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Colombia Médica publishes original research articles, viewpoints and reviews in all areas of medical science and clinical practice. However, Colombia Médica gives the highest priority to papers on general and internal medicine, public health and primary health care.

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**COLOMBIA MÉDICA INSTRUCTIONS FOR
AUTHORS
March 2019**

As the official journal of the Society of General Internal Medicine, *COLOMBIA MÉDICA* encourages submission of articles aimed at improving patient care, education, and research in primary care and medicine in all settings. Submissions must be original and not currently under consideration for publication in another peer-reviewed medium (paper or electronic). *COLOMBIA MÉDICA* is committed to making the review process as timely and useful as possible for authors.

To speed the processing of manuscripts, *COLOMBIA MÉDICA* only accepts manuscripts online via the following website <http://colombiamedica.univalle.edu.co>. This site contains full instructions for authors and step-by-step instructions for submitting manuscripts, cover letters, and supporting materials (if necessary).

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1 MANUSCRIPT CATEGORIES

Submitted manuscripts must fit into one of the following categories:

1.1 ORIGINAL RESEARCH

These articles describe original observational or interventional research concerning clinical care, education, basic science or health policy relevant to medicine, including hospital medicine, innovation and improvement, and health disparities. Organize manuscript text into Introduction, Methods, Results and Discussion, generally following relevant Abstract headings. Please proofread the Abstract carefully to assure that all results and conclusions mentioned in the Abstract are also reported in the main body of the text, figures or tables of the manuscript. To assure that studies with various methods have the highest quality reporting, Colombia Médica strongly suggests authors use standard formats as described at <http://www.equator-network.org> (i.e. CONSORT for randomized trials, STROBE for observational studies, COREQ for qualitative research and SQUIRE for quality improvement studies, etc.). Authors are strongly encouraged to use checklists offered for these guidelines and those checklists may be requested during manuscript review.

Original research articles should have a detailed description of the study's design and analysis. Colombia Médica does not restrict the number of words; however, it is suggested not to exceed 4500 words of text (not including title page, abstract, references, tables, figures, figure legends, or appendices) except for reports of qualitative research, which may be as long as 6,000 words, including text, quotes, and tables containing quotes.

Abstracts: Original research articles should have a structured abstract of 250 words or less.

Use the following headings: Background, Objective, Methods, Results (principles findings) and Conclusions.

Tables and Figures: Tables and figures should be used as needed to convey the data; however, the number of combined tables plus figures in the main body of the article should not generally exceed 6. Authors will be asked to delete or combine tables and figures felt to be excessive, or optionally, they may be published online as a supplementary appendix. Authors are encouraged to make liberal use of electronic appendices (including textual, tabular, and audiovisual materials which help to inform the research but are not essential to understanding the main arguments); these will be published online.

References: References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however, it is suggested not to exceed 30 for manuscripts. It is preferred that references cite original research and correspond to the most current evidence on the subject. Any and all available works can be cited in the reference list.

Acceptable sources include:

Published or accepted manuscripts

Manuscripts on pre-print servers, if the manuscript is submitted to a journal and also publicly available as a pre-print

Do not cite the following sources in the reference list:

Unavailable and unpublished work, including manuscripts that have been submitted but not yet accepted (e.g., "unpublished work," "data not shown"). Instead, include those data as supplementary material or deposit the data in a publicly available database.

Personal communications (these should be supported by a letter from the relevant authors but not included in the reference list)

Clinical Trials Registration: *COLOMBIA MÉDICA*'s Editors ascribe to the registration policies of the International Committee of Medical Journal Editors (ICMJE) that can be found at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>. Appropriate registries

(such as www.clinicaltrials.gov) must be accessible to the public at no charge and must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. Please include the appropriate Trial Registration Number on the Title Page of the submitted manuscript.

1.2 REVIEWS

Review articles are welcomed by the Journal and are generally solicited by the Editor-in-Chief. Authors wishing to submit an unsolicited Review Article are invited to contact the Editor-in-Chief prior to submission in order to screen the proposed topic for relevance and priority, given other review articles that may already be in preparation. Review articles should focus on recent scientific or clinical advances in an area of broad interest to those in the field of medicine and health. Such articles must be concise and critical and should include appropriate references to the literature. All Review Articles, including those solicited by the Editors, are rigorously peer reviewed before a final publication decision is made.

Authors must be researchers with experience in the subject discussed

See the [Ten Simple Rules for Writing a Literature Review](#) to write the manuscript of literature review.

