

Instructions to authors

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General information

Journal of Yeungnam Medical Science (JYMS) is the official journal of the Yeungnam University College of Medicine and Yeungnam University Institute of Medical Science. Anyone who would like to submit a manuscript is advised to carefully read the aims and scope section of this journal. Manuscripts should be prepared for submission to *JYMS* according to the following instructions. For issues not addressed in these instructions, the author is referred to the International Committee of Medical Journal Editors (ICMJE) "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals" (<http://www.icmje.org>). It also adheres completely to the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; <https://doaj.org/apply/transparency/>) if otherwise not described below.

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A submitted manuscript, when published, will become the property of the journal. Copyrights of all published materials are owned by the Yeungnam University College of Medicine and Yeungnam University Institute of Medical Science. The Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc/4.0/>) is also in effect.

Types of publication

JYMS publishes editorials, review articles, original articles, case reports, image vignettes, communications, RFS (clinical vignette,

teaching images), and imagery.

Editorials are invited perspectives on an area of medical science, dealing with very active fields of research, current medical interests, fresh insights and debates.

Review articles provide a concise review of a subject of importance to medical researchers written by an invited expert in medical science.

Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.

Case reports deal with clinical cases of medical interest or innovation.

Image vignettes present state-of-the-art imaging that can be used in the evaluation of unusual clinical cases.

Communications are interesting and instructive information for readers.

RFS: clinical vignette is interesting clinical cases focused on developing clinical reasoning skills of resident or fellow trainees.

RFS: teaching images are previously unpublished magnetic resonance images, computed tomography scans, ultrasound images, X-rays, patient photographs/videos, or other pictorial/video-graphic material.

Imagery is drawings, illustrations, or photographs of artistic and imaginative qualities of the readers.

Research and publication ethics

The journal adheres to the ethical guidelines for research and publication described in Guidelines on Good Publication (<https://publicationethics.org/resources/guidelines>) and the International Committee of Medical Journal Editors (ICMJE) Guidelines (<https://www.icmje.org>).

Authorship

Authorship credit should be based on (1) substantial contributions to the conception and design, acquisition of data, and/or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work to ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Every author should meet all of these four conditions. After the initial submission of a manuscript,

any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. A copyright assignment must also be completed by every author.

- Corresponding author and first author: *JYMS* does not allow multiple corresponding authors for one article. Only one author should correspond with the editorial office and readers for one article. *JYMS* accepts notice of equal contribution for the first author when the study is clearly performed by co-first authors.
- Correction of authorship after publication: *JYMS* does not correct authorship after publication unless the editorial staff has erred. Authorship may be changed before publication but after submission when an authorship correction is requested by all of the authors involved with the manuscript.

Originality, plagiarism, and duplicate publication

Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. No part of the accepted manuscript should be duplicated in any other scientific journal without permission from the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication by Similarity Check using the 'Turnitin' program (iParadigms, LLC, Oakland, CA, USA). If plagiarism or duplicate publication is detected, the manuscript may be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors.

A letter of permission is required for any and all materials that have been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to the text, figures, and tables.

Secondary publication

Manuscripts can be republished if they satisfy the conditions of secondary publication in the ICMJE Recommendations (https://www.icmje.org/urm_main.html).

Conflicts of interest

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

Statement of human and animal rights

Clinical research should be done in accordance of the Ethical Principles for Medical Research Involving Human Subjects, outlined in the Declaration of Helsinki of 1975 (revised 2013) (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. Human subjects should not be identifiable, such that patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

Statement of informed consent and Institutional Review Board approval

Copies of written informed consent documents should be kept for studies on human subjects, which includes identifiable information or sensitive information. For clinical studies of human subjects, a certificate, agreement, or approval by the Institutional Review Board (IRB) of the author's institution is required. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

Process for managing research and publication misconduct

When the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (COPE, <https://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

Process for handling cases requiring corrections, retractions, and editorial expressions of concern

Cases that require editorial expressions of concern or retraction shall follow the COPE flowcharts (<https://publicationethics.org/guidance/Flowcharts>). If correction needs, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications, and Version Control (<https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html>) as follows:

Honest errors are a part of science and publishing and require the publication of a correction when they are detected. Corrections are needed for errors of fact. The minimum standards are as follows: (1) it shall publish a correction notice as soon as possible detailing changes from and citing the original publication on both an electronic and numbered print page that is included in an electronic or a printed Table of Contents to ensure proper indexing; (2) it shall post a new article version with details of the changes from the original version and the date(s) on which the changes were made through CrossMark; (3) it shall archive all prior versions of the article. This archive can be directly accessible to readers; (4) previous electronic versions shall prominently note that there are more recent versions of the article via CrossMark.

