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INTRODUCTION

In publication since 1963 A.D., the Journal of Nepal Medical Association (JNMA) is an internationally peer-reviewed, open-access, monthly, biomedical journal. It is the official journal of the Nepal Medical Association and the first and oldest medical journal from Nepal. JNMA is available in PubMed, PMC, DOAJ, OASPA, Scopus, Google Scholar, Index Copernicus, EBSCO, EMBASE, and other repositories. The JNMA abides by:

1. International Committee of Medical Journal Editors (ICMJE) for Uniform Requirements for Manuscripts Submitted to Biomedical Journals
2. World Association of Medical Editors (WAME) for best editorial practice
3. Council of Science Editors (CSE) for best editorial practice
4. Committee on Publication Ethics (COPE) for practicing good publication ethics

The JNMA operates on the principle that knowledge gained through scientific research and scientific advances should be shared and made universally accessible. Therefore, it grants readers permission to read, download, copy, distribute, print, search, and create links to the full-text articles that are available online on www.jnma.com.np without any charges, albeit with appropriate citations. Thereby, it also aims to increase the visibility and accessibility of open-access, scientific, and scholarly articles, thus promoting their wider use and impact.

It publishes research-based articles from the field of biomedical sciences, including basic sciences, clinical disciplines, public health, health care management, and ethical, and social issues on health care. Preference is given to clinically oriented applied research trials over animal studies.

Articles are published under the following categories: Original Article, Review Article, Case Report, Short Communication, Medical Education, View Point, Student JNMA. The Editorial, Guest Editorial, and Letter to the Editor are solicited by the JNMA Editorial Board.

Authors do not have to pay for the submission, processing, or publication of the articles in JNMA.

EDITORIAL PROCESS

JNMA follows the principles of COPE, CSE, WAME, ICMJE, DOAJ, OASPA guidelines. The submitted manuscripts in JNMA are duly acknowledged and initially reviewed for possible publication by the editors with the understanding that they are being submitted only to the JNMA, and have not been published, simultaneously submitted, or accepted for publication elsewhere.

Rejection

More than 95% of the submitted manuscript is rejected by the preliminary in-house review process, mostly due to lack of JNMA format [to avoid preliminary rejection, please go through submission guideline in detail, follow them strictly and prepare your manuscript accordingly]. On average, 40-60% of the manuscripts with insufficient originality or insignificant message, serious scientific and technical flaws are rejected after peer review. However, we do encourage the author to resubmit after the revision if the research was conducted scientifically. The preliminary rejection of the manuscript is related to; manuscript being out of scope, manuscript not formatted correctly, not following checklist and guidelines accurately, submission below publishable standards, incomplete submission (e.g. lack of ethical approval letter for research article). The rejection could also be due to lack of originality, flaws in the METHODS section, generalising and exaggerating the finding not supported by internal and external validity, peer reviewers’ comment not adequately answered or unanswered, plagiarism, publication misconduct and more. While declining the submission, JNMA does not make comment on each aspect of the manuscript but give the reason for inadequate JNMA formatting, which means one or all of the above reasons.

Publication and Decision Time

Time to first communication via email overall (average) within 4 weeks (with Desk Review); 8 weeks (with the review). Those articles which have been submitted a year ago undergo auto-pruning (automatic declining). It happens due to one of the following reasons i) to iii) or due to loss of contact with the authors. The editorial process is as follows
PEER Review Process

The manuscripts are then sent to two expert peer reviewers blinded to the contributor’s identity and vice versa for meticulous review, inputs and comments. The final decision on whether to accept or reject the article is taken by the Editor-in-Chief and peer reviewers. The contributors are informed about the rejection/acceptance of the manuscript with the peer reviewer’s comments. Accepted articles have to be resubmitted after making the necessary changes or clarifying questions made during the peer-review process.

The accepted articles are edited for grammatical, punctuation, print style and format errors and page proofs and are sent to the corresponding author who should return them within three days. Non-response to galley proof may result in the delay of publication or even rejection of the article.

The Chief Editor, together with the editorial board will ensure the following peer review policy:

1. Double-blind: The manuscript will be blinded when sending out for review. The author is anonymous to the reviewer and the reviewer is anonymous to the author as well.