Abstract: The Abstract of the paper should be succinct; it must not exceed 200 words. Authors should express the main idea and a concise argument position in one or two paragraphs. Avoid specialist abbreviations.

Introduction: The context for the article is made in the introduction and a logical case is made for the expression of the Viewpoint. Historical background is thoroughly reviewed, where appropriate. Key concepts and terms are well explained.

Main Text (broken into subsections as appropriate): These succinct, synthetic, well-focused, and engaging Reviews should appeal to a broad genetics readership. Aim for no more than 4,000 words (introduction and main text), two or three display items, and a concise list of the most relevant references. The article should include an overview of the existing literature that places the topic within a broader context, but it should also focus on the future: where is the field going and what exciting developments are expected? It is particularly important to highlight critical new advances, open questions, and standing controversies or paradoxes as these are especially valued by a general readership.

COLOMBIA MÉDICA encourages the use of tables and color figures to summarize critical points or to illustrate the manuscript. The Journal offers assistance with preparation or improvement of figures by professional illustrators, once the article is accepted use of tables and color figures to summarize critical points is encouraged; the Journal offers assistance with preparation or improvement of figures by professional illustrators, once the article is accepted.

References: References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 100 for manuscripts.

Due to perceived conflicts of interest, COLOMBIA MÉDICA cannot accept review articles sponsored by commercial interests or written by freelance or commercial writers (including writers from communication and education companies).

Systematic reviews or meta-analyses should follow the guidelines in the PRISMA statement which can be found at <http://www.prisma-statement.org/>. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) provides an evidence-based minimum set of items for reporting systematic reviews and meta-analyses, and is an update and expansion of the QUOROM Statement. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. **Authors will be required to submit the PRISMA checklist and flow diagram along with their manuscript.** Although PRISMA focuses on randomized trials, the PRISMA Statement can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions. Systematic reviews or meta-analyses should, in accord with PRISMA Guidelines (<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001419>), include a structured abstract with the following headings: Background, Methods, Results, Discussion.

The Background section should describe study objectives. Methods should include eligibility criteria, information sources, and methods of assessing risk of bias. The Results section should report included studies, synthesis of results, and description of the effect. Finally, the Discussion should include strengths and limitations of the evidence. If the study is registered, specify the registry and the study's review registration number at the end of the abstract. *c* encourages but does not require study registration, though may request that the authors submit a copy of the protocol.

1.3 VIEWPOINTS

These articles serve primarily as a forum for the discussion of controversial, emerging, or topical issues in the field; occasionally, the discussion surrounds a challenge to findings in a published research article.

Viewpoints are subset of articles that reflect a particular position adopted by a person or a group. It is an articulated organized perspective about a particular topic or issue associated with health research. A Viewpoint must be clearly expressed, and demonstrate a thorough and broad understanding of the literature and practices in the field. The opinion expressed must be cogently presented and lead to insights and possibly new and interesting perspectives. Colombia Médica will expect a Viewpoint paper to stimulate discussion among the scientific community that will result in advancing our knowledge and understanding of contemporary issues as well as practice in medicine and health.

While the subjective nature of Viewpoints manuscripts should be taken into account, high scholarly standards for relevance, documentation, organization, and content pertain. The author must establish a context for why the manuscript is justified and

must point toward the implications or consequences that might follow from the opinions expressed in the article.

Authors must be researchers with experience in the subject discussed.

Abstract: The Abstract of the paper should be succinct; it must not exceed 200 words. Authors should express the main idea and a concise argument position in one or two paragraphs. Avoid specialist abbreviations.

Introduction: The context for the article is made in the introduction and a logical case is made for the expression of the Viewpoint. Historical background is thoroughly reviewed, where appropriate. Key concepts and terms are well explained.

Viewpoint: The purpose of the Viewpoint is clear and well articulated. The Viewpoint is cogently argued. The parts of the manuscript are well integrated, coherent and the conclusions follow. Contrasting viewpoints or counter-arguments are considered. The perceived benefits, and limitations, of the position advocated are clearly stated.

