INSTRUCTIONS FOR AUTHORS
December 2015

- Definition of the MEDICINE Programme
- General editorial standards
- The specific objective and standards of the Updates
- The specific objective and standards of the Protocols
- The specific objective and standards of the Cases Studies
- The specific objective and standards of the Videos
- Specific standards for preparing Questions
- Author responsibilities.
- Transfer of copyright
INSTRUCTIONS FOR AUTHORS

PROGRAMME PRESENTATION

MEDICINE is a continuing education programme in medical care in Spanish whose objective is to help physicians in their training and clinical practice. The programme started in 1975 and since then has developed in a successive series in which various areas of medicine have been updated. Each year, 22 thematic units are published containing monographic subjects. At the end of the year, a unit is published with the most significant developments in the various areas.

Below, we demonstrate how manuscripts should be written and submitted by authors and the particular objectives and standards of each section of the journal.

EDITORIAL STANDARDS

Manuscript Structure

1. First page. This will consist of...
   – Title
   – Authors’ first and last names
   – Full name of the department and work centre of each author
   – Author's address and address for correspondence, including email and telephone.
   – Mention of the sources of funding

2. Text
   Taking into account that the continuing medical education programme develops one topic over the course of the thematic units, the development of the topic will be adapted to the theme proposed by the issue coordinator.

3. References
   The references will be cited in the text with sequential numbering and in superscript, following the Vancouver standards https://www.nlm.nih.gov/bsd/uniform_requirements.html.

4. Figures
   The graphs and images must be cited in the text with sequential numbering as figures, with their corresponding text for the figure footer. The images must be submitted in electronic format, with a minimum resolution of 300 pixels per inch (dpi).

5. Tables
   Tables are to be cited in the text with sequential numbering, with text for the table footer. The acronyms and abbreviations employed are to be specified in the table footer.

6. Assessment questions
   See the section included in these standards.

Submitting the manuscript

Collaborative submissions are to be sent by email to Marisa del Barrio: m.barrio@elsevier.com or to the coordinator as specified in the request letter.

All manuscripts submitted to Medicine must be accompanied by a cover letter, which must...
1) Declare that the study is original and unpublished and not in the process of being evaluated by other scientific journals.
2) Declare that any sources of funding or any other type that could lead to a conflict of interest have been indicated in the first page of the manuscript.
3) Declare that the instructions for authors have been followed.
4) Declare that all authors have read and approved the manuscript and that the requirements for authorship have been met.
5) Declare that all authors have complied with the Author Obligations included in these standards, including the ethical responsibilities, protection of individuals and animals, confidentiality (informed consent) and privacy.
6) Declare that the article has not been previously published in another journal (redundant publication or published) and that the authors own all the rights. For images and tables from other articles, the details should be specified here, and the authors should declare that they have the necessary publication permissions by the author and the editor.

The authors of Medicine cede to Elsevier España, S.L.U. the exploitation rights resulting from studies accepted for publication, retaining the rights for the noncommercial use of the article.

STRUCTURE OF EACH THEMATIC UNIT

Each thematic unit of Medicine has an assigned coordinator responsible for commissioning the articles for the various sections:
– 5 updates.
– 4 healthcare practice protocols.
– 1 case report.
– 30 self-assessment test questions, with 5 choices and only one correct answer.
– Videos of diagnostic techniques/procedures.

The Editorial committee of MEDICINE reserves the right to change or shorten any study that does not fit the editorial standards indicated below.

Section: update

The aim of this section is to help physicians update their clinical and therapeutic knowledge with a critical analysis of the most recent developments based on the author’s experience. There can be several types of commissioned updates. The objectives according to subject and the editorial standards are specified below.
Objectives

Clinical Updates consist of describing (in a manner comprehensible to nonspecialist physicians) knowledge on the concept, aetiology, clinical manifestations, diagnostic process and therapeutic approach in diseases selected for their prevalence or medical relevance.

• In terms of aetiology, the section will include, where possible, a table that summarises the most common causes of the disease, based on our community's statistics.

• In terms of clinical manifestations, it is requested that the author describe the forms of disease onset, with the most relevant symptoms and signs, the full-blown phase and the natural history, with the main evolutionary complications by incidence or severity. It is important to provide a table with the essential signs and symptoms present in the full-blown phase of the disease, regardless of whether they are considered in the onset forms and in the complications.

