Instructions to authors

Scope

Acta Medica Academica is a biannual, peer-reviewed journal that publishes: (1) reports of original research, (2) original clinical observations accompanied by analysis and discussion, (3) analysis of philosophical, ethical, or social aspects of the health profession or biomedical sciences, (4) critical reviews, (5) statistical compilations, (6) descriptions of evaluation of methods or procedures, (7) case reports, and (8) images in clinical medicine. The fields covered include basic biomedical research, clinical and laboratory medicine, veterinary medicine, clinical research, epidemiology, pharmacology, public health, oral health, and medical information.

Manuscript submission

Manuscript can be submitted electronically, as an email attachment, to one of the following addresses: amabih@anubih.ba; amaanubih@hotmail.com; info@ama.ba. All manuscripts submitted to AMA will be regularly analysed by plagiarism detection software.

All parts of the manuscript, including title page, abstract, text, tables, figures, etc., have to be available in electronic format. The recommended formats are: Microsoft Word, Excel, JPEG, GIF, TIFF. Always keep a backup copy of the electronic file for reference and safety. All electronically submitted files are to be scanned by the authors for viruses immediately prior to submission with appropriate current software, and submitted in good faith that the files are free of viruses.

Cover letter

Manuscripts must be accompanied by a cover letter, which should include the following information:

- A statement that the paper has not been sent to or accepted for publication in any other journal;
- A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself; Conflict of Interest Statement is available at www.ama.ba;
- A statement that the manuscript has been read and approved for publication by all authors;
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- Opinion of the authors about the category of the article;
- Contact information and addresses of three potential reviewers, as well as names of the persons you would not like to be reviewers of your manuscript;
- A statement of authorship by all listed authors about their contribution in the drafting of the paper which needs to include the text in accordance with one of the following sentences: (a) A substantial contributions to the conception and design, acquisition of data, or analysis and interpretation of data; (b) Drafting the article or revising it critically for important intellectual content; (c) Final approval of the version to be published. (eg. Authors' contributions: Conception and design: MK and OG; Acquisition, analysis and interpretation of data: MK and GL; Drafting the article MK; Revising it critically for important intellectual content: GL and OG)

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Manuscript preparation

Manuscripts have to be written according to the rules stated in "Uniform Requirements for Man-
Language. Manuscripts must be written in clear, concise, grammatical English. Authors from non-English speaking countries are requested to have their text translated by a professional, or thoroughly checked by a native speaker with experience in writing scientific and medical manuscripts in English. Revision of the language is the responsibility of the author. All manuscripts should be spellchecked using a Microsoft Word or Dorland’s spellchecker before they are submitted. Spelling should be US English or British English, but not a mixture. On the grounds of poor English manuscripts may be sent back to an author for rewriting or language correction.

Font and spacing. The manuscript should be prepared in Microsoft Word format (for PC, 6.0 or a later version). Paper version should be typewritten on white bond paper of A4 size, with margins 3 cm each. Write on one side of each sheet, using a font not smaller than 12 points, preferably Times New Roman or Arial. All pages must be numbered. Prepare texts with double spacing (except those of tables, which are made with table tools in Word or in Excel). Double spacing of all portions of the manuscript (including the title page, abstract, text, acknowledgments, references, and legends), makes it possible for editors and reviewers to edit the text line by line, and add comments and queries, directly on the paper copy.

Length. The length of a manuscript depends on its type. On the title page, author should specify total word count and/or character count. Microsoft Word can count them for you. With double spacing (2000 characters with spaces per page), the limits are as follows:

- Editorial – up to 3 pages (maximum count 6000 characters with spaces) and maximum 15 references.
- Review article – from 12 to 20 pages (maximum count 30000 characters with spaces) and maximum 40 references.
- Original research study – from 12 to 15 pages (maximum count 30000 characters with spaces).
- Original (scientific and professional) article – from 12 to 15 pages (maximum count 30000 characters with spaces).
- Short communication – up to 5 pages (maximum count 10000 characters with spaces), only two graphical display (figure or table) and up to 5 references and up to 3 authors.
- Statistical and methodological compilations – up to 16 pages (maximum count 32000 characters with spaces).
- Case reports and letters – up to 3 pages (maximum count 10000 characters with spaces), a maximum of 2 figures or tables, up to 3 authors and no more than 15 references.
- Images in clinical medicine – is an article providing one or two fascinating pictures in black and white or in color. It can be clinical or technical on a patient or part of a patient, for instance an x-ray or MRI image or a histological document. The picture is accompanied by a short text (a maximum of 300 words), up to 3 authors, and if necessary 1 to 3 references can be included.
- Letter to the editor – up to 3 pages (maximum count 2000 characters with spaces), and up to 5 references.