References: References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however, it is suggested not to exceed 30 for manuscripts

1.4 CASE REPORT

Colombia Médica publishes original and interesting case reports that contribute significantly to medical knowledge. Manuscripts must meet one of the following criteria:

1. Unreported or unusual side effects or adverse interactions involving medications
2. Unexpected or unusual presentations of a disease
3. New associations or variations in disease processes
4. Presentations, diagnoses and/or management of new and emerging diseases
5. An unexpected association between diseases or symptoms
6. An unexpected event in the course of observing or treating a patient
7. Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Authors should indicate in the abstract and cover letter how the case report adds to the medical literature. Submissions that do not include this information will be returned to authors prior to peer review.

Case reports should include an up-to-date review of all previous cases in the field. Authors should seek written and signed consent to publish the information from the patients or their guardians prior to submission. Authors will be asked to confirm informed consent was received as part of the submission process, and the manuscript must include a statement to this effect by including a 'Consent' section, as follows: "Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal

See the [CARE guidelines](#) to write the manuscript of case report.

Abstract: For a Case Report, the structured abstract must include the following headings: Case Description, Clinical Findings, Treatment and Outcome, Clinical Relevance

Introduction: The Introduction should put the focus of the manuscript into a broader context. As you compose the Introduction, think of readers who are not experts in this field. Include a brief review of the key literature and epidemiology. The Introduction should conclude with a brief statement of the overall aim of the case report and a comment about whether that aim was achieved.

Case Description: A Case Report begins with the signalment (eg, age, sex, ...) of the patient, followed by a chronologic description of pertinent aspects of the diagnostic examination, treatment, and outcome, and ends with a brief discussion. When more than 1 patient is involved, a representative of the group should be described in detail; important differences among patients can be addressed separately. For reports in which there are 3 or fewer patients, pertinent abnormal findings should be summarized in the text. For 4 or more patients, 1 table that provides a summary of pertinent abnormal findings may be accommodated, provided that such findings are not repeated in the text.

Discussion: The Discussion should be concise and tightly argued. Should discuss the main findings, differential diagnosis, therapeutic alternatives, as appropriate. Do not include the extensive literature reviews. Conclude with the value of the contribution to clinical practice or knowledge of the case report

References: References must be limited to those that are necessary. Colombia Médica does not restrict the number of references; however suggests not exceed 12 for manuscripts

1.5 EDITORIAL

Editorials are *solicited* by the Editors and provide commentary on articles selected for publication. Editorials should be 1200-1500 words in length and be accompanied by **no more than 10 references**. Solicited Editorials should be submitted as a MS Word document to the Editorial Office at editor.colombiamedica@correounivalle.edu.co

Comments provide a novel perspective on an important topic of interest to *COLOMBIA MÉDICA* readers or make a conceptual contribution that advances thinking or debate in that area. Comments are limited to no more than two authors. Comments may be solicited by the Editors, but *COLOMBIA MÉDICA* also welcomes unsolicited submissions, which may be submitted on the *COLOMBIA MÉDICA* submission site (at www.jgim.org). Comments should also be 1200-1500 words and have **no more than 5 references**.

1.6 LETTERS TO EDITOR

We welcome correspondence on content published in *COLOMBIA MÉDICA*. Letters in reference to a Journal article must be received within 12 months after publication of the article. Letter to the Editor submissions must be no longer than 750 words, include

no more than 10 references, and no more than a total of 2 figures and tables (combined). Letters are limited to no more than three authors. Provide a succinctly worded title, which differs from the previously published *COLOMBIA MÉDICA* article. Include a title page

All accepted letters are edited, and proofs will be sent out to authors before publication. The Editor-in-Chief may choose to invite the article's authors to write a Letter to the Editor reply.

2 ETHICAL RESPONSIBILITIES OF AUTHORS

This journal is committed to upholding the integrity of the scientific record. As a member of the The World Association of Medical Editors (WAME) and the International Committee of Medical Journal Editors (ICMJE) the journal will follow the WAME, ICMJE and COPE guidelines on how to deal with potential acts of misconduct.

Authors should refrain from misrepresenting research results which could damage the trust in the journal and ultimately the entire scientific endeavor. Maintaining integrity of the research and its presentation can be achieved by following the rules of good scientific practice, which includes:

1. The manuscript has not been submitted to more than one journal for simultaneous consideration.
2. The manuscript has not been published previously (partly or in full), unless the new work concerns an expansion of previous work (please provide transparency on the re-use of material to avoid the hint of text-recycling ("self-plagiarism")).
3. A single study is not split up into several parts to increase the quantity of submissions and submitted to various journals or to one journal over time (e.g. "salami-publishing").
4. No data have been fabricated or manipulated (including images) to support your conclusions
5. No data, text, or theories by others are presented as if they were the authors own ("plagiarism"). Proper acknowledgements to other works must be given (this includes material that is closely copied (near verbatim), summarized and/or paraphrased), quotation marks are used for verbatim copying of material, and permissions are secured for material that is copyrighted.
6. Important note: the journal may use software to screen for plagiarism.
7. Consent to submit has been received from all co-authors and responsible authorities at the institute/organization where the

work has been carried out before the work is submitted.

