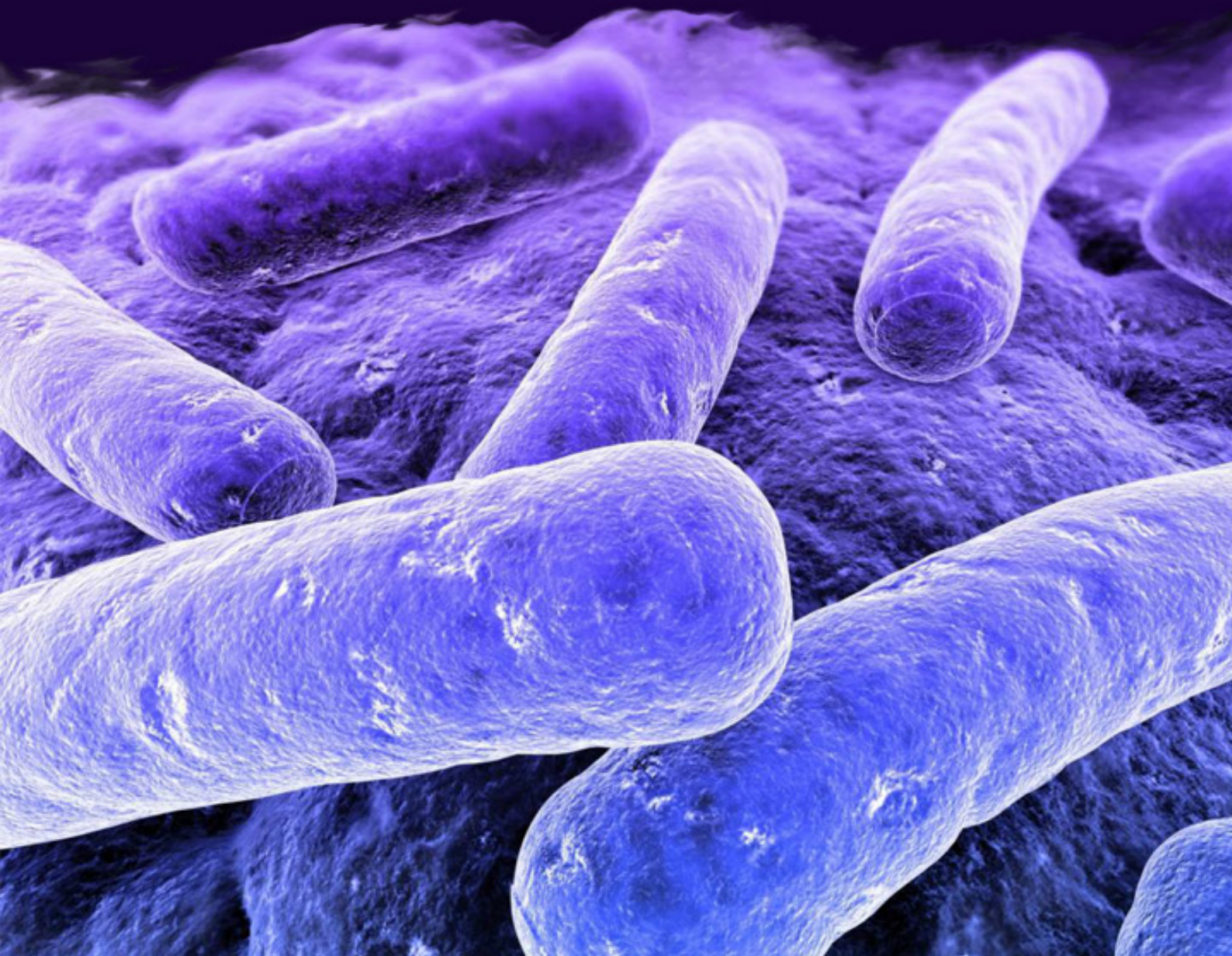




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International Student's Journal of Medicine (ISJM) , is an international peer-reviewed open access journal, where medical students and young doctors publish their original research papers, reviews and case reports. Interviews with experts and editorials are also priority items. All items are subject to internal and external review and quality control



The cover represents the microscopy of mycobacterium tuberculosis.

Created by Oleg Morozov, 1st year undergraduate student, S.D.Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan

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GUIDELINES FOR AUTHORS

EDITORIAL POLICY

International Student's Journal of Medicine (Int Stud J Med) is a quarterly international peer-reviewed open-access journal dedicated to publishing original research papers, reviews, and case reports that are up to high quality and priority standards. Undergraduate and postgraduate students, interns, residents of medical and pharmaceutical universities, and young researchers from all corners of the world are welcome to submit their best works.

There are no processing and publication charges for authors. The main objective of the journal is to provide a medium of communication for medical students, who wish to master their science writing and reporting skills.

All manuscripts are subject to peer review by at least two experts and internal checks by the Journal's responsible editors. Manuscripts submitted to the Journal should not be under simultaneous evaluation elsewhere.

GENERAL GUIDELINES

- Upon submission of a manuscript, the authors will be asked to choose any subject area from the list provided that is closely related to the topic of the manuscript. The manuscript will be considered for publishing under the chosen section of the Journal;
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- Manuscripts should be submitted in Doc/Docx formats;
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- Illustrations in the article should be in jpg, png, bmp formats (1024x768 pixels, resolution >300 dpi);
- Patients' or their close relatives signed consent forms are required for processing case reports. Further guidance is available at: <http://www.care-statement.org/> ;
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- Authors of systematic reviews are advised to consult the PRISMA statement: <http://www.prisma-statement.org/> .

AUTHORSHIP

Authorship criteria

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All those designated as authors should meet all four criteria, and all who meet the four criteria should be identified as authors.

For more detailed information please have a look at the following guidance from the International Committee of Medical Journal Editors: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

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2. no part of the text and graphics has not been copied from other sources without official permission.

Cover letter should be signed by all authors and submitted in pdf format.

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TITLE PAGE

The title page must contain the following information:

- Title of the article;
- Full name, e-mail, department, institution, city, and country of all authors.

It is desirable to register with ORCID at: <http://orcid.org/> and submit each co-author's permanent ORCID ID along with the manuscript.

SPECIFIC REQUIREMENTS

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The original papers template is provided at: <http://isjm.kaznmu.kz/interview/requirements-original-papers/>

Original papers represent a substantive and finished research laboratory or clinical work, which is approved by the authors' institution or local ethics committee. Original papers should not exceed 3000 words; articles that exceed this word limit may be returned for a revision prior to the peer review. Original papers should be properly structured and divided into the following sections:

Abstract

Abstract should contain up to 250 words, summarising the covered issue, research methods employed, obtained main results, and concrete conclusions (Background, Methods, Results, Conclusion).

FOR AUTHORS

Keywords

Authors are advised to choose no more than five relevant keywords from the MeSH thesaurus of PubMed (<http://www.ncbi.nlm.nih.gov/mesh/>). These should be placed after Abstract.

Introduction

The Introduction should contain up to 400 words and justify novelty and purpose of the study.

Methods

The Methods should contain up to 650 words and describe all research tests employed. Materials used, operating protocols, reproducibility of all the tests should be reported. Dates and place of the execution of the study have to be mentioned. Describing subjects' enrollment in the study and referring to an ethics approval protocol are mandatory. Statistical tests should be clearly described at the end of this section.

Results

The Results should contain up to 700 words. These should be reported in logical sequence and in accordance with methods presented in the Methods. Discussion of the results is not necessary in this section. Findings should be reported in SI units. Please present the main findings with P values, 95% Confidence Intervals, values of Odds Ratios, etc. Still and moving graphical materials should be properly edited and presented in an appropriate format.

Discussion and conclusion

The Discussion and Conclusion should contain up to 1000 words. This section should compare the obtained data with relevant literature sources to justify the novelty and practical implications of the study. Limitations of the study should be clearly reported. Conclusion should be based on the obtained results and be concrete.

Acknowledgements

Individuals who contribute to the study but do not satisfy the authorship criteria above should be listed in the Acknowledgements. The source of financial support and any relation to sponsors, including pharmaceutical agencies should be reported. Please find more information on conflicts of interest at:

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References

The number of references should be about 15-30 for original research papers. All references should be listed in the article in accordance with their consecutive numbers cited in the text.

Examples of formatting references:

1. Author AA, Author BB, Author, CC. Title of article. Title of Journal. 2005;10(2):49-53.
2. Title of a web resource. URL link [date of access – March 28, 2015].

CASE REPORTS

Case reports should inform about unique and educational case observations. Case reports should include the following aspects: clinical history, examinations, diagnosis, results, and a brief literature review. The main aim of the case reports is to inform about unusual course of a disease, side effects of drug therapies, and traditional treatment modalities.

Case report template is available at: <http://isjm.kaznmu.kz/requirements-case-reports/>

Case report should not exceed 3000 words. Case report should be presented in the following sections:

Abstract

The Abstract should contain up to 200 words, presenting the rationale for the case report, concerns of the patient, diagnoses, interventions (including prevention and lifestyle), outcomes, main lessons learned from the case under subheadings: Background, Case, and Conclusion.

Keywords

Authors are advised to choose no more than five relevant keywords from the MeSH thesaurus of PubMed (<http://www.ncbi.nlm.nih.gov/mesh/>). These should be placed after Abstract.

Introduction

Briefly summarise the background and context of the case report.

Case history

Summarise the patient's presenting concerns along with key data and demographic information.

Clinical Findings:

1. Medical, family, and psychosocial history (including lifestyle and genetic information);
2. Pertinent co-morbidities and interventions;
3. Physical examination focused on the important findings including diagnostic testing.

Diagnostic Focus and Assessment:

1. Diagnostic results (testing, imaging, questionnaires, referrals);
2. Diagnostic challenges;
3. Diagnostic reasoning;
4. Relevant prognostic characteristics (such as staging).

Intervention

Summarise recommendations and interventions (pharmacologic, surgical, lifestyle) and how they were administered (dosage, strength, etc.)

Outcome

Summarise the clinical course of this case. How the patient's adherence to the intervention was assessed and whether there were adverse events? Summarise patient-reported outcomes and follow-up diagnostic testing.

Discussion

Summarise the strengths and limitations of the case report. Include references to the scientific and medical literature. How did you arrive at your conclusions and how might these results apply to other patients? What are the «take-away» messages?

Informed Consent

The patient should provide informed consent for this case report.

Acknowledgements

Acknowledge contributions of all those who do not meet the authorship criteria. The source of financial support and pharma industry affiliations of all those involved must be stated.

References

The number of references should be about 15-30. All used references should be listed in the article in accordance with their number.

Examples of formatting references:

1. Author AA, Author BB, Author, CC. Title of article. Title of Journal. 2005;10(2):49-53.
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REVIEWS

Reviews should cover actually topics of current medicine. Reviews focused on giving medical students new and interesting information from different areas of medicine. Reviews should not exceed 3000 words. Articles that exceed this word limit may be returned for revision before peer-review. Reviews should be presented in the following sections:

1. The abstract should be up to 200 words;
2. Up to five keywords (selected from the MeSH of PubMed);
3. The manuscript should contain 5 section (Introduction, Main body, Conclusion, Acknowledgements, References);
4. References number is up to 100;
5. Illustration and tables (up to 4).

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