

Instructions for Authors

Journal Title:

Cooper Rowan Journal of Community and Social Medicine (CRJCSM)

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Who We Are:

We are an open-access, peer-reviewed medical journal that primarily accepts submissions of articles whose first author is a current student or resident/fellow (all years). We accept submissions of papers whose first author is a medical student, resident, fellow, allied health professional student, or PhD student studying a health science or related subject. Additionally, we will accept editorial pieces from faculty members. As a journal established by medical students and faculty members of Cooper Medical School of Rowan University, the mission of the journal is deeply rooted in the mission of serving the medically underrepresented members of our community. Therefore, we prioritize articles related to the medically underserved. If you have any questions regarding the fit of your article within our mission, please email us at: CRJCSM@rowan.edu.

As a new journal, launched in March 2018, we currently do not have an impact factor and are not indexed by any databases. However, everyday we are working hard to expand the reach and profile of CRJCSM. If you are a student, resident, fellow, or faculty member interested in joining our peer-reviewer pool or interested in serving as a member of the editorial board, please send us an email (CRJCSM@rowan.edu) expressing your interest. If you have enjoyed your experience submitting to our journal, please spread the word to your colleagues.

Why Submit to CRJCSM:

- 1) Student/Resident Focused--We are primarily focused on publishing the work of medical and allied health professional students and residents/fellows. Although we are committed to only publishing articles that are scientifically rigorous and add substantially to the literature, we primarily accept the work of students/trainees, which increases the likelihood that your article gets accepted.
- 2) Fast Turnaround--We aim to review all submissions as quickly as possible. As a student-focused journal, we understand the importance of a fast turnaround, so that work can be included on applications and other forms of career advancement. We welcome suggested peer-reviewers in order to expedite the process.
- 3) High Visibility--As an open-access journal, all articles can be read without a fee, which increases the probability of your article being read and cited.
- 4) Large Variety of Article Types--CRJCSM offers eight different article categories for publication ensuring that most scholarly work will be considered for publication. All eight publication categories will undergo a rigorous peer-review process.

How to submit:

The journal utilizes an online submission format. Please be sure to review the general and article type specific author guidelines prior to submission. Any articles not meeting the author requirements or adhering to the guidelines will not continue through CRJCSM 's peer review process.

Please visit the "submit" section of CRJCSM journal website to learn more about CRJCSM's submission process.

Publication Process:

Once you submit to CRJCSM, the section editor is notified. After reviewing the article for initial quality and fit within the journal's mission and scope, the editor will send the article to three peer reviewers (two faculty/one student). These reviewers will provide feedback to the authors and the editors regarding their recommendation for publication. Depending on the editor's decision, the comments and manuscript could be sent back to the authors for revision. Once they have addressed the reviewers' comments, the authors can re-submit the revised manuscript for reconsideration. If the manuscript is accepted, it will be published online.

We will accept submissions on a rolling basis and publish issues biannually. Prior to inclusion in the biannual issues, all accepted articles will be available online. Printed issues of CRJCSM are released

biannually. For information on subscribing to the print version of CRJCSM, please contact us (CRJCSM@rowan.edu) for pricing information.

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Mission and Scope:

Mission:

The Cooper Rowan Journal of Community and Social Medicine (CRJCSM) is an open-access, partially student-run, peer-reviewed journal encompassing up-to-date research first-authored by current medical students, allied healthcare students, and residents/fellows (all years) in training. CRJCSM seeks to publish research that addresses conditions frequently impacting medically underserved patients and focuses on understanding the comprehensive health care systems for underserved populations. Recognizing the integral role for mentorship in medicine, CRJCSM is committed to teaching students the intricacies of the peer-review process under the guidance of dedicated faculty advisors. We welcome original research, reviews, medical education studies, case reports/series, perspectives, and quality improvement projects centered on serving underserved populations.

Scope:

The scope of this journal includes articles that either report findings from a study population of medically underserved patients or investigates a disease, condition, treatment, or policy that tends to impact medically underserved patients. As we intend to interpret our scope broadly, we encourage anyone who is interest in submitting an article to contact us (CRJCSM@rowan.edu) to inquire about fit within our mission and scope.