Editorial responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting the publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

Author qualifications, language requirement, and reporting guideline

Author qualifications

Any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate.

Language

Manuscripts should be submitted in good scientific English.

Reporting guidelines for specific study designs

For specific study designs, such as randomized controlled trials, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, we strongly recommend that authors follow and adhere to the reporting guidelines relevant to their specific research design. For case reports, authors should follow the CARE guidelines (<https://www.care-statement.org>). Authors should upload a completed CARE checklist (<https://www.care-statement.org/checklist>) for the appropriate reporting guidelines during original submission. Some reliable sources of report-

ing guidelines are EQUATOR Network (<https://www.equator-network.org/>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

Submission and peer review process

Submission

All manuscripts should be submitted via e-submission system (<https://submit.e-jyms.org>). If any authors have difficulty in submitting via e-submission system, please send a manuscript to jyms@yu.ac.kr.

Peer review process

JYMS reviews all manuscripts received. A manuscript is first reviewed for its format and adherence to the aims and scope of the journal. If the manuscript meets these two criteria, it is checked for plagiarism or duplicate publication with Similarity Check. After confirming its result, it is sent to two (or more) relevant investigators available for review of the contents. The editor selects peer referees by recommendation of editorial board members or from the board's specialist database.

JYMS adopts a double-blind review, which means that the reviewers and authors cannot identify each other's information. The authors' names and affiliations are removed during peer review. Assuming the manuscript is sent to reviewers, *JYMS* waits to receive opinions from at least two reviewers. In addition, if deemed necessary, a review of statistics may be required. The acceptance criteria for all papers are based on the quality and originality of the research and its scientific significance. Acceptance of a manuscript is decided based on the critiques and recommended decisions of the reviewers.

An initial decision is normally made within 4 weeks of receipt of a manuscript, and the reviewers' comments are sent to the corresponding author by e-mail. The corresponding author must indicate the alterations that have been made in response to the reviewers' comments item by item. Failure to resubmit the revised manuscript within 12 weeks of the editorial decision is regarded as a withdrawal. A final decision on acceptance/rejection for publication is forwarded to the corresponding author from the editor.

We neither guarantee acceptance without review nor very short peer review times for unsolicited manuscripts. Solicited manuscripts are also reviewed before publication.

Peer review process for handling submissions from editors, employees, or members of the editorial board

All manuscripts from editors, employees, or members of the editorial board are processed the same way as the other unsolicited

manuscripts. During the review process, submitters do not engage in the decision process. Editors will not handle their own manuscripts, although they are commissioned ones.

Manuscript preparation

General requirements

The main document with manuscript text and tables should be prepared in an MS Word (docx) format.

The manuscript should be double spaced on 21.6×27.9 cm (letter size) or 21.0×29.7 cm (A4) paper with 3.0 cm margins at the top, bottom, right, and left margin.

All manuscript pages are to be numbered at the bottom consecutively, beginning with the Title as page 1. Neither the author's names nor their affiliations should appear on the manuscript pages.

We recommend using the manuscript template provided by JYMS (<https://e-jyms.org/authors/authors.php>).

The authors should express all measurements according to International System (SI) units with some exceptions such as seconds, mmHg, or °C.

Only standard abbreviations should be used. Abbreviations should be avoided in the title of the manuscript. Abbreviations should be spelled out when first used in the text—for example, extensible markup language (XML)—and the use of abbreviations should be kept to a minimum.

The names and locations (city, state, and country only) of manufacturers should be given.

When quoting from other sources, a reference number should be cited after the author's name or at the end of the quotation.

Manuscript preparation is different according to the publication type, including editorials, review articles, original articles, case reports, image vignettes, communications, resident fellow section (RFS; clinical vignette, teaching images), and imagery.

Review article

All review articles will undergo peer review. An abstract is required whereas Methods section and a Results section are not required (no more than 250 words). The length of review articles is limited to 6,000 words with a maximum of 100 references.