8. Authors whose names appear on the submission have contributed sufficiently to the scientific work and therefore share collective responsibility and accountability for the results.

3 A WORD ON WORD COUNT

COLOMBIA MÉDICA encourages brevity of the journal. Word count limitations are limits, not targets; each published article should be no longer than required to convey why the research was conducted, how it was done, what it showed, and what it means.

When at all possible, authors are urged to aim for compactness of expression in print, providing critical supplemental material as appendices for electronic publication. See Table below for a summary of word count limitations.

4 SPECIFIC DIRECTIONS FOR SUBMISSION

4.1 AUTHORSHIP

Appropriate authorship: It is important for the integrity of science and the appropriate attribution of effort that only persons who have had an active role and significant impact on conceptualizing, funding, performing, analyzing, or writing up research be included as authors (<http://www.icmje.org/#author>). Every person who contributed to the writing of a manuscript must be listed as an author. *COLOMBIA MÉDICA* reserves the right to question the role that co-authors have played on the work being reported.

Research group authorship: Where there are a large number of investigators, they can be listed as part of a named research group, and the entire list can be included at the end of the text. For the purpose of promotion and other attribution of the work, individual authors can be listed as follows:

The TRIAD Study Group [Marrero DG]. Translating Research into Action for Diabetes (TRIAD): A multi-center study of diabetes in managed care. *Diab Care* 2002; 25:386-389.

Inappropriate authorship: "Honorary authorship" is not appropriate. For instance, one should not list as co-authors, research unit directors who were not actively and significantly involved in the research or resultant manuscript. "Author inflation" expands the number of authors on a peer-reviewed journal article

Table 1. Word count limitations: summary

Article Type	Article Limit	Abstract Limit	Abstract type
Original Research	4500	250	Structured
Qualitative Original Research	4000 (incl. quotes/tables)	300	Structured
Reviews (Systematic)	6000	250	Unstructured
Reviews (Narrative)	6000	250	Unstructured
Viewpoint	2000	200	Structured
Case Report	2000	200	Structured
Healing Arts: Text and Context	1000		None Needed
Editorials and Comments	1500		None Needed
Letters	600		None Needed

with persons who have not significantly contributed to a work. This cheapens the work of the other authors and is misleading. The contribution of individuals contributing to the manuscript, but not meeting authorship criteria, should be included in the Acknowledgments.

Freelance and commercial writers: Anyone, including freelance writers and writers from communication and education companies, who contributes to reviewing the literature or drafting a manuscript must be listed as an author and complete a conflict of interest statement. Alternatively, such persons can be listed in the Acknowledgments.

Commissioning of manuscripts by for-profit companies is allowed for any category except Review articles. We will consider Pharma-sponsored Original research, but do not accept Pharma-sponsored Reviews. Again, persons contributing to the manuscript content must be listed as authors or be acknowledged. Regardless, all of these persons must always disclose and be included in the conflict of interest information. Precise financial relationships, direct and indirect, between the parties involved must be explicitly described. Failing to do this will result in rejection of the manuscript. (World Association of Medical Editors. Ghost writing initiated by commercial companies. *J Gen Intern Med* 2005;20:549.)

If we learn that authors have violated these authorship principles during manuscript review, we will notify the authors, their institutions, and their sponsors about the breach of ethical conduct. If we become aware of the breach of ethical conduct after manuscript publication, we will conduct the same notification AND publish a correction to clarify the authors' contributions and conflicts of interest. This requirement for acknowledging contributions does not apply to writers who edit a manuscript solely for the purpose of improving the clarity, style, or grammar.

4.2 COPYRIGHT FORM

All authors publishing manuscripts in *COLOMBIA MÉDICA* must complete a copyright form giving exclusive license to publish the manuscript to the Universidad del Valle. The copyright form will be required for all manuscripts accepted for publication in *COLOMBIA MÉDICA*. The copyright form is required before the manuscript can be sent for typesetting.