Organization of the text. The text of original articles is usually divided into sections with the following headings: Introduction, Materials (Patients) and methods, Results, Discussion and Conclusion. This structure is not simply an arbitrary publication format, but rather a direct reflection of the process of scientific discovery. Long articles may need subheadings within some sections (especially the Results and Discussion sections) to clarify their content. Other types of articles, such as case reports, reviews, and editorials, are likely to need other more flexible structure of the text. If possible, use standard abbreviations. Non-standard abbreviations should be defined when first used in the text.

Title page (the first page)

The title page should carry the following information:
1. Type of the article.
2. Title of the article, which should be as short and concise as possible. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
3. A short title (up to 50 characters with spaces), which will appear in the heading of an article in the journal.
4. Authors’ names and institutional affiliations (full first name followed by family name, separated by a comma from the next name; using Arabic numerals in superscript format relate names and institutions).

5. The name of the department(s) and institution(s) to which the work should be attributed.

6. Corresponding authors. The name, mailing address, telephone and fax numbers, and e-mail address of the author responsible for correspondence about the manuscript. The name and address of the author to whom requests for reprints should be addressed (if different from the corresponding author), or a statement that reprints will not be available from the authors.

7. Specify sources of support in the form of grants, equipment, drugs, or others, if any, and a statement about existence or non-existence of the conflict of interests.

8. Total number of pages, words and characters with spaces (Microsoft Word enables the simple acquisition of these data), number of figures and tables. A word count for the text only (excluding abstract, acknowledgments, figure legends, and references) allows editors and reviewers to assess whether the information contained in the paper warrants the amount of space devoted to it, and whether the submitted manuscript fits within the journal’s word limits. A separate word count for the Abstract is also useful for the same reason.

**Second page**

“What is known - What is New” (Authors’ Summary), Abstract and Key words are written on the second page. Because abstracts are the only substantive portion of the article indexed in many electronic databases, and the only portion many readers read, authors need to be careful that abstracts reflect the content of the article accurately. An abstract (250 words) is written without authors’ names and institutional affiliations. Its structure should be similar to that of the text. For original articles, the abstract needs to have the structure with the following subtitles: Objective, Materials and methods, Results and Conclusion. Abstracts for Case reports also need to have the following subtitles: Objective, Case report, and Conclusion and for Review articles: Objective, Background, Methods, Discussion and Conclusion. Abstracts for Short communication (150 words) should not be structured but should end with Conclusion. Following the abstract, authors provide, and identify as such, 3 to 5 key words or short phrases that capture the main topics of the article. The key words should not repeat the title of the manuscript. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; MeSH terms are available from: www.nlm.nih.gov/mesh/.

**Third page**

Should carry the manuscript of article. Text should be under the following headings:

**Introduction.** Needs to be short and to specify to the reader, clearly and with arguments, reasons for the research presentation, and the novelties that the article brings. In Introduction maximum 3 to 4 pertinent and directly related works need to be cited. At the end of Introduction, an author needs to clearly specify the set aim of the research.

**Methods.** This part needs to provide the following information: selection and description of participants, precise technical information about all methods (describe the methods, apparatus, and procedures in sufficient detail to allow other workers to reproduce the results; give references to established methods, including statistical methods; identify precisely all drugs and chemicals used, including generic names, doses, and routes of administration and other specificities related to the presented research). Upon reporting about humane experiments, an author needs to indicate if the used procedures were in accordance with the Declaration of Helsinki from 1975 and its amendments from 1983. In addition, there needs to be stated if and which ethical committee gave consent for carrying out the research. A separate subtitle is Statistical Analysis. Authors need to indicate all statistical tests that were used. In addition, there needs to be stated the level of significance selected beforehand (p), that is which value p the authors considered to be statistically important (ex. 0.05 or 0.01, or some other). The results should be stated with pertaining confidence intervals (CI).
The editorship recommends to the authors to follow STARD instructions published in 2003 in the researches of diagnostic accuracy. At the end of the paragraph authors need to state which computer statistical program they have been using, as well as indicate the manufacturer and version of the program.