Original article

Original articles should begin with the title page followed by an abstract; a list of key words; an Introduction, Methods, Results, Discussion, References (up to 40 references), and tables and/or illustrations.

1) Title page

The title page should contain the following information: (1) title (less than 150 characters, including spaces); (2) author list (first name, middle name, and last name); (3) name of the institutions at which the work was performed; (4) acknowledgment of research support; (5) name, address, telephone, fax number, and e-mail address of the corresponding author; (6) running title (less than 50 characters, including spaces).

2) Abstract

Abstract must be organized and formatted according to the following headings: Background, Methods, Results, and Conclusion. The abstract length is typically no more than 250 words.

3) Keywords

List 3-6 keywords from the list provided in Index Medicus under "Medical Subject Heading (MeSH)."

4) Text

The text of manuscripts must have the following sections: Introduction, Methods, Results, and Discussion. The body of the manuscript should be written as concisely as possible. All pages of the manuscript should be numbered.

Introduction

This should provide a context or background for the study and states the specific purpose or research objective or hypothesis tested by the study. This may include mention of papers most closely related to the article, and of the problem.

Methods

Explanation of the experimental methods should be concise but sufficient to allow other workers to reproduce the results. This provides the technical information, apparatus (the manufacturer's name and brief address) and procedures. Give references and brief descriptions for the methods that have been published. Describe statistical methods with enough detail to enable a reader with access to the original data to verify the reported results. Define statistical terms, abbreviations, and most symbols.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases

(e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

Results

This should include a concise textual description of the data presented in tables and figures.

Discussion

This section includes the new and important aspects of the study and the conclusions. The data should be interpreted concisely. Speculation is permitted, but it must be supported by the data presented by the authors.

References

References should be numbered consecutively in the order in which they are first mentioned in the text, with numbers in square brackets before any closing punctuation. They should be listed on a separate document under the heading “References,” and double-spaced. Reference format should conform to that set forth in “Uniform Requirements for Manuscripts Submitted to Biomedical Journals. 5th ed.” (JAMA 1997;277:927-34). Titles of journals should be abbreviated according to the Index Medicus style.

Reference style:

Journal articles

- List all authors when six or less; when seven or more, list the first six and add et al. Vega KJ, Pina I. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980-3.
- Verbalis JG. Renal physiology of nocturia. *NeuroUrol Urodyn* 2014;33(Suppl 1):S6-9.

Book

- Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- Luzikov VN. Mitochondrial biogenesis and breakdown. Galkin AV, translator; Roodyn DB, editor. New York: Consultants Bureau; 1985. p. 362

Book chapter

- Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

Web resources

- Polgreen PM, Diekema DJ, Vandenberg J, Wiblin RT, Chen YY, David S, et al. Risk factors for groin wound infection after femoral artery catheterization: a case-control study. *Infect Control Hosp Epidemiol* [Internet]. 2006 [cited 2007 Jan 5];27:34-7. <http://www.journals.uchicago.edu/ICHE/journal/issues/v27n1/2004069/2004069.web.pdf>.
- Testa J. The Thomson Reuters journal selection process [Internet]. Philadelphia: Thomson Reuters; 2012 [cited 2013 Sep 30]. <http://wokinfo.com/essays/journal-selection-process>.

5) Tables

Tables should fit within a single page. The Table’s legend may include any pertinent notes and must include definitions of all abbreviations and acronyms that have been used in the Table. For footnotes, the following symbols should be used in this sequence: a), b), c), d), e), f), g), h), etc. Authors are obligated to indicate the significance of their observations by appropriate statistical analysis.

6) Illustrations

Authors must submit illustrations as electronic files. Acceptable figure file formats are JPEG, TIFF, and PPT/PPTX. Each figure needs to be prepared in a resolution higher than 300 dpi with good contrast and sharpness. The file size of each submitted figure should not exceed 10 MB per figure. If the patient’s photograph is presented in a paper, it should be manipulated to make it difficult to recognize. Patients introduced in the manuscripts should be informed and aware that their photographs, videotapes, and other images (imaging records) will be released by the authors, and the authors should attach the Authorization and Release Form available at the JYMS website (<https://e-jyms.org/authors/ethics.php>) including each patient’s signature. If the patient is a minor, a written consent of the guardian must be submitted.