• For the diagnosis, it is essential to explain the clinical criteria for suspecting the disease, to define the diagnostic strategies with the additional tests that should be performed and, in those processes in which it is possible, to refer to the level of evidence and grade of recommendation for the additional tests, with the potential findings that support the diagnosis. Similarly, it is requested that a table be included that clearly specifies the diagnostic criteria for the disease according to the author and, if necessary, the criteria of the scientific society that is considered appropriate. When possible, a table should be added with the criteria of disease activity, staging and/or prognosis.

• Due to the practical application nature of Medicine Updates, it is requested that the essential differential aspects that should be considered be included after the diagnosis.

• Regarding the treatment section, it is requested that the lifestyle or diet recommendations that might be indicated be clearly defined.

• In terms of drug treatment, it is requested that...
  – The author establish in a defined manner the first option of compounds, their posology, their primary and secondary effect(s), interactions, contraindications and the practical issues the author considers important.
  – The response criteria should then be included. If the response was inadequate, the author should state the next therapeutic drug option, following the exposure criteria indicated above.
  – Where possible and at the author’s discretion, include the levels of evidence and recommendation for each therapeutic option.
  – At least one table must be included that describes (for the active phase or disease maintenance) the pharmaceutical ingredients to be used, their posology, the potential primary adverse effects, the contraindications (if any) and the main drug interactions.
  – For cases that do not coincide with the theme of a specific protocol of the protocol section, we recommend including a therapeutic algorithm.

When dealing with a Therapeutic Update, the author must specify the indications and contraindications, drug dosages, adverse effects, main interactions and the nondrug techniques and their indications. The tables must contain the therapeutic objectives and the essential drug groups, the active ingredients and specific administration regimens, posology, administration routes, precautions, interactions and main adverse effects. Likewise, nondrug treatment types and indications may be recorded.

When an Outpatient Disease Management Update is requested, participation is required of authors who spend part of their care time in specialist outpatient centres and/or, if relevant, in collaboration with family medicine specialists. These updates seek to cover primarily the healthcare aspects of initial disease management in the outpatient setting, which includes the diagnostic tests to be conducted in this setting and the referral criteria among specialties at other healthcare levels and, if necessary, the emergency department. It is also strongly requested that the assessment and management of potential worsening by the patient be included. An essential aspect of these updates is an assessment of the comorbidity of the process, the potential limitations and therapeutic specifications that determine and, as with other diseases, influence the clinical approach.

Standards

Text

For the drafting of each update, the authors have 18 DIN-A4 pages written with 1½ spacing or a maximum of 37,800 characters with space for each of the 5 updates.

Abstract

Each update will have a small structured abstract of approximately 200 words.

Keywords

3 or 4 keywords.

Tables and figures

In addition to the characters with assigned space, the abstract and keywords, we request that each update contain the following: 1 drawing, 3 photographs and 2 tables. See the systematisation of the tables.

If the previously mentioned proportions need to be change, the following equivalences need to be known:

1 drawing is equivalent to 1 DIN-A4 page of text or 2100 characters with spacing,
1 table is equivalent to 2/3 of a DIN-A4 page or 1400 characters with spacing
1 photograph is equivalent to 1/2 of a DIN-A4 page or 1050 characters with spacing

References

A maximum of 30-40 references will be accepted in the updates.

The references will be cited in the text, presented according to the Vancouver standards and classified according to importance criteria (indicating the important and very important ones) and the type of study: review article, clinical practice guideline, controlled clinical trial, epidemiological study and meta-analyses.
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Questions
All authors will receive a request from the coordinator to draft a certain number of test questions on their article (see Section Evaluation included in these standards).

Section: healthcare practice protocols

The aim of this section is to provide diagnostic performance and therapy regimens for the most relevant clinical processes and indication criteria for additional tests in hospital and outpatient settings.

Whether they are diagnostic or therapeutic protocols, the most important element of this section is the algorithm or figure that is included in the text.

Objectives
In the Clinical Protocols, the regimen starts with a guiding symptom or sign, from which the diagnostic and/or therapeutic process is developed sequentially. The possible differential diagnoses, the final diagnoses and treatment of choice are established based on the clinical manifestations and additional tests selected.

The Diagnostic Protocols must include 1 table that specifies the essential diagnostic tests that must be performed at the clinically relevant moments of the disease process (diagnosis, emergency department management, etc.) and that are inevitable in the initial patient management phases and in the detection of potential complications. This involves indicating what the physician should never forget to request for the proper management of this particular clinical situation. Where possible, it is requested that a table be included with the clinical criteria and additional tests that might be considered alarm data for medical action.