4.3 COVER LETTER

Submit a cover letter addressed to the Editors with each manuscript. Please review our suggested cover letter format (<http://colombiamedica.univalle.edu.co>). Include a *brief* manuscript overview (manuscript title, type, design, major finding) and illustrate the importance of the manuscript for *COLOMBIA MÉDICA*. Where relevant, include additional context to help the Editors adjudicate this work. Include corresponding author contact information (name, title, affiliation, address, email, phone), and a back-up contact. Proofs will be sent electronically, so include valid author email address. Please indicate that the work has not been published in any peer-reviewed media (other than in abstract form). Include a statement that all authors listed on the manuscript have contributed sufficiently to the project to be included as authors. If all or part of the manuscript information has been published previously, please indicate where it was published, and the extent of overlap with this manuscript. Attach a copy of the articles (or manuscripts) in question. Where

relevant, include your NIH study registry number. **We encourage authors to provide the names and contact information for 3-5 appropriate potential reviewers who have no conflicts of interest with the manuscript.**

4.4 SUBMISSION

ALL MANUSCRIPTS MUST BE SUBMITTED ELECTRONICALLY at <http://colombiamedica.univalle.edu.co> except for Editorials, which should be e-mailed to the Editor in chief at editor.colombiamedica@correounivalle.edu.co. Each manuscript must be in a single Microsoft Word file, including tables and figures. All communication among the Editors and reviewers will be done via e-mail.

File size: Because some reviewers' e-mail systems cannot accept files larger than 2MB, please keep the initial manuscript (including tables and figures) under 2MB in size. If this means making less dense figures than you would like, you will have the option of submitting larger figure files if the manuscript is accepted for publication.

5 MANUSCRIPT

Component Order: The manuscript must be a single document, with components in this order: Title Page, Abstract, Text, References, and (if appropriate) Legends for Figures, Tables, Figures, and Appendices.

Format and Style: Except where overridden by specific requirements in this document, manuscripts should be prepared according to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." This document can be found at <http://www.icmje.org> or in the following publications:

- Ann Intern Med 1997; 126:36-47
- N Engl J Med 1997; 336:309-315
- JAMA 1997; 277:927-934

5.1 TITLE PAGE

This must be the first page of the manuscript. Start page numbering from the Title page onward. Include the manuscript title (less than 18 words). Provide a running title of 5-6 words. Include full names, highest degree(s) awarded, and institutional affiliations of all authors. Use superscript numbers to designate institutional affiliations for each author. Provide the name and complete address, telephone numbers, and **e-mail address of the corresponding author**. Also include the numbers of references, tables, figures, and appendices along with word length for the article's text (not including title page, abstract, references, tables, figures, or appendices). Please provide the word count of the abstract and up to five key words or terms for use in indexing.

5.2 ABSTRACT

Structured abstracts should adhere to the formats outlined in the instructions for each particular type of article. Include sufficient data in the abstract to inform the reader of the most important quantitative results in the manuscripts. Except for some qualitative papers, it will be unacceptable to include purely qualitative terms

in the Abstract, such as “The intervention group had significantly more hospitalizations than the control group.” **Ensure that the abstract and manuscript present consistent information.**

5.3 MANUSCRIPT TEXT

For all articles, organize manuscript text into sections generally matching Abstract sections. Double-space all text. Use a 12-point font for the abstract, text and references. Number the lines continuously. **Tables and table legends may be single spaced with the font size no smaller than 10- point. Tables should be formatted in portrait orientation unless the manuscript is a systematic review.** Abbreviations should be kept to a minimum and defined when first introduced. Standard medical abbreviations are allowed without being defined if commonly used instead of the full term, such as EKG, IV, etc. It is also not necessary to define standard statistical abbreviations such as N, SD (standard deviation), CI (confidence interval), and OR (odds ratio). Do not abbreviate diseases or conditions (e.g., MI). Use generic drug names. For studies involving human subjects, include documentation of informed consent and institutional review board approval (or exemption) in the methods section. If your study is exempt, please include documentation of that as well. All measurements should be expressed with System International (SI) units. Other units may follow in parentheses if needed. Do not use footnotes, headers, or footers other than for page numbers. Do not use bulleted text or bolding except in table headings, which should be bolded. Italics may be used.

5.4 ACKNOWLEDGEMENTS

The Acknowledgment section should follow the Discussion, and has 3 components.

