

Editorial

Medwave 2017 Apr;17(3):6911 doi: 10.5867/medwave.2017.03.6911

Medwave's editorial history, policies and guidelines: 4. Author instructions and journal guidelines

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Citation: Bachelet VC. Medwave's editorial history, policies and guidelines: 4. Author instructions and journal guidelines. *Medwave* 2017 Apr;17(3):6911 doi: 10.5867/medwave.2017.03.6911

Publication date: 3/4/2017

Abstract

This article is the last of a series of four editorials that report on Medwave's policies, including section policies, formal requisites according to article type, and guidelines for reviewers and authors, with special emphasis on publication and research ethics. The journal believes that it is important to publish its policies in the format of editorials in order to facilitate and ensure dissemination to our broader readership. This editorial focuses on author instructions and again touches upon publication ethics.

Ethics, reporting guidelines and requisites

Submissions to *Medwave* are done through an online platform called OJS (Open Journal System) (access [here](#)). You must upload the manuscript and all other documents into the system. We do not accept any other form of submission.

Medwave complies with international publication ethics standards and that have been adopted by a great majority of mainstream biomedical journals. As stated before in this document, we endorse the recommendations of the International Committee of Medical Journal Editors (ICMJE), also known as the Vancouver style or system.

Medwave strongly recommends that submitted manuscripts are prepared in accordance with the corresponding reporting guideline depending on the study design. We endorse reporting guidelines and we make every effort to enforce them in our peer review process. We were one of the first journals to endorse [The EQUATOR Network](#) (Enhancing the QUALity and Transparency Of health Research) (see [here](#) under Endorsements).

We are very careful about what we do in our journal, as we feel responsible for what we publish. We care about research integrity and about our reputation within the scientific community and among scientific journal editors. For this reason, we expect authors to provide us with several signed forms and other documents as a requisite. These forms must be complete in order to send the manuscript out for peer review. The main purpose of these forms is to ensure that authors are complying with the

highest standards of publication ethics and integrity of medical research. The forms that have to be included in the submission depend on the article type and are explained further on.

We reserve the right to reject manuscripts that do not comply with our requisites. We will do this during the initial editorial office assessment of submissions. The journal may provide authors a week to correct involuntary submission errors and non-compliance with our requisites. The journal may not provide authors this time frame if we consider that there has been negligence in preparing your submission.

Authors should not check items on the submission checklist as having complied with them if they have not.

Formal aspects that apply to all manuscripts

Author identification

Full given and last name. The use of the maternal given name is a personal decision of each author. The author list must reflect the order in which the authors want to appear if their manuscript is accepted for publication. If you have an ORCID id, please provide it in the field for ORCID. We remind you that the way in which you enter your name into the system is the way it will appear in the final accepted manuscript and published article. It is also the name that will appear in MEDLINE/PubMed. Each author is responsible for ensuring that there are no errors in their name.

Institution where the author was located when conducting the research or work related to the manuscript. It is

important to clearly state the department or school that you belong to, and to clearly identify your institution. Do not use institutional acronyms as these may not be known in other countries. You may include more than one affiliation, but be wise not to include affiliations of institutions that have not made significant contributions to your work. We recommend that you look at how institutional affiliations are published in our journal. Each affiliation must be followed by the corresponding city and country. Do not include your educational status or degrees.

Email addresses for each author. Each author must have his or her own distinctive email address. All communications between the editors and the authors will be copied to all listed authors.

Lead author's mailing address. This mailing address should reflect the lead author's main affiliation or the one related to the work submitted. It must be clearly and accurately reported. P.O. boxes will not be accepted. All of this information must be provided in the online submission system and should not be included in the Word document of the English or Spanish Word documents, as the peer review process must be blinded.

Abstract

All research articles must have a structured abstract, with at least the following sections: introduction, objectives, results and conclusions. Narrative articles must also provide an abstract that clearly identifies the review question, the method used to develop the review, the importance of the topic covered by the review, and main conclusions.

