TEMPLATE AND GUIDELINES TO FORMAT THE ARTICLE

**General Requirements**

* Clinical case: a report on an observational study that explains in detail the medical difficulties of only one patient, where the facts are stated from a scientific perspective. Suggestions of possible cases may be some that describe adverse effects of unknown medication, unusual or adverse interactions; atypical manifestations, variations of an illness, diagnosis and/or management of new illnesses, unexpected events throughout a patient’s treatment, discoveries that help to elucidate an illness’ pathogenesis….
* The journal adheres to the fair requirements to prepare manuscripts sent to biomedical journals, developed by the International Committee of Directors of Medical Journals (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html)
* All the reports should be sent with the informed consent of the patient and the guarantee of an ethic research committee, following the policies related to the World Association of Medical Editors (WAME) (<http://www.wame.org/about/recommendations-on-publication-ethics-policie>)
* 2,500 words maximum (excluding abstracts and keywords)
* Recommended amount of tables and figures: less than 5.

**Format Requirements**

* The manuscript should be written in Cambria, font size 11, single spaced 1,0.
* Keywords: between four and seven keywords must be included, chosen with the Decs (Health Sciences Descriptors) available in <http://decs.bvs.br>

**Editorial Quality**

* The manuscript review process is rigorous in order to ensure the quality of the content published in the journal. We expect the authors to revise their texts following the suggestions of the evaluators.
* Some manuscripts may be of excellent quality, but poorly written in English. This may be the case for authors whose native language is not English. When we receive a negative review on communicative quality, we may ask the author to resubmit a new version of the article. We have an Editorial Service that can be hired by authors to improve the writing expression of their articles.
* Please carefully review the peer evaluation rubric prior to submission.

**Rubric**

Please find below the questions that Referees will be prompted to review regarding your submission:

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Grade** | **Explanation** |
| The topic of the article is appropriate for the journal. | All the criteria on the left will be graded as follows:1. Unacceptable.
2. Poor.
3. Satisfactory.
4. Good.
5. Very good.
6. Excellent.
 | Unacceptable (0): the corresponding criterion is not acceptable.Poor (1): the corresponding criterion is of unsatisfactory quality and needs extensive revision.Satisfactory (2): the corresponding criterion is of good quality but needs some careful editorial revision.Good (3): the corresponding criterion is of high quality and may need minor revision.Very good (4): the corresponding criterion is of high quality, but can be improved or completed.Excellent (5): the corresponding criterion is acceptable without additional editorial revision. |
| The abstract is an accurate reflection of the content of the article. |
| Quality of writing and presentation correspond with academic good practices and APA 7ª manual of style. |
| The methodology, analysis, and interpretation of the data are clear and understandable. |
| Figures and tables are clear and justified. |
| The references are relevant, contemporary, and complete. |
| The article is a relevant and significant contribution to this research field. |
| \* Articles normally include: abstract, keywords, introduction, methodology, objectives, analysis, results, conclusions, and references. Changes in the structure of the text are accepted if they are justified. |

**INFORMED CONSENT FORM FOR THE PARTICIPATION IN A CLINICAL CASE REPORT**

**PRIMARY RESEARCHER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COORDINATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEW DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identified with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, once informed about the purposes and objectives that will be carried out in this clinical trial report and the posible risks that can be created from it, authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to the execution of the following:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additionally, I was informed that:

* My participation in this clinical trial report is utterly free and voluntary and I am in total liberty of withdrawing from it at any momento.
* I will not receive any personal benefit of any kind for the participation in this clinical trial report. However, it is expected that the results obtained from the report will allow to improve the examination process of patients with similar clinical conditions.
* As all the information of this clinical trial report is anonimous, the personal results cannot be available for third parties as employers, governmental organizations, insurance companies or other educational institutions. This also applies to my spouse, other family members and my doctors. I make known that I have read and understand the entire present document freely and spontaneous.

Sign and identity number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (12 words maximum)

Subtitle

Author 1 1, Author 2 2, Author 3 3

1 University, Country

2 University, Country

3University, Country

**KEYWORDS**

*Keyword 1*

*Keyword 2*

*Keyword 3*

*Keyword 4*

*Keyword 5*

*Keyword 6*

*Keyword 7*

**ABSTRACT**

*Abstract in English. 100 words maximum.*

Received: XX/ XX / XXXX

Accepted: XX/ XX / XXXX

1. Introduction [short, that provides the general context of the reported clinical case]

T

his is the first paragraph. Please use Cambria, font size 11. The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation. Text should be single spaced, and spaces should only exist between paragraphs when using block quotes.

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2. Case presentation [complete and detailed description in chronological order of the events that occurred in the patient’s case. It should include the general data (avoid giving the patient’s personal details, protect their privacy), clinical case, physical exam, diagnostic studies completed, treatment, evolution and follow-up].

