

GUIDELINES FOR AUTHORS

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Bangladesh Medical Journal Khulna is published twice a year in the month of June & December. The Journal publishes- Original articles, Short articles, Review articles, Case reports and Letters to editor. It follows the uniform requirement for manuscript submitted to Biomedical Journal as recommended by the International Committee of Medical Journal Editors (www.icmje.org/recommendations).

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I. Preparation of manuscript

A) Three copies of the manuscript including illustrations should be submitted.

B) The manuscript must be accompanied by a Cover letter declaring that "It has neither been previously published nor been submitted elsewhere for publication".

C) Articles should be typed in English on one side of white A4 size offset paper with clear margin on both side and interline space (1.5 point) throughout.

D) The 'Title page' should be the first page of all manuscript and must include the following:

1. Title, 2. Article type, 3. Full name for each author including single highest degree and affiliation, 4. Contact information for the Principal Author (name, address, cell-phone & e-mail) and 5. Word count.

E) Length of an article should be limited to the word count (excluding reference & illustration) as designated for each type.

F) Each component should begin in a new page in a sequential order and contain relevant information.

G) Standard abbreviation should be used. The full form for which an abbreviation stands should precede its first use in the text.

H) References would be the last segment of the text and it should be absolutely correct both in content and style.

II. Format of Manuscript

The format depends on the type of the article.

II.A) Original Articles (length: 2000±500 words)

1. Abstract (250±50 words)

Abstract page starts with the title. A structured abstract should include- Background, Objective, Methods, Results, and Conclusion. Key words (≤5) to be added at the bottom of the abstract.

2. Introduction

A brief introduction outlining the wider context that generated the study. This should summarize the rationale and purpose of the study.

3. Methods

A 'Patients and Methods' or a 'Methods' section details study design to ensure reproducibility of the research. It will include- design, setting, case selection, technical procedure, ethical aspect and the statistics.

a) Ethical Approval- All studies that involve human subjects must be approved by the Ethical Review Committee and it should be noted in this section.

b) Statistical Method - Statistical methods for obtaining significance value should be provided to allow verification. Statistical software, if used should be specified.

4. Results

It should be presented in the form of text, tables and illustrations. The order of presentation of results should parallel the order of the methods section. Apart from P-values, significance of results should be inferred with 95% confidence intervals to indicate the direction and size of the effect. Text should not reiterate information presented in the Tables and Illustrations (Total ≤ 6; laid after reference).

a) Tables- Table should be typed on separate sheet (not more than two tables per sheet), be numbered consecutively using Roman numerals and include appropriate headers. It should be self-explanatory and referred in the text. Any abbreviations used should be defined in footnotes. Rows should be in a meaningful order. Units of measurement should be provided for all numbers. Each column should hold single type of data, internal horizontal and vertical rules should not be used.

b) Illustrations (Figures) - Figures include graphs, charts and photographs. Authors should number figures in English numerals and in order they are referred in the text. Each figure should be accompanied by a legend at the bottom. Photographs and graphs should be supplied as glossy coloured print (3"x2.5") mounted in a separate sheet. Readers should be able to understand figures without referring to the text. The axes on graphs should be labeled, including units of measurement.

5. Discussion

The section should compare and contrast antecedent literature (both national & international) on the topic and justify how the present study changes the understanding of current concept or a clinical situation. It should also include the limitations of the present study.

6. Conclusion

A short paragraph presenting the implications of this study results and possible new research directions on the subject.

7. Acknowledgement

If desired, recognition of support or guidance in the work could be mentioned here.

II.B) Short Articles (length: 1000±200 words)

A brief account of observational studies or large case series. The arrangements are unstructured Abstract (100±20 words), Introduction, Methods, Results and Discussion.

II.C) Case Reports (length: (1000±200 words)

For a manuscript to be considered as a Case Report, it must meet at least one of the following three criteria: 1. Challenge an existing clinical or pathophysiologic paradigm, and/or; 2. Provide a starting point for generating novel hypothesis or testing clinical research, and/or; 3. Offer a "clinical lesson" that may allow medical colleagues to provide improved care.

Case Report should consist of an unstructured Abstract (100±20 words), Introduction, Case study (including clinical presentation, diagnosis and outcome) as well as a Discussion.