For authors submitting only Spanish manuscripts, they must provide an abstract in English, as well as an English translation of the manuscript title. While this is a submission requisite, the editors may copyedit title and abstract before publication if need be.

Key words

Authors must include key words that should be selected from the list of Medical Subjects Headings (see [here](#)). Key words should only be submitted in English.

Official languages

Medwave publishes in two languages but under a single unique DOI (Digital Object Identifier). Authors may submit their work in Spanish, or in Spanish and English simultaneously. *Medwave* occasionally publishes articles in Portuguese, on the condition that an excellent English translation is provided.

We advise all authors to submit an English version of their manuscript as this will facilitate citation, impact and outreach, especially through MEDLINE/PubMed. The English translation may be provided after the Spanish manuscript has been accepted and MEDLINE deposit will wait until the two versions have been published in the journal.

Tables

If your manuscript contains tables, you should number them consecutively and include a table title that explains the content clearly, without having to search for it in the manuscript. You should include short column headings (you may use abbreviations here). If clarifying notes are needed, put them under the table. Explain abbreviations used in the table. Refer to the tables in your manuscript as they appear and cite them accordingly. You can place your tables as they are mentioned in the manuscript and you do not need to put them at the end of the manuscript. Do not embed tables as objects – it must be possible to edit them.

Figures

"Figure" is any illustration that is not a table, e.g. graphics, images, EKGs, sonograms, etc. Images must be of high quality. Letters, numbers, arrows or any kind of symbol must be clearly visible with high resolution so as to be able to reduce the size of the figure upon publication and still be able to see the figure adequately. Any of these symbols must be clearly distinguishable from the surrounding and background image.

You must cite the figure within the text in consecutive order and independently from the tables. If a figure is the reproduction of an already published figure, you must mention the source and prove that you have written permission to reuse the figure from both the author and editor in charge of the source publication.

Patient photographs must cover or blur out the face in order to preserve anonymity. Written informed consent to publish in the journal from the patient or his or her tutor must have been obtained.

Measurement units

In tables, text and figures, only use the decimal metric system. Abbreviations and unit symbols must follow international conventions and standards.

Numbers

In Spanish, write numbers in accordance with the *Real Academia de la Lengua Española*. In Spanish, fractions are written with a decimal comma; in English, fractions are written with a decimal point. Please be careful with this. Do not use commas or decimal points to separate thousands or millions, just leave a space, e.g. 2 345 678. If the number has four digits, do not insert spaces, e.g. 2345.

In the text, when a number is under 10, please spell out the word. This applies to both Spanish and English.

References

In your manuscript, only include essential bibliographic references. Number the references as they are mentioned in the text. At the end of each appropriate sentence or paragraph, identify the reference with numbers in brackets. Each reference must have its own brackets, and separate several references with commas. Please look at any article of the journal for examples and to understand why this is done.

When available, always include the DOI, a link and the PubMed ID number in your list of references.

Use Vancouver style for reference and bibliography formatting. We recommend you use citation managers. Vancouver style consists of the following:

Journal articles. Last name followed by initials of first name/s in capital letters. Mention all authors if the list is under 6 – if over 6, mention the first six and then add «et al». Separate authors by commas; do not use full stops after initials. Next comes the full article title, in its original language. Next, the name of the journal in which it was published, with the appropriate abbreviated journal name as provided by Index Medicus: year of publication; volume: page numbers or e number. Example:

20. Iribarren O, Araujo M. Effect of antimicrobial prophylaxis on the incidence of infections in clean surgical wounds in hospitals undergoing renovation. *Infect Control Hosp Epidemiol.* 2006 Dec;27(12):1372-6.

Studies that have not been published. Cite as follows: authors and title, and then add "(non published data)".

Book chapters. Cite as follows: authors, title of the chapter or book section, then add "In...(name of book)". Country, publisher, year of publication, pages (e.g.: p. 231-237).

