

The Ruhuna Journal of Medicine (RJM) is published by the Faculty of Medicine, University of Ruhuna. The RJM is a biannual publication that serves as a platform for disseminating research and knowledge in the field of health and medicine. With two volumes released each year in January and July, the journal covers a wide range of topics related to healthcare, medical research, and clinical practice. It welcomes original research articles, review papers, case reports, clinical trials, and other contributions from researchers, clinicians, and healthcare professionals. The journal aims to promote evidence-based medicine, encourage scientific discourse, and contribute to the advancement of healthcare practices and policies. Through its rigorous peer-review process, the RJM strives to maintain high standards of quality and integrity in the published work.

## **Types of articles**

### **Original articles**

The text of the original article containing up to 4000 words (excluding abstract, references and tables) should be divided into sections with the headings; Abstract (unstructured max 250 words), Keywords, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends. The maximum number of tables & figures should be 6 and references should be 30. These articles present new findings from original research studies.

### **Review articles**

These articles provide a comprehensive summary and analysis of existing research on a specific topic. They aim to synthesize and evaluate the available evidence, making them useful for clinicians and researchers seeking an overview of a particular subject. It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. The prescribed word count is up to 6000 words excluding abstracts, tables and references. The manuscript should have an unstructured Abstract (max 250 words) representing an accurate summary of the article. The maximum number of tables & figures should be 6 and references should be 30.

### **Case reports**

These communications could be of up to 1000 words (excluding abstract and references) and should have the following headings; Abstract (unstructured max 150 words), Keywords (max 5), Introduction, Case Report, Discussion, Reference, Tables and Figure legends. The maximum number of tables & figures should be 4 and references should be 10. They often highlight rare diseases, atypical presentations, or novel treatment approaches. Case reports can offer valuable insights and contribute to medical knowledge.

### **Clinical Trials**

Articles reporting on clinical trials detail the methodology, results, and conclusions of research studies evaluating the safety and efficacy of new treatments or interventions. Text limitation is similar to an original article.

### **Editorial and Opinion Pieces**

These articles express the author's viewpoint on a specific medical issue or provide commentary on recent research or clinical guidelines. They may also discuss ethical considerations, policy matters, or emerging trends in medicine. Text limitation is similar to a case report.

### **Letters to the Editor**

These brief articles provide readers with an opportunity to comment on previously published articles or share their opinions, experiences, or observations related to medical topics. Text limitation is similar to a case report.

### **Guidelines and Consensus Statements**

These articles summarize evidence-based guidelines or consensus statements developed by expert panels or professional societies. They provide recommendations for clinical practice and inform healthcare professionals about best practices. Text limitation is similar to a case report.

### **Medical Education Articles**

These articles focus on medical education, including curriculum development, teaching methods, assessment tools, and innovations in medical education. Text limitation is similar to an original article.

### *Instructions to Authors – RJM*

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#### References

Personal communications and unpublished works should only be mentioned in the text. For RJM, the accepted referencing system is the **Vancouver style**. The Vancouver style is a numeric system, where references are numbered in the order they appear in the text and are listed at the end of the article in numerical order (eg. [1, 2]) before the punctuation marks. List all authors when three or fewer; when four or more, list only the first three and add *et al.*

#### Examples

**Articles in Journals:** Rechel B, Ahmedov M, Akkaziya B, *et al.* Lessons from two decades of health reform in Central Asia. *Health Policy Plan* 2012;**27**(1):281-287.

**Articles in online only Journals:** Smith AB, Johnson CD, Anderson EF. The impact of exercise on cardiovascular health. *J Cardiol* [Internet]. 2021 [cited 2022 Feb 15];**35**(2):87-92. Available from: [https://www.example.com/journal\\_article](https://www.example.com/journal_article)

**Books:** Aminoff MJ. *Electrodiagnosis in clinical neurology*. 2005; Elsevier, USA.

**Books chapters:** Kumar P, Clark M. Cardiovascular disease: Camm AJ, Bunce NH, editors. *Clinical Medicine*. USA: Elsevier; 2005;725-872.

**Web page:** World Health Organization. COVID-19: Vaccines [Internet]. Geneva: World Health Organization; c2022 [cited 2022 Feb 15]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

#### Tables

Tables should be self-explanatory and should not duplicate textual material. Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

#### Illustrations (Figures)

Figures should be numbered consecutively according to the order in which they have been first cited in the text.

#### Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below.

1. Concept and design of the study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

#### Title Page

Include the title of the manuscript, author names and affiliations, corresponding author's contact information, and any conflicts of interest.

#### Graphical abstract

To submit a graphical abstract, please follow the instructions below:

Create your graphical abstract: Design your graphical abstract using appropriate software or graphic design tools. Ensure that it effectively summarizes the key findings or main points of your research in a visually appealing and concise manner. Use clear and easily understandable visuals, such as graphs, diagrams, or images, along with brief text explanations.

**Image size:** please provide an image with a minimum of 1328 x 531 pixels (w x h) using a minimum resolution of 300 dpi. If you are submitting a larger image, please use the same ratio (500 wide x 200 high). Please note that your image will be scaled proportionally to fit in the available window on SLJOL: a 500 by 200-pixel rectangle.

## Annex - 01

### *Instructions to Authors – RJM*

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**Font:** please use Times, Arial, Courier or Symbol with a large enough font size as the image will be reduced in size for the table of contents to fit a window 200 pixels high.

**File type:** preferred file types are JPEG, TIFF, EPS, PDF or MS Office files.

No additional text, outline or synopsis should be included. Any text or label must be part of the image file. Please do not use unnecessary white space or a heading “graphical abstract” within the image file.

### **Review process**

**Double-blind Peer Review:** The manuscript will be sent to two independent reviewers include one from the editorial board and a subject specialist. Authors may suggest a list of subject specialists as potential reviewers.

**Timely Review:** The RJM will provide prompt feedback to authors, including an acknowledging email upon submission. Reviewer comments will be sent within two weeks.

**Transparent and Accountable:** The review process will be transparent, with clear guidelines provided to authors and reviewers regarding the criteria for evaluation. Journals will have mechanisms in place to address any conflicts of interest or ethical concerns that may arise during the review process.