Contributors: List those who contributed to the manuscript but do not meet the criteria for authorship. The Editors reserve the right to request a letter of agreement from those listed in the Acknowledgment section. If you cite individuals (rather than groups) in any Acknowledgement, you will be asked to provide written approval from each for including their name(s) when the manuscript is accepted for publication.

Funders: Include all funding sources, grants, and other financial support received for the work represented in the manuscript (both internal and external). Include the granting institution, and grant number (if relevant).

Prior presentations: Include the name and date of any conference at which the paper was presented (Include DOI)

5.5 CONFLICT OF INTEREST

Summarize and disclose all conflicts of interest by all authors in a paragraph, immediately following the Acknowledgements section, before the References section. Additionally, the corresponding author must submit as a Word document a Conflict of Interest Form (available at <http://colombiamedica.univalle.edu.co>). Include a line for each author, even if there are no conflicts of interest. Conflicts of interest are defined as all relationships or interests that could influence or bias the work. Although an author may not feel there are conflicts, disclosure of relationships and interests affords a more transparent process, leading to an accurate

and objective assessment of the work. In addition, interests that go beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed

5.6 REFERENCES

Number references consecutively, using Arabic numbers, as cited in the text. List all authors when there are six or fewer; when there are seven or more, list the first three and add “et al.” Follow the format set forth in “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (see citation examples listed below). Use a text list for your references. *Authors must double-check the completeness and accuracy of all references* because errors in the references are a common cause of delays in publishing accepted manuscripts. If possible, include the DOI in reference.

Examples:

Articles: Braddock CH, Fihn SD, Levinson W, Jonsen AR, Pearlman RA. How doctors and patients discuss routine clinical decisions - informed decision making in the outpatient setting. *J Gen Intern Med.* 1997;12:339-45.DOI: 10.1136/jim-2018-001227

Books: Fleiss JL. *Statistical Methods for Rates and Proportions.* New York: John Wiley and Sons; 1981:165-8.

Websites: Health Care Financing Administration. 1996 statistics at a glance. Available at: <http://www.hcfa.gov/stats/stathili.com>. Accessed December 2, 1996.

5.7 LEGENDS FOR FIGURES

Include a brief separate Legend for each figure. The title of the figure should appear in the Legend, not on the figure itself. Use the Legend to identify all abbreviations, lines, bars, etc. used in the figure.

5.8 TABLES

- Tables should follow the References and Figure Legends.
- Tables should be numbered with Arabic numerals, should have a short title that describes its contents, and have sufficient white space to be easily legible. If there is only one table, then do not number it; refer to it as “Table” and do not include the designation “Table” in the table’s title.
- All tables must be cited in the text. In many instances, tables containing few data can be deleted and included as text in the manuscript instead.
- **Do not repeat tabular information in the manuscript text.** Instead, include data in the tables, and comment upon it in the text.
- Ensure that the tabular information agrees with that in the manuscript text and abstract.
- Use the table editor of your word processing software to build a table. Using a regular text with spaces or tabs to line up columns of data is not acceptable. Regardless of which program is used, each piece of data needs to be contained in its own cell in the table. Do not try to align cells with hard returns or extra spaces. Place each row of data in a separate

row of cells. Construct the table so comparisons between groups are read horizontally. Use the table grid feature in your word processor to draw the outlines of each cell; do not draw lines by any other means.