**Results.** Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. The text must contain a clear designation as to where the tables and illustrations are to be placed relative to the text. Do not duplicate data by presenting it in both a table and a figure.

**Discussion.** Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. For experimental studies it is useful to begin the discussion by summarizing briefly the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

**Conclusion.** Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes the appropriate economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

**Acknowledgment.** Anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. List the source(s) of funding for the study and for the manuscript preparation in the acknowledgments section.

**Authors’ contributions** (eg.): Conception and design: MK and OG; Acquisition, analysis and interpretation of data: MK and GL; Drafting the article MK; Revising it critically for important intellectual content: GL and OG).

**Conflict of interest** (eg.): The authors declare that they have no conflict of interest.

**References.** Need to be on a separate page. Small numbers of references to key original papers will often serve as well as more exhaustive lists. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” or “forthcoming”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. If the paper has been published in electronic form on PubMed the confirmation of acceptance is not needed. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. Avoid citing a “personal communication” unless it provides essential information. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses at the end of a sentence. Use the same number in the reference list. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the list of Journals Indexed for MEDLINE, published annually as a separate publication by the National Library of Medicine (available from: www.nlm.nih.gov/tsd/serials/lij.html). Examples of references please see on the following pages.

**Tables.** Need to be submitted separate from the main text. The preferred software for tables is Microsoft Excel (save each table in a file with single worksheet). Only tables made with table tools in Microsoft Word are acceptable. For the paper version, type or print each table on a separate sheet of paper. Number tables consecutively.
in the order of their first citation in the text. Use
Arabic numerals. Each table needs to have an
explanatory title. Place the title above the table.
Give each column a short or abbreviated head-
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tor reserves the right to reorganize the layout to
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explanatory matter in footnotes, not in the head-
ing. Explain in footnotes of the table all nonstan-
dard abbreviations. For footnotes use the follow-
ing symbols, in sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡.
Identify statistical measures of variations, such
as standard deviation and standard error of the
arithmetic mean. Be sure that each table is cited in
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Figures. (illustrations: diagram, photograph,
photomicrograph, radiograph, drawing, sketch,
picture, outline, design, plan, map, chart, etc.).
Need to be submitted separate from the main
text. They need to be submitted as photographic
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sionally drawn and photographed original il-
ustrations. Figures should be in a digital format
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and slides is permissible when they cannot be
digitized without professional help. In this case,
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visibly indicate the position of each figure in the
text, using its assigned numeral in parentheses.
Figures should be positioned in the text where
the author feels is appropriate but the Editor re-
serves the right to reorganize the layout to suit
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Supply a legend for each figure. Titles and
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however, not on the figures themselves. Figures
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Letters, numbers, and symbols on figures should
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sufficient size that when reduced for publication
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should have internal scale markers. Symbols,
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should contrast with the background. If pho-
tographs of people are used, either the subjects
must not be identifiable or their pictures must be
accompanied by written permission to use the
photograph.

Legends for Figures need to be included in
the main manuscript text file, on a separate page
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vided: figure number (in sequence, using Ara-
bic numerals – i.e. Figure); title of the figure; all
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the illustrations, identify and explain each one
clearly in the legend.

Units of measurement

Measurements of length, height, weight, and vol-
ume should be reported in metric units (meter,
kilogram, or liter) or their decimal multiples. Tem-
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sures should be in millimeters of mercury, unless
other units are specifically required by the journal.

Abbreviation, Acronyms and Symbols

If possible for metric units use standard abbre-
viation. Non-standard abbreviations should be
defined when first used in the text.

Sample references

Articles in journals

Standard journal article (List the first six authors
followed by et al.):
Halpern SD, Ubel PA, Caplan AL. Solid-organ
transplantation in HIV-infected patients. N

More than six authors:
Rose ME, Huerbin MB, Melick J, Marion DW,
Palmer AM, Schiding JK, et al. Regulation of
interstitial excitatory amino acid concentra-
tions after cortical contusion injury. Brain Res.
Organization as author:

No author given:
21st century heart solution may have a sting in the tail. BMJ. 2002;325(7357):184.

Volume with supplement:

Issue with supplement:

Issue with no volume:

Letters or abstracts:

Article republished with corrections:

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Part of a homepage/Web site:

Database on the Internet: