

## GUIDELINES FOR AUTHORS

### ABOUT US

Perspectives In Medical Research is a multi disciplinary, National peer reviewed journal published three times a year by Prathima Institute of Medical Sciences, Karimnagar, Telangana. The journal is published concurrently in print and electronic version. Prathima Institute of Medical Sciences is established under Prathima Educational Society in the year 2001 in Karimnagar, Telangana, with the mission to bring health care of established standards within the reach of every individual; to educate the masses about the health and family welfare; commitment to excellence in research, healthcare and medical education. The college is recognized by Govt. of India and Medical Council of India and is affiliated to Dr. NTR University of Health Sciences, Vijayawada. The medical college commenced with 200 MBBS admissions annually and is offering PG Degree/ Diploma courses in various specialities.

### AIM AND SCOPE

The journal seeks high-quality research from all medical specialities encompassing basic, applied and translational research in order to support and disseminate the knowledge and evidence based practices in the field of medical sciences. The journal publishes various studies like basic studies including animal experiments, clinical and epidemiological studies in the form of original research articles, review articles (narrative as well as systematic), short communications, case studies and letter to the editor that meet the criteria of scientific and technical merits.

### GUIDELINES FOR SUBMISSION

#### Submission of Manuscripts

PIMR accepts only online submission of the manuscript. The authors need to register to the journal website: [www.pimr.org.in](http://www.pimr.org.in) before submitting the manuscript. The journal does not incur any charges for registration and publication of manuscripts. In case of any difficulty authors can email their manuscript to the editor at [editor@pimr.org.in](mailto:editor@pimr.org.in). The journal will require two versions of the manuscript. One should be a complete text including the details of the authors and should be labelled as "File for the editor" and another should devoid of all information about the author's identity to facilitate the blinded peer review and should be labelled as "File for the reviewer".

### Manuscript Style

The manuscript should be double-spaced with at least one inch margins. Times New Roman in 12 pt size is the recommended font style. Manuscript in American/ British English is acceptable, provided authors need to adhere to a consistent writing style throughout the manuscript. Figures should be uploaded separately; however legends for all figures should be included in the manuscript. Authors are instructed to alienate the various sections in the following manner: title page, abstract with 3-6 keywords, main text including acknowledgment, references, tables and a list of titles for all figures. Each of the following section should begin on a separate page. Numbering of pages in sequence should begin with the title page. Authors are requested to adhere to the specifications and word limits. Articles not meeting these criteria will be sent back to the authors for further modifications. Authors must follow SI units. All manuscripts will undergo copyediting before publication. Language editing can be done to a certain extent as per the requirement.

### Cover Letter

A cover letter must specify the type and title of the manuscript and bear the signature of the corresponding author. It should include a brief statement regarding the rationale of the study and its relevance to the journal's readership. Authors should provide confirmation that the manuscript has not been published elsewhere and is not under consideration for publication by any other journal. It should state regarding all author's approval and submission of the manuscript to the journal.

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Should include the following Title: Full title of the manuscript as well as short title (not more than 50 characters). The title should be brief and specific for improving the appropriateness of indexing. Authors should avoid the use of symbols or abbreviations in the title. Author names and affiliations: All contributing authors with their full name, designation and affiliation to the department and institution.

**Corresponding author:** Include the name, address, telephone/ mobile number, and e-mail address of the author identified as a corresponding author. **Word count:** Mention the word count of abstract and main document separately, the number of pages, tables, figures and references included in the article.

**Abstract**

The abstract of all manuscripts should provide structured summary for quick evaluation. The word limits for original and review article should not exceed 250 words and abstract for case report should not be more than 150 words. The abstract should be structured under the subheadings of introduction, objectives, methods, results and conclusion.

**Keywords**

Include 3-6 keywords at the end of abstract in alphabetical order.

**Main Text**

The main text should be alienated into various sections viz. Introduction, Methods, Results, Discussion and Conclusion. The matter must be written in a simple manner and specific to the subject of the topic presented.

Original article and short communication: These are the articles containing empirical evidences and include various epidemiological study designs like observational and experimental studies. In an observational study, introduction should include a sufficient explanation about the scientific background, objectives and rationale for conducting the study. The method section should mention specific study design, duration and the place of data collection, inclusion and exclusion criteria of the participants and determination of sample size. It should clearly define the dependent and independent variables and the method of statistical analysis and the software used. Results should include both descriptive as well as outcome data, provide baseline characteristics (sociodemographic, clinical) of the participants and summary measures of exposure. Authors should provide adjusted / unadjusted estimates, their precision measures and any additional analysis if applicable. Discussion should be summary statements of key results obtained presented in the context of published literature. The author should provide a cautious overall interpretation of the results of the study to conclude and provide future directions or recommendations. For detailed guidelines, kindly refer <http://www.strobe-statement.org>

While in method section of randomized controlled trials, the author must include the description of the trial design, eligibility criteria for participants, type and process of randomization, blinding and details of interventions in each group. The result must include a flow diagram showing participant's random assignment, losses and exclusion, those received intended treatment and analyzed for the outcome. Discussion of RCT should focus on interpretation of results in the context of risks and benefits of trial and generalisability of trial findings.

