | | | |
| Place and duration of study | | | |
| Methods | | | |
| Results | | | |
| Conclusion (no recommendations) | | | |
| Key words (3 - 5) | | | |
| Introduction | | | |
| 1 The issue is described clearly and corresponds to the current state of knowledge | | | |
| 2 The research question and objectives are clearly stated and are relevant to qualitative research (e.g., the process of clinical or pedagogical decisionmaking). | | | |
| Methods | | | |
| 3 The context of the study and the researchers' roles are clearly described (e.g. setting in which the study takes place, bias). | | | |
| 4 The method is appropriate for the research question (e.g. grounded theory, action research, mixed methodology design describing which one is used first and why and what are their sub types etc). | | | |
| 5 The selection of participants is appropriate to the research question and to the method selected (e.g. key participants, deviant cases). | | | |
| 6 The process for collecting data is clear and relevant (e.g. interview, focus group, data saturation) | | | |
| 7 Data analysis is credible (e.g. triangulation, member checking). | | | |
| Results | | | |
| 8 The main results are presented clearly | | | |
| 9 Use table to describe themes generated from data. The quotations shall put against such themes as verbatim. If these are translated from other language to English then describe process of conversion and its validity. | | | |
| Discussion | | | |
| 10 The results are interpreted in credible and innovative ways. | | | |
| 11 The limitations of the study are presented (e.g. transferability). | | | |
| 12 The verbatim from transcripts are not required. Only discuss findings and critique them. Reference can be made to table in relation to themes generated from study. | | | |
| Conclusion | | | |
| 13 The conclusion presents a synthesis of the study and proposes avenues for further research. | | | |
| General Instructions | | | |
| 14 IRB / ERC Approval mentioned in text and LETTER submitted | | | |
| 15 Conflict of Interest Declared | | | |
| 16 Purpose of Research as requirement of degree / diploma if applicable mentioned | | | |

Adopted from Cote L, Turgeon J. Appraising qualitative research articles in medicine and medical education. Med. Teacher, Vol. 27, No. 1, 2005, pp 71-75

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or unsatisfactory explanation, the article will be permanently retracted and the author will be blacklisted. HEC, PMC and author's institute will also be notified. In case of multiple submissions, other editors will also be informed. The author(s) will have to provide documentary proof of retraction from publication if such a defense is pleaded. Those claiming intellectual / idea or data theft of an article must provide documentary proof in their claim.

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Journal of the College of Physicians and Surgeons Pakistan

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(All authors must sign. Please specify one author for correspondence)

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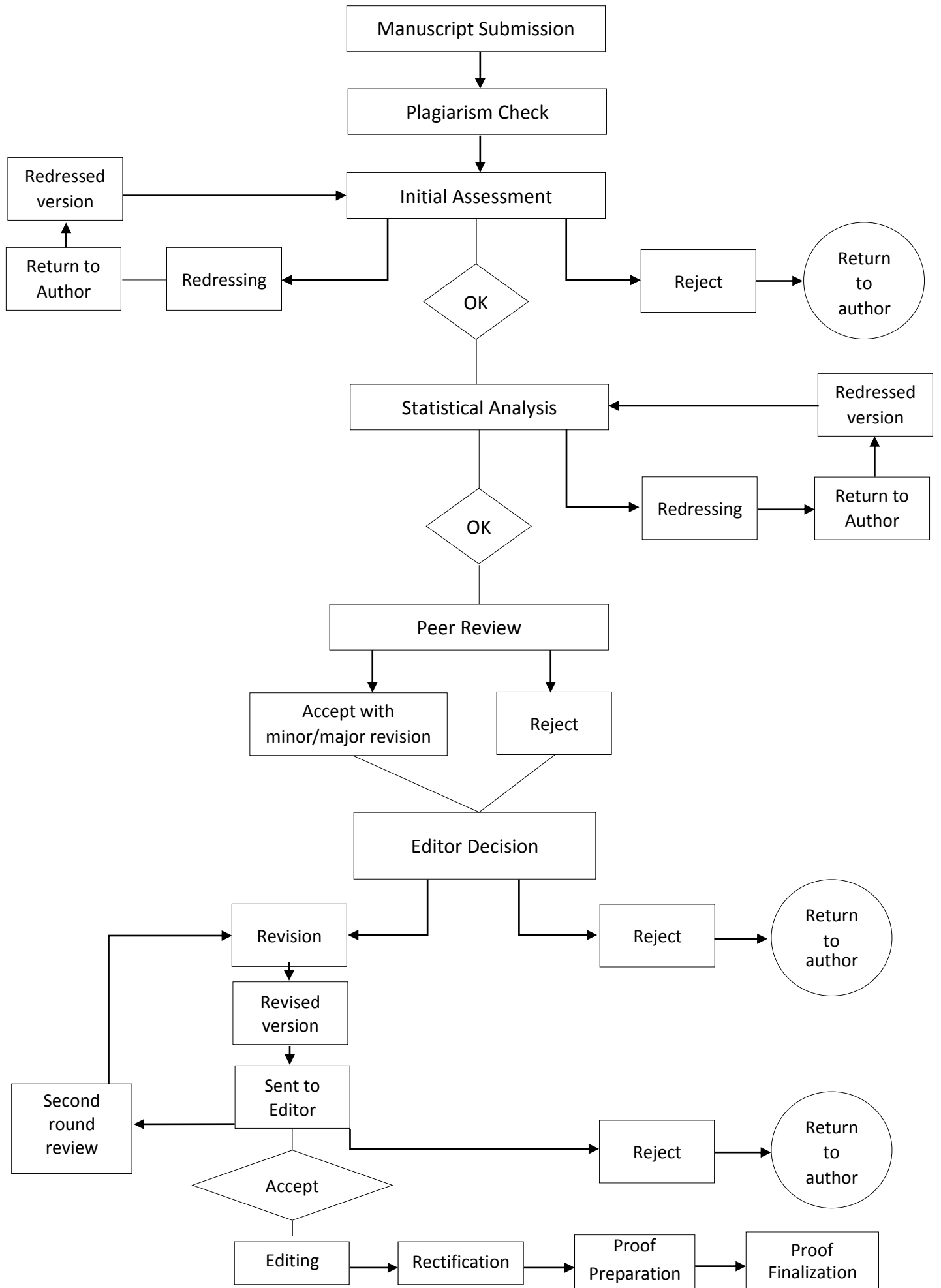
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