



COLUMBIA MEDICAL REVIEW

Guide for Submissions

ABOUT US:

The *Columbia Medical Review* (CMR) is a peer-reviewed academic journal at the intersection of medicine and society. As such, it is a platform for medical professionals to have rigorous and scholarly discussions with others in the community on social issues in health and medicine, including cultural practices, attitudes and behaviors, and healthcare policies.

The *Review*, therefore, is a platform for discussion on fundamental medical knowledge and its application to the society in which we live and work. It seeks to serve as a place for thought leaders to convene and develop action-oriented agendas to combat contemporary and anticipated social issues in medicine. It is this type of scholarship, we believe, that can best inform the increasingly democratized leadership structure of present-day healthcare systems.

Advisory Board includes: Robert Lefkowitz, Dr. Donald Landry, Dr. Wendy Chung, Dr. Rita Charon, Dr. Michael Sparer, and Dr. Phillip Lopate.

The journal is open-access and published biannually online. Our Editorial Board is comprised of medical and public health students at Columbia University, while our Advisory Board consists of affiliated faculty members, including Dr. Robert Lefkowitz, Dr. Donald Landry, Dr. Wendy Chung, Dr. Rita Charon, Dr. Lee Goldman, Dr. Michael Sparer, and Dr. Phillip Lopate. Below, you will find information detailing our considerations for acceptance and submissions process.

TYPES OF ARTICLES:

The *Review* publishes two types of articles: Reviews and Medicine in Context. All submissions are encouraged to be socially relevant and well-reasoned. Submissions will be evaluated based on their accessibility to our readership, development of evidence-based conclusions, timeliness, and originality. Topics include, but are not limited to: cultural practices, health disparities, trends and innovations, medical ethics, patient communication, interprofessional collaboration, and medical history.

Reviews are considered, well-researched scholarly articles presented as critical examinations of a given topic (max 4,000 words)

Medicine in Context articles are critical examinations of personal experiences that draw out insights into health and medicine at large (750-2,000 words; max 10 citations)

STYLISTIC GUIDE:

We request that all manuscripts submitted to the *Review* be written to a readership of medically-literate healthcare professionals. As the readership spans across many disciplines, we ask that manuscripts refrain from using jargon that is overly specific to any particular discipline or specialty. We also request that all abbreviations and symbols be defined at first mention in the text, and that figures and tables be appropriately cited in numerical order. Please note that in the final publication, independent artwork or graphics may be presented alongside articles.

FORMATTING:

Our preferred formatting for manuscript submissions is 12-point Times New Roman font in a double-spaced electronic document (preferably a Word doc). We ask that you submit figures, tables, images, graphics, and artwork separately. It is permissible to send low-resolution images for peer review; however, we may request high-resolution files, such as 300dpi .jpeg or .tiff files, at a later stage. For the benefit of our editorial staff, we request that manuscript submissions be named with the format *lastname_date* (for example *Smith_01012014.docx*); other files submitted should be named as *lastname_date_figurenumber*.

Please note that we consult the ICMJE Uniform Requirements for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. IMRAD structure is not necessary; however, the use of headers is encouraged.

REQUIRED FORMS:

Manuscript submissions should be accompanied by a *Cover Letter* including the preferred email address and telephone number of the primary correspondence and information about each of the authors, such as: full name, degrees obtained, professional/institutional affiliations. Please also indicate whether the manuscript is to be considered as a “Review” or “Medicine in Context.”

With each submission, please also include: any conflicts of interest, indexing keywords (minimum 3), a total word count (including all sub-headings but excluding figure legends and references), and a working title (max 12 words). You do not need to submit a signed *Author Agreement* at the time of submission; however, we will request it later in the process.

Finally, we request an *Acknowledgments and Funding* page with funding agencies and grant numbers. If there is no specific funding for the submission, please use this sentence: This research did not receive specific grant from any funding agency.

ARTICLE STRUCTURE:

Please include an abstract of 100-150 words. It should be a summary of the manuscript that provides pertinent background information, the issue being addressed, and key conclusions or action items.

Articles generally do not follow the “IMRAD” structure; however, we encourage the use of headers that guides readers through the introduction, development, and conclusions of the manuscript. Generally, Reviews are very comprehensive analyses of a particular practice or policy, while Medicine in Context articles need not be as rigidly structured.

Figures, tables, images, and artwork are highly encouraged to be visually appealing and easily accessible to the digital reader. Therefore, we encourage the use of infographics that are information-dense and provide a richer experience through the use of illustrative elements alongside charts and graphs. It is permissible to submit interactive charts and figures. Please provide captions for all figures, tables, images, and artwork. Figures and tables should be submitted with appropriate captions. When licensed artwork is used, documentation of any privileges and permissions is not required during submission but may be requested later; images and artwork should contain a caption with the full name of the artist from whom the image or artwork has been licensed.

CMR POLICIES:

The *Columbia Medical Review* is committed to maintaining the integrity of the scientific literature and to publishing the most objective and unbiased scientific information possible. We follow the the Committee on Publication Ethics' (COPE) Code of Conduct.

The Office of Research Integrity defines research misconduct as: 'fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.' The CMR reserves the right to raise concerns about suspicion or allegation of scientific misconduct about a submitted manuscript with the sponsoring or funding institution/agency.

All CMR reviewers and editorial staff are required to disclose all potential conflicts of interest. All manuscripts will be evaluated for their intellectual content without regard to race, gender, sexual orientation, religious belief, ethnic origin, citizenship, or political philosophy of the authors. We strive to ensure that any reviewers or editors who have financial, personal, or professional conflicts of interest with a submitted manuscript will be removed from the handling of said manuscript. Reviewers and editorial staff are not permitted to use any information obtained from the review process of a manuscript for private gain. Reviewers and editorial staff will evaluate submitted manuscripts based only on their intellectual content. Reviewers and editorial staff will handle submitted manuscripts with complete confidentiality; their identity and comments are also expected to be treated with confidentiality.

Manuscripts are considered with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted elsewhere before appearing in the *Review*.

ASSURANCES:

In appropriate places in the manuscript, please provide the following items:

- If applicable, a statement that the research protocol was approved by the relevant institutional review boards or ethics committees and that all human participants gave written informed consent
- The identity of those who analyzed the data.
- For clinical trials, the registration number and registry name

HOW TO SUBMIT:

Manuscript submissions should include the content outlined above, namely a *Cover Letter*, an *Acknowledgements and Funding* page, the manuscript, and associated figures, tables, images, and artwork. Each should be submitted as individual attachments and named according to the format outlined above. As we develop our online submission process, we ask that you please email all submissions and associated attachments to medicalreview@columbia.edu.

DEADLINES:

Submissions are accepted on a rolling basis; however, only manuscripts submitted during a set submission period will be considered for the latest upcoming issue. Manuscripts submitted after that submission period will be considered for the subsequent issue. The *Columbia Medical Review* will publish two issues annually, together comprising a single volume.

FEES:

No submission, publication, or page fees will be levied.