For detailed guidelines, please refer <http://www.consort-statement.org> The word limit for original article is up to 2500 words excluding abstract, tables/figures and references. Short communication follows the same pattern as original article and should be restricted to 1500 words, not more than 2 tables and 15 references. Review articles include both systematic as well as narrative reviews. Narrative review is a step wise amalgamation of earlier published literature summarizing articles to provide a broad perspective on a topic and often explains the basis of problem and its management. Authors of narrative review are often recognized experts, having sufficient experience in conducting empirical research in the respective areas. Systematic reviews include predetermined protocol for methodical search for articles, its quantitative appraisal and synthesis of evidence to provide a best practice or recommendations. Introduction of review should include the rationale and reason impelled for the review.

The methodology of the systematic review must specify review protocol, eligibility criteria of the studies included, sources of information and detailed search strategy. A flow diagram is desirable to explain the process of study selection. <http://www.strobstatement>. Authors must provide summary data of each study included and synthesis of the results. Discussion and conclusion should include a summary of key findings, new information drawn and its future implications. For a detailed checklist, please refer [www.prisma-statement.org](http://www.prisma-statement.org). The word limit for systematic reviews is about 2500-3000 words with a few tables and figures.

**Case Report**

Case presenting unique clinical features, diagnostic and therapeutic challenges or other relevant clinical information on new, rare or common conditions will be given preference. The structure of the case report should be alienated into following sections like abstract, introduction, description of case, discussion and conclusion. Introduction should include objectives, rationale and value of the presenting case followed by a detailed description of a case in sequential order. Discussion and conclusion should include the uniqueness and new knowledge gained in contrast with available literature. The word limit of the case report should be maximum up to 1000 words, supported with up to 15 references and two tables/figures.

**PG Student Section**

The purpose of this section is to support and persuade the participation of postgraduate students in medical research. Quality original research done by students during their postgraduate curriculum will be considered for this section.

Supervisor's or guide's certification regarding the validity of the study will be required before acceptance. Structure, pattern and word limit of these articles will be similar to the short communication.

### Perspectives

In order to initiate and encourage the thinking process among the readers, this particular section is included which is mainly an outlook or individual's viewpoint, usually written by experts in the respective field. Authors have to limit the count up to 1000 words.

### Letter to the Editor

It suggests outlook or interpretation of earlier published articles in PIMR. The feedback will be provided to the authors and their responses may be published as a companion to letter to the editor. Letter to the editor must be restricted up to 500 words.

### Corrections

Corrections are published for printed errors in an earlier issue.

### Tables and Figures

Each table should be included in the main manuscript file on a separate page after the references. Authors need to indicate the place at which a table or figure is to be inserted in the manuscript. Tables should be comprehensible and easy to understand. Avoid repetition of data in the text. Number the tables and figures in Arabic letters.

- Place explanatory matter in footnotes, not in the heading.
- Explanation of abbreviations and credit note should be provided in footnotes.
- A credit note for borrowed figures/tables should be provided in footnote.
- Following symbols, in sequence: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡ should be used in footnotes.

### Images

A good quality image up to 4 MB in size is acceptable. Image size can be minimized by altering the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). The recommended image file format for submission is JPEG.

### Acknowledgment

An acknowledgment should be brief and specific. Acknowledge those who have made a significant contribution to the study. Specify the contribution in the form of support in data collection, technical guidance, funding, equipments or drugs etc.

### References

References should be numbered consecutively in the order in which they are first cited in the text. References should be indicated in the text as Arabic numerals as superscripts in brackets. Use of recent reference (year 2000 onwards) is desirable. Reference list at the end of the manuscript should include; names and initials of all the authors up to six (if more than 6, only the first 6 are given followed by et al.); the title of the paper, the journal title abbreviation according to the style of Index Medicus (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>), year of publication; volume number; first and last page numbers. For details, follow the references in Vancouver style.

### Conflicts Of Interest

It is mandatory for authors to disclose the conflicts of interest that could bias their work.

### EDITORIAL PROCESS

On submission, all the manuscripts will be first screened by the editor to ascertain its suitability and technicality. Manuscripts not prepared in accordance with the guidelines of the journal will be sent back to authors for suitable corrections and formatting. Manuscripts lacking the originality, poor scientific or technical strength, already published or in simultaneous submission, redundant publication, non adherence to ethical standards and not meeting the general standards of the journal are rejected at this stage. The manuscript will be checked for plagiarism and on detection, appropriate action will be taken. All the manuscripts qualifying initial stage are subjected meticulously to double blind peer review process where the reviewers chosen are experts in the concerned field.

The comments from the reviewer (not suitable for publication, accepted with revision or without revision) are conveyed to the corresponding author. If requested for revision, authors need to provide point to point clarification mentioning page numbers and line numbers where the amendments if any have been made and should be submitted as a separate file along with the revised article file. In order to conceal the identity of authors, they are requested not to make any changes by keeping track changes on. The process of revising article will be repeated till the satisfaction of the reviewers. PIMR ensures fast publication hence manuscript handling time will be kept minimal.

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Patients have the right of privacy and confidentiality and to ensure this, authors are requested to avoid the identifying information like participants' name, photographs, initials or hospital numbers, especially in an illustrative material. If it is justifiable on scientific reasons, it should be done after patient's informed consent. All the studies requiring ethical considerations should state that, whether the procedures followed were in accordance with the ethical standards and guidelines.

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