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

2.1. Subheading

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

2.2. Subheading

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

Quotations with 40 or more words are written in a separate block, with 1cm indentation, without quotation marks, without italics, with the same font size (Cambria 11). At the end of the quotation, the final punctuation mark is written before the bibliographical information —in quotations with less than 40 words, period is located after that information—. At the end of the block quotation, cite the source and the page or paragraph number between brackets after the final punctuation mark. They should have a left 1cm indentation, without quotation marks and they should end with the cite source between brackets. (Author's Last Name, Year Published, Page Number)

When inserting tables and figures within the body of the article, position them after the paragraph in which they are described. When citing the source information, it should be included at the bottom of the figure in a “source line.” Tables and figures should be labeled with numbers and a short, descriptive title.

**Table 1**. Title of table

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Column Title** | **Column Title** | **Column Title** |
| **Row Title** |  |  |  |
| **Row Title** |  |  |  |

Source(s): Author’s Name, Year of Publication.

3. Discussion [It contains the most relevant aspects of the clinical case and the literary interpretation about the topic].

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

3.1. Subheading

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

3.2. Subheading

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

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When inserting tables and figures within the body of the article, position them after the paragraph in which they are described. When citing the source information, it should be included at the bottom of the figure in a “source line.” Tables and figures should be labeled with numbers and a short, descriptive title.

**Figure 1.** Figure title.

Source(s): Author’s Name, Year of Publication.

3.3. Subheading

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

3.4. Subheading

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

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When inserting tables and figures within the body of the article, position them after the paragraph in which they are described. When citing the source information, it should be included at the bottom of the figure in a “source line.” Tables and figures should be labeled with numbers and a short, descriptive title.

4. Conclusion [brief and relevant, it is the message the reader should keep in relation to the new knowledge].

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

5. Patient’s perspective [opportunity for the patient to tell their experience and conception of their illness].

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

6. Learning points [from 3 to 5 key points of learning that mention the most relevant ones of the clinical case].

The opening paragraph has no indentation.

The second and subsequent paragraphs in sections must have 0.5 first line indentation.

**7. Acknowledgements** [section at the end of the article, before the final list of references].

The paragraph of the project to which the research or acknowledgments belong should be included here. For example:

The present text arises within the framework of a CONCILIUM project (931.791) of the Complutense University of Madrid, "Validation of models of communication, business, social networks, and gender".

References [it is recommended to use 20 references maximum, contemporary and complete]

The complete list of references (APA 7ª citation style) should appear at the end of the article in Cambria 11, single-spaced, without blank spaces between authors and French indentation. When possible, include the DOI for each article in the bibliography and indicate the URL if you cite an open access paper. It is recommended to shorten URLs in case they take up more than one line. Examples:

Abdallah, S., (2020). *Identifying Rare Genetic Variation in Obsessive-Compulsive Disorder*. Yale Medicine Thesis Digital Library. 3876. <https://elischolar.library.yale.edu/ymtdl/3876>

Bhargava, H. (2020, December 11). Vaccines Are Close – But Right Now We Need to Hunker Down. *WebMD*. <https://wb.md/3wyL9mZ>

Bishop, P. (2018). *Measurement and evaluation in physical activity applications: exercise science, physical education, coaching, athletic training, and health*. Routledge.

Bishop, P. (2019). *Fit over 50: make simple choices today for a healthier, happier you*. Eugene. Harvest House Publishers.

Chau, N. & Ho, H. (2020). A Hybrid 0D–1D Model for Cerebral Circulation and Cerebral Arteries. In Nash, M., Nielsen, P., Wittek, A., Miller, K., Joldes, G. (Eds) *Computational Biomechanics for Medicine Personalisation, Validation and Therapy*. Springer.

Gelgoot, E., Caufield-Noll, C., Chisolm, M. (2018). Using the visual arts to teach clinical excellence. *MedEdPublish*. <https://doi.org/10.15694/mep.2018.0000143.1>

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Paul, S., Concannon, L., Khodaee, M., Henehan, M. (2019). *AMSSM Sports Medicine CAQ Study Guide*. Healthy Learning.

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Rupa, M. & Raj, P. (2021). *Inflamed: deep medicine and the anatomy of injustice*. Farrar, Straus and Giroux.

Taylor, A., Lehmann, S. and Chisolm, M. (2018) Integrating humanities curricula in medical education: a literaturereview [version 2], *MedEdPublish*, [https://doi.org/10.15694/mep.2017.000090.2](https://doi.org/10.15694/mep.2017.000090.2%20)

Vila Pouca, M., Ferreira, J., Oliveira, D., Parente, M., Mascarenhas, T., Natal Jorge, R. (2018). On the effect of labour durations using an anisotropic visco-hyperelastic-damage approach to simulate vaginal deliveries. *J Mech Behav Biomed Mater* 88, 120–126. <https://doi.org/10.1016/j.jmbbm.2018.08.011>