2. One-stage review: The reviewer is involved in the initial review of the manuscript only, i.e. not involved in evaluating the revisions made by the author based on the reviewer’s comments. Rather, the Chief Editor carries the manuscript forward following the initial review.

3. In rare, controversial and special circumstances; Two-stage review: Those papers that require revision as suggested by the reviewer will be sent back to that same reviewer for him/her to evaluate the manuscript once again after revised re-submission from the author.

The author has to submit their manuscript according to JNMA section policy.

- All submitted article will undergo international peer review with blinding for two peer reviewers, simultaneously. If the decision conflicts between the two, it will be sent to a third peer reviewer.

- The typical review will take minimum 4-6 weeks which includes 2 weeks for peer review and remaining weeks for peer review handling process. However, this may take a little longer due to unseen workloads.

- When the article is received from peer reviewer there will be one of the following outcomes and the decision choices include:

  Accept Submission: The submission will be accepted without revisions.

  Revisions Required: The submission will be accepted after minor changes have been made according to the reviewer’s comment.

  Resubmit for Review: The submission needs to be re-worked, but with significant changes, may be accepted. It will require a second round of review, however.

  Resubmit elsewhere: When the submission does not meet the focus and scope of JNMA.

  Decline Submission: The submission will not be published in the journal.

All comments received from the reviewers will be passed on to the authors within 4-6 weeks after getting back from the reviewers. Regardless of whether or not the submission is accepted for publication, it is essential that appropriate feedback is provided to the contributors.

JNMA respect the views, opinion, comments and decision of the reviewer. However, the right for acceptance and rejection of the manuscript is reserved with the Chief Editor, on the basis of maintaining the integrity of the science, following the guideline of ICJME, WAME, CSE, COPE.

The editors will be responsible for directing the manuscripts to the appropriate reviewers who have the knowledge and/or expertise in the requisite fields. Each manuscript will be accepted (sometimes on a conditional basis pending suggested changes) or declined based on the reviewers’ comments, and other factors by Chief Editor’s decisions. In the case of a controversial groundbreaking article that could have a far-reaching impact on the field, further reviews may be sought. The decision ultimately rests with the chief editor.

Peer Reviewers will be provided with Review Guidelines and a review form, once they agree to
review the submission. JNMA will provide a certificate of each review. The certificate can be used to obtain CPD points.

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Manuscripts must be prepared following the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” developed by the International Committee of Medical Journal Editors (ICMJE, January 2024). The uniform requirements and specific requirements of JNMA are summarized below. Before sending a manuscript authors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (www.jnma.com.np).

TYPES OF MANUSCRIPT AND WORD LIMITS

- **Original Article:** Randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rates. The total word excluding abstract and reference must be 2000 words and not exceeding 2500 words. The abstract should be within 250 words and introduction within 150 words. The reference must be at least 15 and not exceeding 30.

- **Review Article:** Systemic critical assessments of literature and data sources. The total word count must be at least 2000 words and not exceeding 3000 words. The abstract should be within 250 words and introduction within 150 words. The reference must be at least 30 and not exceeding 50.

- **Case Report:** New/interesting/very rare cases with clinical significance or implications can be reported. Up to 1000 words, excluding references (at least 5 and up to 10) and abstract (up to 150 words), up to three photographs. The word limit for the introduction is 100 words.

- **View Point:** These articles are personal views and allow you to express your point of view on any issues relevant to health. We encourage the exploration of controversial subjects within a word limit of 1500 words, excluding references (up to 10). The word limit for the introduction is 100 words.

- **Letter to the Editor:** This should be a short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and five references.

- **Student JNMA:** From healthcare students sharing their perspectives, voices, experiences, plans, and related topics to communicate with policymakers, health planners, and academicians in no more than 1000 words and five references.

Limit for number of images and tables: for all the above-mentioned categories, the number of images and tables should not be more than one per 500 words.

ORIGINAL ARTICLE

JNMA accept researches conducted in the field of basic and clinical medical sciences, medical education, public health, hospital and healthcare management, allied health sciences and research and publication ethics. It undergoes a rigorous peer-review process. Please expect lots of communication from the JNMA.


Required Guidelines and Checklist

JNMA requires the use of an appropriate reporting guideline when writing any health research manuscript. Authors must check the EQUATOR Network, CONSORT and STROBE sites for any reporting guidelines that apply to study design and ensure they include any required supporting information recommended by the relevant guidelines. Documentation (checklist) for specific studies should be uploaded as supporting information during manuscript submission.