Articles in electronic format. Cite them as you would a journal article from a print journal. *Do not include the day in which you consulted in Internet.*

Abbreviations

Do not use abbreviations in the text, or just use few that are very well known, such as WHO or UN. The first time you mention them, spell out the name in full followed by the abbreviation in parenthesis. You may use abbreviations for biological substances when they are *only known by the abbreviated name*.

Manuscript format

The main manuscript (either Spanish or English) and the translated version (that must be uploaded to the submission system as a complementary file), must comply with the following requirements:

- Use normal Word margins.
- Use Calibri 11 font.
- Line spacing 1.5 throughout the text.
- Justified text, paragraphs without indentation, and line break between paragraphs. Paragraphs should not come with anterior or posterior spacing, that is, paragraph spacing should be at 0.
- Title of the manuscript in Calibri 20, bold, and aligned to the left.
- Title in the other language (Spanish or English) in Calibri 20, bold and aligned to the left.
- All manuscripts with continuous line numbering (in Word, it is done in page layout, line numbers, continuous).

- The following titles in Calibri 16, bold: abstract, introduction, methods, results, discussion, conclusions, notes, references. You may use subtitles as needed.
- Subtitles should be in Calibri 11, bold.
- Analysis articles or narrative reviews should have all subtitles in Calibri 16 and use subtitles as needed.
- Place legends of tables and figures above and not below. Explanatory notes for tables and figures should go at the foot of each, Calibri 8.
- Fractions in Spanish are written with commas; in English, with decimal points. Be advised to especially review your tables with data.
- Numbering of references must be enclosed in brackets, i.e. [1],[2], and so on. Each reference must be entered in a separate bracket and with a separating comma, but no spaces.

Be very careful to omit any information in the manuscript that could potentially identify authors as our peer review is double-blind. Author and co-author names and affiliations should be entered into the OJS fields when uploading the manuscript. Each co-author must be individually identified with his or her own institutional or personal email as the journal will communicate with all authors.

Remember to use Vancouver style for references. Do not leave unexplained reference jumps.

Formal requirements according to type of article

Each article type has a particular structure. In the following subsections we will describe each one in order to facilitate your submission. Please read before submitting.

Letters to the editor

You can submit letters to the editor in three different ways:

1. You can post a comment to an article. To do this, you must be registered in the journal, [here](#).
2. You can submit the letter through the online submission system [here](#). You have to register in the OJS system.
3. Or you can send an email to an editor or the editor-in-chief.

Your letter must comply with the following: a) declare potential conflicts of interests; b) appropriate tone and language; c) include your full name, address, email and institutional affiliation.

The letters to the editor should not exceed 500 words and may contain up to 5-7 references. We reserve the right to copyedit letters for clarity and quality.

Commentaries

These are articles that can cover any area of the medical field, public health, research, ethics, health policies or medical law. Often they are linked to an issue theme or may be commissioned by the editor-in-chief. Commentaries are not peer reviewed.

Commentaries must convey a clear idea and must follow academic writing style, with no more than two co-authors.

They should not exceed 1200 words and may include a table or figure and not more than 10 references, all of which should follow the instructions provided in the previous section.

Each author must complete a competing interest form.

Analysis articles

Authors are to submit their analysis articles to the OJS online submission system choosing the option "Review or Analysis".

Analysis articles are a type of narrative review that informs and promotes debate on medical, scientific and policy issues and topics. They have a national or international relevance and contain viewpoints about which there may or may not be consensus or uniformity.

The authors must not assume that readers are acquainted with country-specific organizations or practices, which is why we always urge authors to provide context and clarity. Avoid abbreviations, especially country-specific ones, and when using them, explain them at first mention.

Body of the article. Should not exceed 2000 words not including references, tables and figures. You should include a short 100-150 word abstract that clearly explains what the article is about and why it is important. If you are submitting only in Spanish, this abstract must be provided in English as well.

Title. Short and catchy. Must include key words.

Style. Use subtitles for readability and understanding. Any specialized terminology should be explained and all acronyms and abbreviations should be spelled out.

