

# JCPSP

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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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# INSTRUCTIONS TO AUTHORS

JCPSP accepts manuscripts prepared in accordance with the "Uniform Requirements submitted to the Biomedical Journals" as approved by the International Committee of Medical Journal Editors (ICMJE) guidelines, published in the British Medical Journal 1991; 302:334-41, printed in the JCPSP, Vol. 3 No. 2, April - June, 1993, updated and reprinted in 2003, 2007, 2008, 2012 and January 2017, Vol. 27(1).

All material submitted for publication should be sent exclusively to the Journal of the College of Physicians and Surgeons, Pakistan. Work that has already been reported in a published paper or is described in a paper sent or accepted elsewhere for publication should not be submitted. Multiple or duplicate submission of the same work to other journal should be avoided as this falls into the category of publication fraud and is liable for disciplinary consequences, including reporting to Pakistan Medical & Dental Council and Higher Education Commission. A complete report following publication of a preliminary report, usually in the form of an abstract, or a paper that has been presented at a scientific meeting, if not published in full, in a proceeding or similar may be submitted. A copy of the published material should be included with a manuscript for editors' consideration.

Authors can submit their manuscripts online via journal's online submission system at <https://www.jcpasp.pk/oas/>. Manuscripts must be submitted by the 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 corresponding author. Any queries therein should be addressed to [publications@cpasp.edu.pk](mailto:publications@cpasp.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 approval / exemption letter 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 must 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 / discipline study. In a multi-institution / discipline and international collaboration research, the 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 the same department of an institute, except for multi-center and multi-specialty studies.

## Processing and Publication Fee

### Submission Fee / Manuscript Processing Fee (non-refundable)

Fee for submitting a manuscript to JCPSP is payable when the manuscript is found suitable to be within the scope of the Journal and of adequate quality to be sent for further processing & peer review.

- Manuscript from Pakistan - Rs. 5000/= (A 50% discount will be granted for the corresponding author who is a CPSP fellow in good standing).
- Manuscript from overseas - US\$ 25

The submission fee of the manuscript does not guarantee that the submitted manuscript will be published in the journal. The manuscript has to clear the peer review process by the reviewers and the editorial team. The author will be informed about the acceptance of the article by the editorial team.

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- Manuscript from Pakistan - Rs. 10,000/=
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- Manuscript from overseas developed countries - US\$ 100

Editorials are exempted from any charges. 'Letter to the Editor' may also be published free of cost if there is a comment on article published in JCPSP. Otherwise:

- Manuscript from Pakistan - Rs. 5000/=
- Manuscript from overseas - US\$ 50

## General Archival Instructions

Authors should submit the manuscript typed in MS Word. Sentences should not start with a number or figure. Components of manuscript should be in the following sequence: a title page (containing names of authors, their postal and email addresses, fax and phone numbers, including mobile phone number of the corresponding author), abstract, key words, text, references, tables (each table, complete with title and footnotes) and legends for illustrations and photographs. All illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end. The manuscript should be typed in double spacing as a single column with 12-point font. British spellings must be used throughout the text.

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 randomised 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 (Randomised 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, Recent Advances, New Techniques, Debates, Adverse Drug Reports, Current Practices, Clinical Practice

Article, Short Article, 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. JCPSP 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.

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.

**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 of 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 of 3 are allowed. Preference is given to those that contributes to recently published articles 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 only.

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, 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 the 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 selected papers 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 specialty as identified by the Editor. The journal follows a double blind peer-review procedure. An average of two weeks time is given to reviewers for reviewing the manuscript. A single manuscript is sent to any reviewer at a time. In case of conflict or disputed articles, the matter is discussed with the Chief Editor and finally sent to a third reviewer as nominated by him. Every reviewer is awarded honorarium, and the reviewers of OA and SRA are awarded 3 *AMA PRA Category 1* CME credits by the CME unit of CPSP. The editors do not serve as peer reviewers for the journal but the editors reserve the right to edit the accepted article in the house style of the journal.

### 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. Study design, iii. Place and duration of the 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.

#### Graphical Abstracts

Authors must submit a unique image that accurately depicts the work reported in the paper. A visually appealing graphical abstract boosts the article's readership by grabbing the reader's attention. It also provides a concise overview of the work presented in the paper. It has been generally observed that an article's viewership and citations improve when it has a graphical abstract.

The illustration of the graphical abstract should have a clear beginning and conclusion for ease of browsing, preferably "reading" from top to bottom or left to right. As much as possible, try to eliminate distracting and cluttered aspects. Along with the illustration, include a title and a brief description of



no more than 40 words. This helps to summarise the contents of the paper in a concise, pictorial manner. It is designed to assist readers in focusing on the substance of the articles by making it easier to skim through them quickly.

It should be noted that the graphical abstract must be original and unpublished. It should ideally not be similar to the paper's Figure or simply a superposition of numerous subfigures.

### 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 summarised. 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 must 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 emphasised or summarised 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.

Few examples of references listed in the Vancouver Style can be seen below:

#### 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. 10<sup>th</sup>, 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.10<sup>th</sup>, 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/iridogoniodysgenesis-type-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.* (the term "*et al.*" should be in italics) after 6<sup>th</sup> author.
- 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 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.

### S.I. Unit

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

### Figures and Photographs

Photographs, X-rays, CT scans, MRI and photomicrographs 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, are 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.

#### **Drug Name**

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 the generic name in the Methodology section.

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Plagiarism and other publication misconduct, fabrication (picture as well), falsification, salami slice, duplicate submission, redundant publication, multiple submission, selective and misleading reporting, selective and misleading referencing are liable to strict action.

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Ethical consideration regarding the intervention, added cost of test, and particularly the management of control in case-control comparisons of trials should be addressed: multi-centric authors' affiliation will be asked to be authenticated by provision of permission letters from ethical boards or the heads of involved institutes.

#### **Address for correspondence:**

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## GUIDELINES QUALITATIVE STUDIES

	Yes	No	Comments
<b>Abstract</b>			
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)			
<b>Introduction</b>			
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).			
<b>Methods</b>			
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).			
<b>Results</b>			
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.			
<b>Discussion</b>			
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.			
<b>Conclusion</b>			
13 The conclusion presents a synthesis of the study and proposes avenues for further research.			
<b>General Instructions</b>			
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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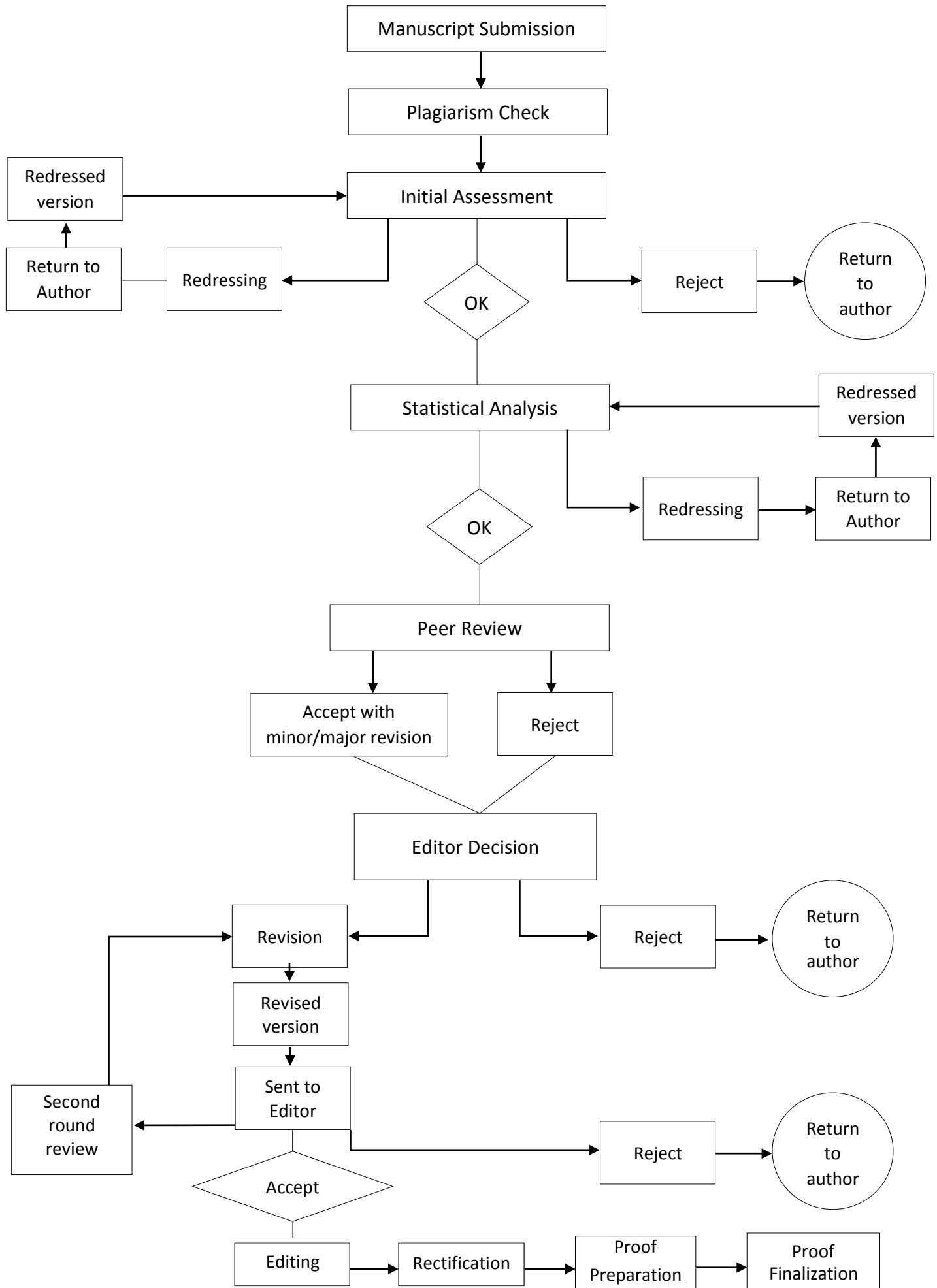
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