Author Guidelines

Journal Title:

Cooper Rowan Medical Journal (CRMJ)
ISSN: 2578-3343

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Who we are:

We are an open-access, peer-reviewed medical journal that prioritizes submissions of articles whose first author is a current student or resident/fellow (all years). We consider submissions of papers whose first author is an allied health professional student or PhD student studying a health science or related subject. We also accept submissions of research that was conducted at the time by the aforementioned student groups who have since graduated. We will accept editorials, Medical Musings (opinion pieces), and commentaries from faculty members in addition to the aforementioned student groups. Likewise, faculty members may also be invited authors for special theme issues.

As a journal established by medical students and faculty members of Cooper Medical School of Rowan University, we are particularly interested in 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, every day we are working hard to expand the reach and profile of CRMJ. 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 and/or submit the linked form to your librarian to get this journal indexed in your institution's library journal list.

Why Submit to CRMJ:

1) Student/Resident Focused--We are primarily focused on publishing the work of medical and allied health professional students and residents/fellows. We are committed to publishing articles that are scientifically rigorous and add to the literature.

2) <u>Fast Turnaround</u>--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. Please consult our posted statistics regarding our turnaround time for a better idea of when to expect a response.

3) <u>High Visibility</u>--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) <u>Large Variety of Article Types</u>--CRMJ 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 be returned to the authors to achieve compliance before going through CRMJ 's peer review process.

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

Publication Process:

Once you submit to CRMJ, 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 recommendations. 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 CRMJ are released biannually. For information on subscribing to the print version of CRMJ, please contact us (CRJCSM@rowan.edu) for pricing information.

Mission and Scope:

<u>Mission:</u>

The Cooper Rowan Medical Journal (CRMJ) is an open-access, student and faculty co-managed, peer-reviewed journal showcasing scholarly activity by medical students, allied health care students, and residents/fellows. Recognizing the integral role for mentorship in medicine, CRMJ is committed to teaching students the intricacies of the peer-review process under the guidance of dedicated faculty advisers. We welcome original research, reviews, medical education studies, case reports/series, Medical Musings (opinions), and results of quality improvement projects. CRMJ is proudly published by the Cooper Medical School of Rowan University located in Camden, New Jersey. In addition to broadly publishing student-authored biomedical and health-related research, CRMJ also welcomes research that addresses conditions frequently impacting medically underserved patients and focuses on understanding the comprehensive health care systems for underserved populations.

<u>Scope:</u>

The scope of this journal includes all student and resident/fellow authored biomedical and health related-research. CRMJ also welcomes articles that investigate 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 interested in submitting an article to contact us (CRJCSM@rowan.edu) to inquire about fit within our mission and scope.

Article Processing Charges:

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

Article types and guidelines:

Article Type	Abstract	Main Length (excluding abstract, references, and figure legends)—Online supplemental materials are accepted.	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 3,000 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 3,000 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 Please follow the [SQUIRE 2.0] structured abstract format	Typically no more than 3,000 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and [SQUIRE 2.0] format

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 3,000 words	Up to 50 references	Maximum of 5	American Medical Association (AMA) format and IMRaD format, see author guidelines below for more information.
Innovation Report	150-300 words, structured Please use the [IMRad](#) [structured abstract](#) format (INTRODUCTION, METHODS, RESULTS, and DISCUSSION).	Typically no more than 3,000 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 3,000 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 3,000 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 3,000 words.	Up to 50 references	Maximum of 10	American Medical Association (AMA) format
Editorials, Comments, and Medical Musings (Opinions)	N/A	Typically no more than 1,500 words	Up to 10 references	Maximum of 5	American Medical Association (AMA) format

Guideline for Each Article--In Detail

1. **Original Basic Science**

    a. Scope

    - Any basic science research related to a disease process that typically affects underserved medical populations will be considered for publication. b. Length
    - The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 3,000 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
    - The abstract should not exceed 300 words.
    - 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

    - A brief and informative title not exceeding 150 characters.

        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.
    - 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

- The main text should be organized using the Introduction, Methods, Results, and Discussion (IMRaD) structure:
    1. <u>Introduction:</u> Describe the general concept and framework that generated the origins of the study and hypothesis.
    2. <u>Methods</u>: Discuss study design and include a section on data analysis and statistics.
    3. <u>Results:</u> Provide the answers to the main aims of the study.
    4. <u>Discussion:</u> Add clarification and analysis of results presented. Add limitations to the study. Analysis of results presented in the context of available literature.

- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

2. Original Clinical Research

a. Scope

- Qualitative and quantitative research approaches are equally welcome. All study designs are welcome.
- Topics include all reports of original clinical research that have the potential to change medical practice.
- Please note: Case Reports/case series are separate article types. b. Length
- The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 3,000 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
- The abstract should not exceed 300 words.
- 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

A brief and informative title not to exceed 150 characters.

- <u>Abstract:</u> Avoid including literature citations, figures and tables, or abbreviations. It must contain the following IMRaD sections: Introduction, Methods, Results, and Discussion.
    1. <u>Introduction:</u> 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.**

- 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

- 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 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.

- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

3. **Medical Education**

   a. Scope

   - 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

   - The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 3,000 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.

The abstract should not exceed 300 words.

- 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

- A brief and informative title not to exceed 150 characters.
- 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.
- 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
- 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.
- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

4. **Quality Improvement Studies**

   a. Scope

- 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

The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 3,000 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.