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Article Processing Charges:

At this time, CRJCSM does not charge any fees for submission or publication.

Article Types and Guidelines:

Article Type	Abstract	Main Length (excluding abstract, references, and figure legends)	References	Illustrations (figures, tables, or charts)	Format
Original Basic Science	150-300 words, structured Please use the IMRad structured abstract format (INTRODUCTION, METHODS, RESULTS, and DISCUSSION).	Typically no more than 2,500 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and IMRaD format, see author guidelines below for more information.
Original Clinical Research	150-300 words, structured Please use the IMRaD structured abstract format (INTRODUCTION, METHODS, RESULTS, and DISCUSSION). For clinical trials, please follow the CONSORT structured abstract format	Typically no more than 2,500 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and IMRaD format, see author guidelines below for more information.
Medical Education	150-300 words, structured Please use the IMRad structured abstract format (INTRODUCTION, METHODS, RESULTS, and DISCUSSION).	Typically no more than 2,500 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and IMRaD format, see author guidelines below for more information.
Quality Improvement	150-300 words, structured	Typically no more than 2,500 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and SQUIRE

	Please follow the SQUIRE 2.0 structured abstract format				2.0 format
Innovation Study	150-300 words, structured Please use the IMRad structured abstract format (INTRODUCTION, METHODS, RESULTS, and DISCUSSION).	Typically no more than 2,500 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and IMRaD format, see author guidelines below for more information.
Narrative Reviews	150-300 words, structured Please use the IMRaD structured abstract format (INTRODUCTION, METHODS, RESULTS, and DISCUSSION).	Typically no more than 2,500 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and IMRaD format, see author guidelines below for more information.
Systematic Reviews or Meta-analyses	150-300 words, structured Please follow the PRISMA structured abstract format	Typically no more than 2,500 words	Unlimited	Maximum of 5	American Medical Association (AMA) format and PRISMA format
Case Reports	150-250 words, unstructured	Typically no more than 1,500 words	Up to 25 references	Maximum of 5	American Medical Association (AMA) format and CARE case report format
Case Series	150-300 words, unstructured	Typically no more than 2,000 words	Up to 30 references	Maximum of 5	American Medical Association (AMA) format and CARE case report format
Historical Perspectives	150-300 words, unstructured	Typically no more than 2,500 words.	Up to 50 references	Maximum of 10	American Medical Association (AMA) format

Editorials and Opinions	N/A	Typically no more than 1,500 words	Up to 10 references	Maximum of 5	American Medical Association (AMA) format
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Guidelines for Each Article--In Detail

1. Original Basic Science

- a. Scope
 - i. Any basic science research related to a disease process that typically affects underserved medical populations will be considered for publication.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not exceeding 150 characters.
 - ii. Abstract: Avoid including literature citations, figures and tables, or abbreviations. It must contain the following IMRaD sections: Introduction, Methods, Results, and Discussion.
 1. Introduction: Should clearly state the hypothesis;
 2. Methods: Study design;
 3. Results: The outcome of the study;
 4. Discussion: The outcome in relation to the hypothesis and possible directions of future study.
 - iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
 - iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
 - v. The main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:

1. Introduction: Describe the general concept and framework that generated the origins of the study and hypothesis.
 2. Methods: Discuss study design and include a section on data analysis and statistics.
 3. Results: Provide the answers to the main aims of the study.
 4. Discussion: Add clarification and analysis of results presented. Add limitations to the study. Analysis of results presented in the context of available literature.
- vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

2. Original Clinical Research

- a. Scope
 - i. Qualitative and quantitative research approaches are equally welcome. All study designs are welcome.
 - ii. Topics include all reports of original clinical research that have the potential to change medical practice.
 - iii. Please note: Case Reports/case series are separate article types.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. Abstract: Avoid including literature citations, figures and tables, or abbreviations. It must contain the following IMRaD sections: Introduction, Methods, Results, and Discussion.
 1. Introduction: Clearly state the hypothesis.
 2. Methods: Population, inclusion/exclusion criteria and study design.
 3. Results: The outcome of the study.
 4. Discussion: The outcome in relation to the hypothesis and possible directions of future study.
 - iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>

- iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
- v. These main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:
 - 1. Introduction: Describe the general concept and framework that generated the origins of the study and hypothesis.
 - 2. Methods: Discuss study design, and for clinical research, inclusion and exclusion criteria including the details of the sample population and sampling methodology. Include a section on data analysis and statistics.
 - 3. Results: Provide the answers to the main aims of the study.
 - 4. Discussion: Add clarification and analysis of results presented. Add limitations to the study. Analysis of results presented in the context of available literature.
- vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

3. Medical Education

- a. Scope
 - i. Qualitative and quantitative research approaches are equally welcome. Manuscripts under this article type should include a hypothesis that is testable in a meaningful way with the data provided in the manuscript.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. Abstract: Avoid including literature citations, figures and tables, or abbreviations. It must contain the following IMRaD sections: Introduction, Methods, Results, and Discussion.
 - 1. Introduction: Should clearly state the hypothesis;
 - 2. Methods: Study design;
 - 3. Results: The outcome of the study;

4. Discussion: The outcome in relation to the hypothesis and possible directions of future study.
- iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
- iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
- v. The main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:
 1. Introduction: Describe the general concept and framework that generated the origins of the study and hypothesis.
 2. Methods: Discuss study design and include a section on data analysis and statistics.
 3. Results: Provide the answers to the main aims of the study.
 4. Discussion: Add clarification and analysis of results presented. Add limitations to the study. Analysis of results presented in the context of available literature.
- vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

4. Quality Improvement Studies

- a. Scope
 - i. Manuscripts describing empirical evaluations on the development and testing of quality improvement interventions. In general, quality improvement projects are aimed at improving local systems of care (non-generalizable). If the intent is to promote 'betterment' of a process of care, clinical outcome, etc. then the project may be considered improvement.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.

- ii. Abstract: Avoid including literature citations, figures and tables, or abbreviations. Please follow the [SQUIRE 2.0](#) structured abstract format.
- iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
- iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
- v. Authors should consult the [SQUIRE guidelines](#) (Standards for Quality Improvement Reporting Excellence) regarding the format and content for the main text. [Authors should cite SQUIRE 2 in methods section.](#)
- vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

5. Innovation Studies

- a. Scope
 - i. These studies cover the process, theory, and practice of innovation in health care systems serving underserved populations. Although having a research or evaluation component to the manuscript is encouraged, it is not required. These articles can describe the implementation of innovative approaches or initiatives to address issues commonly faced by medically underserved patients.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. Abstract: Avoid including literature citations, figures and tables, or abbreviations. It must contain the following IMRaD sections: Introduction, Methods, Results, and Discussion.
 - 1. Introduction: Should clearly state the hypothesis;
 - 2. Methods: Study design and/or the design of your innovation;
 - 3. Results: The outcome of the study or if there is not a research/evaluation

component to your innovation, please critically assess your innovation;

4. Discussion: The outcome in relation to the hypothesis and possible directions of future study or innovation.
- iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
 - iv. Please include two additional sections after the abstract: information regarding what is known on the area of the innovation and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
 - v. The main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:
 1. Introduction: Describe the general concept and framework that generated the origins of the innovation, study, and hypothesis. Also, please clearly state the issue commonly faced by medically underserved patients that is being addressed by your innovation.
 2. Methods: Discuss in detail the design of your innovation or initiative, so that it may be reproducible and implemented or adopted at other institutions. If applicable, include a section on data analysis and statistics.
 3. Results: Provide the answers to the main aims of the study. If your manuscript does not include a formal evaluation of your innovation, please closely examine the outcomes of the innovation, both intended and unintended.
 4. Discussion: Add clarification and analysis of results presented in the context of available literature. Add limitations to the study and future directions for the innovation. Discuss how your innovation did or did not address the issue you aimed to target.
 - vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

6. Narrative Literature Reviews

- a. Scope
 - i. These reviews provide a critical analysis of literature published typically using a qualitative analysis. Literature reviews should provide point of view or understanding on a topic of research related to the medically underserved.
- b. Length
 - i. For narrative literature reviews, the main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.

- ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
- i. A brief and informative title not to exceed 150 characters is required.
 - ii. Abstract: Avoid including literature citations, figures and tables, or abbreviations. It must contain the following IMRaD sections: Introduction, Methods, Results, and Discussion.
 - 1. Introduction: Clearly state the hypothesis.
 - 2. Methods: Please provide information regarding your literature search.
 - 3. Results: Present the findings of your search.
 - 4. Discussion: State the importance of your findings within the context of the current literature, in particular its relevance to underserved medical populations.
 - iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
 - iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
 - v. The main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:
 - 1. Introduction: What is being reviewed and why?
 - 2. Method: Search strategy and methodology to locate literature.
 - 3. Results: Provide a detailed description, data, and relevancy for literature information.
 - 4. Discussion: Describe how these findings are relevant to medically underserved patients. Include implications for medicine, health care, or population health. What are the limitations to your findings and were there gaps in what was retrievable?
 - vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

7. Systematic Reviews and Meta-Analysis

- a. Scope
 - i. Systematic reviews must cover all of the primary healthcare research and literature for a research question related to the medically underserved. They

must use a variety of scholarly databases. Systematic reviews may also include meta-analysis. Typically these studies consult and include a statistician as an author. Reviews submitted can either be systematic reviews with or without meta-analysis.

b. Length

- i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 2,500 words. There is an unlimited references limit and a 5 illustrations (figures, tables or charts) limit.
- ii. The abstract should not exceed 300 words.
- iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.

c. Contents

- i. A brief and informative title not to exceed 150 characters is required.
- ii. The abstract for Systematic Reviews should follow the guidelines set by the [PRISMA structured abstract](#) format.
- iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
- iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
- v. The main text for Systematic Reviews should be organized using the [PRISMA format](#) for systematic reviews and meta-analysis.
- vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

8. Case Reports

a. Scope

- i. Case reports focus on a single patient and should fulfill one of the following three requirements:
 1. Challenge an existing clinical or pathophysiologic paradigm.
 2. Provide a starting point for novel hypothesis-testing clinical research.
 3. Offer a clinical “lesson” that may allow colleagues to provide improved care.
- ii. Although strongly encouraged, patient consent is not required for case reports, unless identifying information is presented in the case, such as a unredacted photo. In the instance where identifiable information is presented, consent is required.

- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) should not exceed 1500 words. There is a twenty-five references and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 250 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. Abstract: Unstructured paragraph that summarizes the patient described.
 - iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
 - iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
 - v. Main text should be organized by [CARE case report format](#).
 - vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

9. Case Series

- a. Scope
 - i. Case series should involve more than one patient and fulfill one of the following three requirements:
 1. Challenge an existing clinical or pathophysiologic paradigm;
 2. Provide a starting point for novel hypothesis-testing clinical research; or
 3. Offer a clinical “lesson” that may allow colleagues to provide improved care.
 - ii. Although strongly encouraged, patient consent is not required for case reports, unless identifying information is presented in the case, such as a unredacted photo. In the instance where identifiable information is presented, consent is required.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) should not exceed 2,000 words. There is a thirty references and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.

- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. Abstract: Unstructured paragraph that summarizes the patient(s) described.
 - iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
 - iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
 - v. Main text should be organized by [CARE case report format](#).
 - vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

10. Historical Perspectives

- a. Scope
 - i. Historical papers should be attributed on research citing primary and secondary historical sources.
- b. Length
 - i. The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) should not be more than 2,500 words. There is a fifty references and a 5 illustrations (figures, tables or charts) limit.
 - ii. The abstract should not exceed 300 words.
 - iii. Online-only supplemental materials are accepted to add clarity to your manuscript. There is no limit to the amount of supplemental information that can be provided.
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. Abstract: Unstructured in a paragraph summarizing the main topic of the historical essay and key findings. Avoid including literature citations, figures and tables, or abbreviations.
 - iii. Please pick up to five keywords to associate with your manuscript. Keywords are typically standardized words which can be universally used in searches. Key words can be found in the MESH headings browser. If it is not in the browser, the authors should look for other terms: <https://meshb.nlm.nih.gov/search>
 - iv. Please include two additional sections after the abstract: information regarding what is known on the subject and how it relates to the medically underserved; and how your research advances the literature and improves our ability to treat the medically underserved. Please do not exceed 150 words when addressing these two points.
 - v. The main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:

1. Introduction: What is being reviewed and why?
 2. Method: Search strategy and methodology to locate historical details.
 3. Results: Provide a detailed description, data, and relevancy for historical information.
 4. Discussion: Describe how these findings are relevant to physicians today and in the future. Include implications for medicine, health care, or population health. What are the limitations to your findings and were there gaps in what was retrievable?
- vi. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

11. Editorials and Opinions

- a. Scope
 - i. These papers can provide an opinion on:
 1. A previously published CRJCSM article..
 2. Any subject related to the journal's scope and mission.
 3. Contemporary issues related to health and/or medicine.
 - ii. CRJCSM accepts invited and uninvited editorials and opinion pieces.
 - iii. Editorials and opinion pieces can be first-authored by faculty and other non-students.
- b. Length
 - i. The main text (references and figure legends) is under 1,500 words.
 - ii. Limited to 10 references and 5 illustrations (figures, tables or charts).
- c. Contents
 - i. A brief and informative title not to exceed 150 characters.
 - ii. No abstract is required.
 - iii. Tables and figures should be numbered according to their appearance in the paper and organized at the end of the main paper.

Style and Formatting Requirements:

Style guidelines:

CRJCSM requires the use of the American Medical Association (AMA) format. For information about how to use this style, please review the 10th edition of the AMA Manual of Style available at: <http://www.amamanualofstyle.com/> EndNote Users can download and install the AMA output style from the following link:

<http://endnote.com/downloads/style/jama-journal-american-medical-association-ama-10th-edition>

Cover letter format requirements:

- The cover letter should not exceed one page, single-spaced, with Times New Roman font in size 12.

- Please explain how your article fits the mission and the scope of CRJCSM.
- Please state your year in school and academic program at time of submission.
- The primary author must include an ORCID, for more information please visit orcid.org.
- Please state which article type you are submitting under.
- Please provide each author's contact information including their email and affiliations. (Please note this publication does not share or sell personal contact information collected with any third-parties.) However, authors may be contacted by the journal for future publications or participation as a peer-reviewer.
- Please include the contributions of each of the authors and their qualifications for authorship.
- Please indicate who will serve as the corresponding author. This should be someone with a permanent email address, likely a faculty, senior author.
- Please provide a statement confirming that your paper has not been previously published and is not currently under consideration by another journal and that all authors have approved of and have agreed to submit the manuscript to CRJCSM.
- Although not required, please suggest up to two people to peer review your manuscript and provide their email addresses.

Manuscript format requirements:

- Include line numbers, an approx. 2.5cm margin on all edges, and 12 point Times font for readability.
- For manuscript text, CRJCSM accepts .DOC (MS Word), .DOCX (MS Word), .TeX, .ODT (OpenDocument) and .RTF formats.

Tables, figures, and units of measurements requirements:

- Tables and figures should be numbered according to their appearance in the paper. Each table and figure should be typed on a separate page in the article file and numbered consecutively in Arabic numerals. Necessary explanatory notes, if any, may be given below the illustration.
- Figures/Charts/Tables/Diagrams/Photographs of 300 dpi or higher resolution may be submitted as '.jpg', '.png', or '.tiff' files (unzipped) as a separate file attached to the manuscript. For clinical photographs, subject(s) identity should be suitably masked; in case this is not possible, a written consent from the concerned person should accompany the manuscript.
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- Legends to figures should include the figure number (numbered consecutively in Arabic numerals), title and explanations of the figures should appear in the legend (not on the figure). Type the legends on a separate page. Enough information should be included to interpret the figure without reference to the text.
- Units of measurement should be given in metric units.
- Generic rather than trade names of drugs should be used.