The Therapeutic Protocols begin with the possible treatment options. The nuances of the therapeutic indications based on the patient's clinical characteristics must be included. Authors should then describe the changes in the use of the indicated therapeutic agent according to the clinical results or adverse effects. The medical checks that must be conducted in each treatment phase should be specified. In the therapeutic protocols, we request 1 table that includes the emergency or alarm therapeutic measures in the analyzed clinical conditions.

The Indication Protocols for diagnostic tests constitute the detailed description of the various clinical conditions in which the tests should be conducted. This type of protocol must include summary tables or algorithms following the indicated standards. The accompanying text will have the same length as indicated for the other protocols. If possible, the level of evidence and grade of recommendation for the indication of the test is to be indicated.

Standards
The most important element of the Protocol is the algorithm or figure. For both diagnostic and therapeutic protocols, 1 to 2 algorithms per protocol are to be included, as appropriate. The text accompanying this algorithm serves to describe and qualify its various phases.

The editorial team will submit to the protocol authors the readers' inquiries and questions for resolution in the 4 months following its online publication.

Text
Each protocol will consist of a total of 4-5 DIN-A4 pages written with 1½ spacing (2100 characters per page) or a maximum of 10,500 characters with spacing.

Abstract
Each protocol will have a small structured abstract of approximately 150 words.

Keywords
3 or 4 keywords.

Tables and figures
Additionally, each of the protocols will include 1 to 2 algorithms or summary tables of indications.

References
From 6 to 10 updated references on the content and classified according to the description listed in the objectives (study type and degree of importance).

Questions
All authors will receive a request from the coordinator to draft a certain number of test questions on their article (see Section Evaluation included in these standards).

Section: clinical case

This section will include a case report that provides an example of the area covered in the thematic unit.

The objective is to provide information with clear and specific indications of the practical healthcare aspects of a relevant disease related to the teaching unit's content or related topics.

The level of the indications and explanations must be performed considering that the content is targeted to physicians of specialties other than that of the proposed topic.

The presentation strategy is based on a format of questions with specific responses on the aetiological, pathophysiological, clinical, diagnostic and therapeutic aspects that the author considers appropriate based on initial clinical information. This information can be broadened during the development of the questions and answers.

The case report will not be published in full in the journal, just the presentation of the case on paper, inviting the readers to participate in the online diagnostic resolution with an open deadline.

Once this has concluded and the responses have been assessed, the complete case report will be published on the website.

It is important that the author clearly identifies the end of the presentation in relation to the rest of the case, so as not to reveal the diagnosis in the presentation.
Instructions for drafting the case report

- On the first page of the original, the author must include the following information in the given order: Article title, first name, last name, department and study centre of the signatories, which must not exceed 4.
- The case report is then presented. The article’s body will include the initial clinical presentation (reason for consultation, important medical history and physical examination), which helps establish an initial presumptive diagnosis. The presentation should have space for laboratory or radiological tests provided initially by the patient. The presentation of the case must consist of between 250-300 words.
- The presentation of the case must continue on the next DIN-A4 page. Based on this initial clinical diagnosis, the necessary additional tests to resolve the case should be indicated. Subsequently and based on the results, the differential diagnosis should be established, describing in a reasoned manner the most probable diagnostic options. Once this point has been reached, the diagnostic tests that would solve the case should be proposed. Once the diagnosis is established, the appropriate therapeutic approach and its results should be postulated.

Text

Each case report will consist of 5 DIN-A4 pages written with 1½ spacing (2100 characters per page) or a maximum of 10,500 characters with spacing.

Tables and figures

Up to 2 tables and 2 figures will be accepted.

References

From 6 to 10 updated references on the content and classified according to the description listed in the objectives (study type and degree of importance).

Section: videos of diagnostic techniques/procedures

These offer readers the actual visualisation of the main clinical procedures (diagnoses-therapeutic), which will be placed on the website.

In addition to techniques and procedures, videos may be included of characteristic cases of a disease process that illustrate the case history and clinical symptomatology, which are part of the clinical method techniques.

In all cases, the regulations and standards on patient privacy protection will be respected and will have the patients’ informed consent for the dissemination of the video on the Medicine website, when necessary.

Standards

The length of the video is limited to 5-10 minutes. Depending on the type of technique, more or less attention will be placed on the narration, but in general the video must adopt the following scheme:

- Recording and identification (audio) of all tools and supplies needed to perform the test.
- Patient preparation.
- Filming of the technique, with audio support if necessary. The videos must be submitted in mpg or avi format, and the file size must not exceed 50 MB. The audio track must be free of copyright. In all cases, the regulations and standards on patient privacy protection will be respected and will have the patients’ informed consent for the dissemination of the video on the web. This file will remain available in the Journal’s online version (http://medicineonline.es).

Section: assessment

Notwithstanding the previous sections, 30 test questions that would constitute an assessment must be provided in a separate space. The Coordinator of each Unit will assign the number of questions that each invited author has to draft regarding their article.

Instructions for drafting the questions

Each question must consist of a clear and precise statement with 5 response options, only one of which is correct.

Along with the identification of the correct answer, the author must indicate the DIN-A4 page number of the original where the correct answer to the question is located and provide a brief comment explaining the correct response.

The assessment will not appear in the hardcopy edition but will appear on the website.

AUTHOR OBLIGATIONS

1. Ethical responsibilities

Protection of individuals and animals. When describing experiments conducted on humans and/or laboratory animals, the author must state whether the conducted procedures have the approval of the corresponding ethics committee on experimentation, and a copy of the supporting document must be provided.

Confidentiality. The authors are responsible for following the protocols established by their respective healthcare centres for accessing data from medical records for performing this type of publication in order to conduct research/dissemination for the community. The authors should therefore declare their compliance with this requirement. The authors must ensure that the requirement to inform all patients included in the study has been met. The authors must also be in possession of the document signed by these patients that they have been given sufficient information and that they have obtained their written informed consent for participation in the study. The authors must mention (in the Methods section) that the procedures used on the patients and controls have been performed after obtaining their informed consent.

Privacy. The author is also responsible for ensuring the patients’ right to privacy, protecting their identity both in the drafting of the article and in the images. Do not use names,
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initials or numbers from the hospital’s medical records (or any other irrelevant fact for the study that might identify the patient), either in the text or in the photographs, unless this information is essential for the scientific objectives, in which case the information can be reported in the article provided the patient or their parents or guardian give their written informed consent for its publication. The authors are responsible for obtaining the consent in writing, authorizing its publication, reproduction and dissemination on paper and freely accessible on the Internet.

2. Funding

The authors should declare the source of any financial assistance received.

3. Authorship

Only those individuals who have intellectually contributed to the development of the study should be included in the list of authors. Having helped collect information or participated in some technique does not in and of itself constitute sufficient grounds for inclusion as an author. The author of an article must have participated in a relevant manner in its design and development in order to assume responsibility for its contents and must also agree with the definitive version of the article. In general, the following requirements must be met to be included as author:

1. Having participated in the concept, design and data acquisition, analysis and interpretation that have resulted in the article in question.
2. Having collaborated in the drafting of the text and in the possible revisions of the same.
3. Having approved the version that will ultimately be published.

For collective authorship, the names of the writers or those responsible for the study followed by “and the Group...” when all members of the group are considered coauthors of the study. If you wish to include the name of the group even though not all of its members are considered coauthors, the format is to mention the responsible authors followed by “representing the Group...” or “of the Group...”. In any case, the names and institutions of the group members should be included in an addendum at the end of the manuscript.

The authors are to be identified in both the first title page. The journal MEDICINE disclaims any responsibility for potential conflicts resulting from the authorship of studies published in the Journal.

4. Conflicts of interest

There is a conflict of interest when authors have or have had financial or personal relationships that could have biased or improperly influenced their actions. Potential conflicts of interest exist regardless of whether or not the interested parties consider such relationships as influencing their scientific opinion. Authors must report in the COVER LETTER any financial or personal relationship that they have or have had, at the time the article was written or submitted, with individuals or institutions that could lead to conflicts of interest regarding the article submitted for publication. These declarations will be included in the published article.

5. Obtaining permission

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6. Redundant or duplicate publication

The Journal does not accept previously published material and will not consider for publication manuscripts that are submitted simultaneously to other journals nor will it accept redundant or duplicate publications, i.e., articles that substantially overlap other articles that have already been published, either in print or in electronic media. The authors must report in the cover letter on the previous issuance or publication of the same study, in its entirety or partially, which could be considered redundant or duplicate publication. These previous publications must be cited and included in the references section in the new manuscript. These restrictions are not applicable to abstracts published in presentations, lectures or conferences presented at national or international scientific meetings.

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