7) Legends for tables and illustrations

Typed legends that use double-spacing should start on a separate page with Arabic numerals corresponding to the Tables or Illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the Tables or Illustrations, they should be individually identified and explained clearly in the legend.

8) Abbreviations

Authors should limit the use of abbreviations to an absolute

minimum. Abbreviations are not to be used in titles. Abstracts may contain abbreviations for terms mentioned many times in the abstract section, but each term must be identified the first time it is mentioned.

9) *Unit of measurement*

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperature should be in degrees Celsius. Authors must consult the information for authors for the particular journal and should report laboratory information in both the local and International System of Units (SI).

Case report

Case reports should consist of an Abstract (no more than 250 words), Keywords, Introduction, Case, Discussion, and References (no more than 20). Case reports should have fewer than nine authors and follow the CARE guidelines.

Image vignette

Image vignette should be organized in the following sequence: a summary of the presentation, imaging features and discussion. No abstract is required for this manuscript. There should be no more than five references and no more than two figures. Total length should be no longer than 500 words (excluding figure legends, ethical statements, conflicts of interest, author contributions, ORCID, and references).

Communications

Although communication articles are not limited in the format, they should contain a self-standing abstract and references. The abstract should be concisely written and not exceed 250 words.

Resident fellow section

RFS is designed to provide clinical cases and images that are informative for resident or fellow trainees. We encourage article submissions where the primary author(s) are prepared by trainees under the supervision of their attending physicians. We require a statement to be provided within the cover letter of any article submitted to this section that confirms the primary author(s) are residents or fellows. The following categories of articles will be included in the RFS:

1) *Clinical vignette*

Interesting clinical cases focused on developing clinical reasoning skills of resident or fellow trainees. Authors should follow the CARE guidelines.

Cases may focus on either diagnosis or management. Vignettes should progress logically and be divided into the following sections:

- Brief history and physical exam. Include pertinent history of present illness, medical history, and physical exam findings.
- Differential diagnosis or potential approaches to management. Include discussion regarding reasons for selected differential or potential management approaches.
- Diagnostic results including lab results/imaging (if relevant).
- Diagnosis and discussion of management and outcomes. Include a discussion of the relevant literature related to the vignette.

Clinical vignette should be maximum of 1,500 words, 1-2 tables or 1-2 figures and maximum of 10 references.

2) *Teaching images*

Previously unpublished magnetic resonance images, computed tomography scans, ultrasound images, X-rays, patient photographs/videos, or other pictorial/videographic material. These pictorials should clearly demonstrate distinct examples of either rare, conventionally common, or uniquely pathognomic observations, techniques, or findings intended to further the education of the trainee audience. The title of the article should be brief and include the patient's age and sex, accompanied by a succinct 5-10 words description of the patient's presentation. Up to two labeled images or figures should be provided with a short description and/or legend. The case description should be written in 500 words or less and directly address the image provided while detailing the clinical significance of the presented findings and correlation with the patient's symptoms. Intended for trainees, teaching images should progress through a patient's history and physical exam while focusing on differential diagnoses, the clinical reasoning for selecting the particular diagnostic study, and the appropriate interpretation, subsequent treatment strategies, and achieved outcome. Finally, 2-3 bulleted learning points should accompany the submission to advance trainee knowledge (will not count toward word limit).

Imagery

This is a regular section of *JYMS*, featured at the beginning of issue and devoted to the artistic and imaginative qualities of the readers. *JYMS* invites your drawings, illustrations, or photographs with a brief explanation. Please send electronic images via e-mail to: jyms@yu.ac.kr. These contributions will not be returned.

Final preparation for publication

Final version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Color images must be created as CMYK files. The electronic original should be sent with appropriate labeling and arrows. The JPEG, TIFF, and PPT/PPTX formats are preferred for submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All of the symbols must be defined in the figure caption. If the symbols are too complex to appear in the caption, they should appear on the illustration itself, within the area of the graph or diagram, not to the side. If references, tables, or figures are moved, added, or deleted during the revision process, they should be renumbered to reflect such changes so that all tables, references, and figures are cited in numeric order.

Manuscript corrections

Before publication, the manuscript editor may correct the manuscript such that it meets the standard publication format. The

author(s) must respond within 2 days when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

Galley proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, within 2 days, the editorial office (or printing office) must be notified of any errors found in the file. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

Article processing charge

No page charge or article processing charge applies. There is also no submission fee.

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