Evidence. Important statements must be supported by references numbered in Vancouver style as they are mentioned. Authors must ensure that evidence is clear and sufficient, and must point out where it comes from and what study designs are involved (e.g. published clinical trials, official documents, systematic reviews, observational studies, expert opinion, etc.). References must be current.

References. We suggest no more than 20 references.

Tables, figures, boxes. Up to three, including photographs, images, drawings, figures. Color is appreciated. Inserts and boxes with main touching points are even more appreciated.

Forms. Statement of originality and competing interests (see [here](#)).

Narrative reviews

Narrative reviews are also known as literature reviews and are different from systematic reviews. Narrative reviews are articles of up to 3500 words (excluding tables and reference list), with about four tables or figures, and no more than 50 references. These are journal articles that provide update on clinical topics for practicing physicians

and allied health professionals, regardless of *where* they practice.

Clinical reviews must include an introduction with an overall update on the topic with the most recent developments and how they can apply to clinical practice. They should provide readers with other resources if they need additional information, such as links to Cochrane reviews. The article should provide an overview of everything that general practitioners should know about the topic. Reviews can have more than one author, but all must declare competing interests.

The editors may commission review articles, or they may be unsolicited. All must undergo external peer review, regardless of provenance. Authors may include color photographs, tables, figures, and may imbed videos.

The review should include the following sections:

Abstract in Spanish and English. The abstract should state what topic is being reviewed, why, and what the main conclusions are. It should provide a general idea of the article content and the sources that were used.

Introduction. The introduction should have roughly 100-150 words and an explanation of what the review is about and why it is important for professionals that are not experts on the topic. At least one general objective should be stated.

Methods. In fewer than 150 words, the authors should provide information on the sources that were used to prepare the review. We do not expect a systematic review, but we do expect that you consult Cochrane or other evidence summaries. You must be explicit about your searching strategy; if you have personal references; or if you have consulted with experts in the field.

Results. Present your results according to your objective. Key statements must be corroborated with evidence (clinical trials, systematic reviews, observational studies, expert opinion). Results should be worded along the lines of "Large randomized and well-designed clinical trials have shown that..." or "The findings from a small case series suggest that..." You should indicate if the evidence consulted is of poor quality or scarce. Try to avoid overly specialized terminology or abbreviations. Please remember that the journal's readership is international, so if you have included country-specific recommendations, you must be explicit about this. The body of the text should contain easy-to-understand subtitles, preferably phrased as questions.

Discussion. This is optional.

Conclusions. At the end of the article you should try to finish off with concluding remarks.

References. Use Vancouver style and please restrain from including more than 50 references. Be organized about how

they appear in the text. Do not forget to include links, DOI, PubMed ID.

Illustrations may be clinical pictures, drawings or algorithms. They must be submitted with JPEG or equivalent extension. Tables must be submitted in Word and must be editable. All illustrations must provide source and copyright permissions.

Accompanying forms. Declaration of originality and authorship (see [here](#)).

Case reports

In the research section, *Medwave* also has a section for case reports. We think that case reports provide useful knowledge for professionals involved in clinical work. Case reports must include the following: abstract, introduction, case presentation, discussion and conclusions.

The abstract should not exceed 150 words and should summarize the case and its results.

The introduction should explicitly state why the case is important and why it should be published.

The case presentation should be as comprehensive as possible, including history, clinical and laboratory data, epidemiological information from patient family and social history. Rationale for obtaining tests should be provided and as well as information on their validity and reliability, if possible.

Remember to use international measurement units. Also mention how diagnosis was reached and what the differential diagnosis was. Refer to how treatment was decided, potential adverse reactions or treatment effects and what was defined as a successful treatment.

In the discussion include a brief review of similar published cases. We recommend also accounting for patient views and perspective.

The conclusions should include around three to five key learning points or take-home messages for clinical practice.

Case reports may include photographs or other illustrations about the case, but always remember to anonymize the patient.

You must provide forms on informed consent to publish, on competing interests and on originality (see [here](#)).