Guidelines for Specific Study Types

Some common study types and the appropriate guidelines are listed below. If you cannot find an appropriate guideline here, search the full EQUATOR database and talk to our editor.

Use of more than one guideline, depending on the research may be required. For example, if the study is randomly assigning human participants to one of two interventions, then conducted unstructured interviews with each participant, in this case CONSORT, COREQ, and TIDIER together needs to be applied.

If you are reporting a protocol

- Use the SPIRIT guideline for the protocol of a clinical trial
- Use the PRISMA-P guideline for the protocol of a systematic review

If you are reporting a review of a section of the existing literature

- Use the ENTREQ guideline for a review of studies that use descriptive data, such as unstructured interviews (qualitative data)

- Use the MOOSE guideline for a review of observational studies

- Use the PRISMA guideline for any other kind of systematic review or meta-analysis

If you are reporting on animal research

- Use the ARRIVE guideline for research on animals in a lab

- Use the REFLECT guideline for research on livestock

If you are reporting descriptive data (either alone or alongside quantitative data)

- Use the COREQ guideline for reporting unstructured interviews and focus groups

- Use the CARE guideline for reporting one case study or a series of case studies, (SCARE for surgical case report)

- Use the SRQR guideline for any other descriptive data (qualitative research)

If you are reporting research into diagnosis

- Use the STARD guideline if you compared the accuracy of a diagnostic test with an established reference standard test

- Use the REMARK guideline if you evaluated the prognostic value of a biomarker

- Use the TRIPOD guideline if you developed, validated, or updated a prognostic or diagnostic prediction modelling tool.

If you are reporting research into an intervention or treatment on people

- Use the TIDIER guideline to fully describe your intervention

- Use the CHEERS guideline for an economic evaluation of the interventions

If you are reporting research into an intervention, treatment, exposure, or protective factor on people

- Use the CARE guideline for reporting one case study or a series of case studies, (SCARE for surgical case report)

- Use the CONSORT guideline or one of its extensions:
  
  If you selected your participants before they received the intervention/exposure/etc. under study, AND

  You controlled which intervention/exposure/etc. they each received, AND

  You used a random allocation method to decide which intervention/exposure/etc. they each received. ie: a randomised controlled trial

Use the STROBE guideline or one of its extensions:

- If you selected your participants after they received the intervention/exposure/etc. under study, OR

- You selected your participants before they received the intervention/exposure/etc. under study AND you did not control which intervention/exposure/etc. they received (they decided/their doctor decided/life just happened) ie: an observational study (cross-sectional, case-control, cohort)

Use the TREND guideline:

- If you selected your participants before they received the intervention/exposure/etc. under study, AND

- If CARE, CONSORT, and STROBE are not applicable to your research AND

- You used a non-random way to decide which intervention/exposure/etc. your participants received, such as which hospital they went to or what their clinical symptoms were. ie: a non-randomised trial

Clinical Trials

JNMA follows the World Health Organization’s (WHO) definition of a clinical trial:

“a clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Clinical trials may also be referred to as interventional trials. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc.”

Registering Clinical Trials

All clinical trials submitted to JNMA must be entered in a publicly accessible registry approved by the WHO
or ICMJE. See the list of approved registries.

JNMA consider prospective trial registration (that is, registration before participant enrollment has begun) to be best publication practice, as recommended by the ICMJE. Clinical trials that began to enrol participants before ICMJE recommendations took effect on July 1, 2005. We follow ICMJE that the trial submitted to JNMA has to be registered in a public trials registry at or before the time of first patient enrollment and must contain a data sharing statement.

Manuscript Preparation

INTRODUCTION

Provide a context or background for the study, and consider the international, national, and regional context (inverted pyramid). Provide rationale by describing gaps in the evidence. State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be clear, and any prespecified subgroup analyses should be described. Provide only directly pertinent references, and do not include data or conclusions from the work being reported.

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The Methods section should contain the study design, duration and place of study, ethical approval, patient consent, study population (inclusion and exclusion criteria), sample size and sampling technique, statistical analysis, and software used.

This section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of the study belongs to the results section.

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Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should be clear about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

Technical information: Identify the methods, apparatus (give the manufacturer’s name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including the generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement.

Note: Authors submitting review articles should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

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