- The abstract should not exceed 300 words.
- 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

- A brief and informative title not to exceed 150 characters.
- Abstract: Avoid including literature citations, figures and tables, or abbreviations. Please follow the SQUIRE 2.0 structured abstract format.
- 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
- 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.
- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

5. **Innovation Reports**
   - Scope
     - ☷ 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.
   a. Length

- The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 3,000 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
- The abstract should not exceed 300 words.
- 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.

b. Contents

🎬 A brief and informative title not to exceed 150 characters.

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.

- 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
- 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.

- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

6. **Narrative Literature Reviews**

   a. Scope

   🎬 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

   - 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 3,000 words. There is a fifty references limit and a 5 illustrations (figures, tables or charts) limit.
   - The abstract should not exceed 300 words.
   - 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

   - A brief and informative title not to exceed 150 characters is required.
   - 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.**
   - 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

- The main text should be organized using the Introduction, Methods, Results, and Discussion
  (IMRaD) structure:
    1. <u>Introduction:</u> What is being reviewed and why?
    2. <u>Method:</u> Search strategy and methodology to locate literature.
    3. <u>Results:</u> Provide a detailed description, data, and relevancy for literature information.
    4. <u>Discussion:</u> 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?

- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

7. **Systematic Reviews and Meta-Analysis**
   a. Scope
      - 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
      - The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) is typically no more than 3,000 words. There is an unlimited references limit and a 5 illustrations (figures, tables or charts) limit.
      - The abstract should not exceed 300 words.
      - 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
      - A brief and informative title not to exceed 150 characters is required.
      - The abstract for Systematic Reviews should follow the guidelines set by the PRISMA structured abstract format.
      - 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

- The main text for Systematic Reviews should be organized using the PRISMA format for systematic reviews and meta-analysis.

- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

8. Case Reports

a. Scope

- 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.

- Although strongly encouraged, patient consent is not required for case reports, unless identifying information is presented in the case, such as an unmasked photo. In the instance where identifiable information is presented, consent is required.

b. Length

- 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.

- The abstract should not exceed 250 words.

- 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

- A brief and informative title not to exceed 150 characters.

- <u>Abstract:</u> Unstructured paragraph that summarizes the patient described.

- Please pick up to five keywords to associate with your manuscript.

Keywords are typically standardized words which can be universally used in searches. Keywords 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

- Main text should be organized by CARE case report format.
- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

9. **Case Series**
   a. Scope

   🎬 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.

   🎬 Although strongly encouraged, patient consent is not required for case reports, unless identifying information is presented in the case, such as an unmasked photo. In the instance where identifiable information is presented, consent is required.

   b. Length
   - 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.
   - The abstract should not exceed 300 words.
   - 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
   - A brief and informative title not to exceed 150 characters.
   - Abstract: Unstructured paragraph that summarizes the patient(s) described.
   - 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

- Main text should be organized by CARE case report format.

- Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

10. Historical Perspectives

a. Scope

- Historical papers should be attributed on research citing primary and secondary historical sources.

b. Length

- The main text (excluding abstract, keywords, what is known and what is learned, references, tables, and figure legends) should not be more than 3,000 words. There is a fifty references and a 5 illustrations (figures, tables or charts) limit.

- The abstract should not exceed 300 words.

- 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

- A brief and informative title not to exceed 150 characters.

- 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.

- 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

- 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. <u>Discussion:</u> 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?

🎬 Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300dpi.

11. **Editorials, Comments, and Medical Musings (Opinions)**
   a. Scope
      - These papers can provide an opinion on:
         1. A previously published CRMJ article.
         2. Any subject related to the journal's scope and mission.
         3. Contemporary issues related to health and/or medicine.
      - CRMJ accepts invited and uninvited editorials, opinion pieces, and commentaries.
      - Editorials, opinion pieces, and commentaries can be first-authored by faculty and other non-students.
   b. Length
      - The main text (references and figure legends) is under 1,500 words.
      - Limited to 10 references and 5 illustrations (figures, tables or charts). c. Contents
      - A brief and informative title not to exceed 150 characters.
      - No abstract is required.
      - Tables and figures should be numbered according to their appearance in the paper. Tables should be embedded inside the main article file. Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. All figures should be supplied with at least 300 dpi.

Style and Formatting Requirements:

<u>Style guidelines:</u>

CRMJ 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/jamajournal-american-medical-association-ama-10th-edition

<u>Cover letter format requirements:</u>

- 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 CRMJ.
- 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 CRMJ.
- Although not required, please suggest up to two people to peer review your manuscript and provide their email addresses.

<u>Manuscript format requirements:</u>

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

<u>Tables, figures, and units of measurements requirements:</u>

- Tables and figures should be numbered according to their appearance in the paper.

- Tables should be embedded inside the main article file. Use only separate cells, ordered lists, or unordered lists to separate content within the same cell into individual lines. Do not use spaces tabs, html tags, or manual line breaks. Symbols indicating statistical significance should appear in the same cell as the value and should not have their own column. To highlight individual values, boldface type, italic type, or a single color of shading may be used. Do not use multiple colors of shading, underline, or font size to highlight values in tables. Do not use color to indicate meaning. Text color is limited to black.
- Figures must be provided in JPEG/JPG or PNG format and must be included in the main article body, not as separate files. 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 in JPEG/JPG or PNG format. 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.
- All illustrations (figures, tables, charts, and photographs) may be submitted for online submission in color. However, they will be transformed to black and white for print versions of the journal.
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- Units of measurement should be given in metric units.
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