II.D) Review Articles (length: (3000±500 words)

Review Articles (State of the Art) are invited only from distinguished Researcher with original publications in the particular field. It should provide a comprehensive and scholarly overview (away from traditional narrative) of an important clinical subject with the principle focus on developments in the last five years. Preference for a review article is given to the systematic reviews and/or meta-analyses of a clearly stated questions.

Components should include: unstructured Abstract (250±50 words), Context, Objective, Data Sources, Study Selection, Data Extraction, Results, Analysis and Conclusion.

II.E) Letters to editor (length: (300±50 words)

Letters in response to articles published in the BMJK are welcome. The letters will be followed by comments from original author (where appropriate) of the linked article.

III. References

Cited References should be within recent decade and author would ensure the accuracy by checking it against the original documents.

A) In the text, Reference number should be cited as superscript. Where more than one reference is cited, it is separated by a coma or hyphen for example-1,4,9 & 22-25.

B) In the reference list, it should be numbered sequentially as it appears in the text. Punctuation of references must follow the Vancouver style. Names with initials of all authors are listed if there are 3 or fewer; otherwise, et al is added after first 3 authors.

C) Example of references**1. Standard Journal**

- Brown SGA, Ball EL, Perrin K, et al. Conservative versus interventional treatment for spontaneous pneumothorax. *N Engl J Med* 2020; 382: 405-15

- Collins R, Reith C, Emberson J, et al. Interpretation of the evidence for the efficacy and safety of statin therapy. *Lancet* 2016; 388: 2532-61

2. Book

a) Personal author(s)

- Murray PR, Rosenthal KS, Pfaller MA. *Medical Microbiology*. 8th ed. StLouis: Elsevier; 2016. p.30-37

b) Editors, compilers as author

- Barret KE, Barman SM, Brooks HL, Yuan JJ, editors. *Ganong's review of medical physiology*. 26th ed. NewYork: McGraw Hill; 2019. p.85-97

c) Chapter in a book

- Brown KT, Fitzpatrick DR. Clinical genetics. In: Raiston SH, Penman ID, Strachan MWJ, Hobson RB, editors. *Davidon's principles and practice of Medicine*. 23rd ed. Edinburgh: Elsevier; 2018. p.37-61

3. Electronic Material

a) Website

- National Institute for Health Research. Good clinical practice-2019. <https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm> (accessed 18 September 2019)

b) Online Journal

- Kamintsky L, Beyea SD, Fisk JD, et al. Blood-brain barrier leakage in systemic lupus erythematosus is associated with gray matter loss and cognitive impairment. *Ann Rheum Dis*. Published Online First: 13 November 2020. DOI: 10.1136/annrheumdis-2020-218004

IV. Authorship

The uniform requirements for manuscripts submitted to biomedical Journal state that authorship credit should be based only on substantial intellectual contribution to (A) Conception, Design & Implementation of study and to (B) Acquisition, Analysis & Interpretation of data and to (C) Drafting, Revising & Approval of article for publication. "Conditions A, B & C must all be met".

Obtaining a grant, Collection of data, Designing the illustration etc. does not justify authorship. Gift/Guest authorship is strongly discouraged. The Journal reserves the right to satisfy itself regarding the specific role of each listed author to justify authorship.

V. Editorial procedure

All manuscripts on receipt for publication undergo primary screening for basic structure and compatibility before being registered. Subsequently, the manuscript is sent to two or more reviewers who take minimum one month time for masked peer review. Eventually, a feedback is provided to the Principal author. An appropriate revision along with a response letter is expected from the author in return. Clarifications are sought from the authors when required.

The ultimate authority to accept or reject the article rests with the Editorial Board. Letter of acceptance can be issued only after approval of the article. No article is rejected unless similar comments are received from at least two reviewers. Plagiarism and conflict of interests are checked as well during assessment of papers.

VI. Submission of manuscript

All manuscripts should be submitted either in person or by registered post at the following address: -

Editor, Bangladesh Medical Journal Khulna
BMA Bhaban, Shahid Dr Milon Chattar
34 KDA Avenue, Khulna 9100, Bangladesh
(Telephone: 02-477723273; Cell: 01729-303084)

Authors from abroad may submit the manuscript through E mail: bangmedjk@hotmail.com