Medwave does not accept case reports that have not followed CARE reporting guideline (see [here](#)).

Secondary research

Under this heading, *Medwave* includes reviews of the body of evidence that contain explicit search methods, inclusion criteria of selected studies, and critical analysis of included studies. This is the heading for systematic reviews with or without meta-analysis, economic evaluations, and evidence-based clinical practice guidelines.

For:

- Meta-analysis of randomized controlled trials: *Medwave* recommends that the study protocol be included in the submission as appendix and to follow PRISMA guideline.
- Meta-analysis of observational studies: authors should refer to STROBE.
- Economic evaluations: refer to CHEERS guideline.
- Clinical practice guidelines: use AGREE II and GRADE.

The abstracts of meta-analyses and systematic reviews should contain the following sections:

- Objective
- Design
- Data sources
- Methods used for the review
- Results
- Conclusions

Authors should use [GRADE](#) to define the quality of the evidence.

Primary research

Primary studies are conducted by obtaining data directly from the observation units (patients, healthy subjects, health care centers, etc.). We include under this heading mainly the “classic” epidemiological design:

- Randomized clinical trials and other therapy studies (e.g. quasi experimental studies or community interventions) that adjust covariables, time series.
- Cohort studies (prospective or retrospective).
- Case control studies.
- Diagnostic accuracy studies.
- Studies that validate scales and use questionnaires.
- Association studies.
- Studies that estimate prevalence (cross-sectional design).
- Studies that use qualitative methodologies or mix-methods studies.

Manuscripts that report this type of studies must provide a structured abstract with the following subsections: introduction, objectives, methods, results and conclusions. Please ensure that your abstract is accurate, comprehensive and clearly stated, but not too long, and must have been approved by all listed authors.

Medwave suggests that the:

Title must provide a general and focused idea of the main objective of the study. The title must include the study design that was used.

Introduction must include a definition of the problem that gave rise to the need for the study, expressed as questions or hypothesis, including general characterization and

importance. The introduction must contain the strictly necessary references to the literature, and must end with a description of the main objectives and secondary endpoints, consistent with the problem specific to the study. It must not contain any results or conclusions.

Methods must report on all methods and procedures used to conduct the research and to process and analyze the data obtained. At a minimum, the methods sections should report the definition of the study population or universe (often expressed as inclusion and exclusion criteria), sample description, sample selection, context of study participants; a clear definition of the variables and how they were measured; a description of the techniques that were used to collect the information on the variables (data) and a description of the statistical analyses that were done.

Results should be reported in a logical order consistent with the study objectives, and should be referred to in the text and supported by tables and illustrations; should include summary statistics but always being careful to include as much data as possible (e.g. if providing relative frequencies, also include absolute numbers). For quantitative variables provide measures of center and dispersion. The information provided in the tables should not be duplicated in the explanatory text, only commented. Do not duplicate data presentation (e.g. table and graphic). As for statistical significance, the "p" values or any effect estimation should be reported with confidence intervals.

Discussion should highlight the most important results, compare them with the results of other authors and provide some plausible explanation. Results should not be repeated

but in some cases a brief summary of the most important findings may be allowed if this facilitates an understanding of the results and their importance. The discussion should always address the limitations of the study and risk of bias. It should not provide incontrovertible conclusions, but rather inform how these results support the conclusions and suggest future lines of research.

In addition to these considerations, and so ensure transparency and accuracy of the study report, authors are advised to follow the Uniform Requirements of the International Committee of Medical Journal Editors and to use the appropriate study reporting guidelines (see The EQUATOR Network for the broad range of reporting guidelines).

Notes

The editor (VCB) declares that she has no competing interests with this editorial.

The editor acknowledges and expresses appreciation for the very important contribution of Dr. Miguel Araujo in setting up the first editorial policies in 2010 and 2011.

The editor appreciates the diligent and excellent work of the associate editors and editorial assistants who make this publication possible.

The journal's policies, guidelines and instructions are also published in About Medwave where they are updated.

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