- *COLOMBIA MÉDICA* tries to fit tables into a single page column whenever possible and never more than the width of a journal page. Tables in manuscripts must be single spaced and submitted one to a page (may continue onto a second page if there are too many rows for one page). Each table width must fit onto an 8.5 X 11 inch page, in portrait layout (i.e., 8.5 inch width) and in no less than 10 point font. If a table does not fit into this format, consider shortening row or column labels, using more than one table or a figure to display the data, eliminating unnecessary data, or converting table data into a figure. Almost all tables will fit this format. Tables that cannot fit onto one journal page can only be published online, but in any format the author requires.
- Numbers and percentages should be presented in the same cell. Similarly, measures of variability (SD, 95% CI) should be in the same cell as their corresponding statistic: When presenting percentages, include the numbers from which they were calculated. For example, the number of subjects (denominator) can be included in a header – e.g., Control (N=130) – while the numerator and percentage can be displayed in the cell, e.g.: 83 (64). Include variability where applicable (e.g., mean [SD] or median [interquartile range]).
- Table rows should be top aligned. Use indentation to indicate the hierarchy for entries and subentries in tables. Use a single-space indent for the first level of subentry, and a double-space indent for the second level of subentry. Data must not fall into adjacent columns. Wrap the line(s) to avoid entries falling onto adjacent columns.
- For tables or Figures with 10 or fewer explanatory footnotes, the following symbols are set in the order shown: asterisk *, dagger †, double dagger ‡, section mark §, parallel mark ‖, paragraph symbol ¶, number sign #, asterisk [repeated] **, dagger [repeated] ††, double dagger [repeated] ‡‡. For tables with more than 10 footnotes, use superscript lower case letters. Symbols and footnote letters should not be used in the same table. If an entry begins with a number or a symbol, the next word should be capitalized.
- For dichotomous variables (e.g., sex), only include data for one category (e.g., women).
- Use arithmetic operators (e.g., <, >, +, =) instead of words in footnotes. Units of measurement should be contained in the column or row headings, not the table's cells.
-
- Group similar data types together. Use an emdash (—) or double hyphen (--) rather than blanks to indicate cells that lack data. Use “N/A” for “not applicable” or “N/D” for “not determined,” where appropriate, for cells with missing contents. Use the numeral “0” to indicate that the value of the data in a cell is zero.
- For numbers between 0 and 1 with decimals, include a leading zero before the decimal point. For example, write 0.143 rather than .143. This pertains to both data and p- values (see below).
- It is seldom helpful (and often obfuscating) to use more than

2 significant digits. Laboratory data should be provided and rounded off according to the number of digits that reflects the precision of the reported results, and to eliminate reporting results beyond the sensitivity of the procedure performed. Exact *P* values are preferred whether statistically significant or not. *P* values should be expressed to 2 digits to the right of the decimal point unless the first 2 digits are zeros. *P* values less than 0.001 should be designated as “*P* < 0.001” rather than using exact values (e.g., *P* = 0.0002 or for *P* = 0.00006 use 3 digits to the right of the decimal place *P* < 0.001). For study outcomes, statistically significant values should not be expressed as “*P* < 0.05” either in the table or in the table footnote. Non-significant *P* values should not be expressed as “NS” (not significant). The number of digits for confidence intervals should correspond to the number of digits in the point estimate (e.g. if an odds ratio is reported as 2.45, the 95% confidence interval should be reported as 1.32 to 4.78, NOT as 1.322 to 4.784)

5.9 TEXT BOXES

Sometimes, authors need to present information that does not fit well into either a table or a figure. Examples include steps in a protocol or instructions for focus group participants. In such instances, use a text box. The best text boxes use white space and bulleted or numbered lists to make the information contained therein more easily readable. Text boxes should be numbered consecutively and included in the manuscript following tables and before figures. Formatting rules for tables should be used where appropriate. All text boxes should have a solid border around the entire box.

5.10 FIGURES

In the initial submission, **each figure should be embedded directly into the manuscript document after the references, tables, and text boxes, if any.** Do not put the title on the figure itself; put it in the Legend. Figures with few data should add some visual value; otherwise, include the data in the manuscript text or table instead. For all line and bar charts, the lower bound for each scale should be either zero (preferable) or the lowest possible physiologic value. Do not truncate values in order to accentuate differences between groups. Use symbols (defined in the Figure Legend) to define lines, groups, etc. as listed above for Tables.

Color photographs and figures will always be published in color in the online version of an article. *COLOMBIA MÉDICA* has the ability to publish articles in color in the journal at no additional cost to the authors. The Editors will make the decision as to whether color is warranted in a manuscript accepted for publication that contains color figures, tables, etc. Authors should keep in mind that reproducing color in black and white can reduce the contrast between parts of a figure when colors are reproduced as shades of grey. Authors should therefore use colors with different densities (e.g., dark blue vs yellow) in adjacent bars, etc. so they can easily be distinguished in black and white.

5.11 PERMISSIONS

Previously published illustrations, tables, and text must be fully identified as to author and source. For all borrowed illustrations,

tables, and verbatim quotations of 200 words or more, authors must obtain written permission from both the previous publisher and the author and forward such permission with the manuscript. The author is responsible for fees associated with reprinting previously published materials.

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5.12 RESEARCH DATA POLICY TYPE 1

COLOMBIA MÉDICA encourages authors, where possible and applicable, to deposit data that support the findings of their research in a public repository. Authors and editors who do not have a preferred repository should consult Springer Nature's list of repositories and research data policy.

- List of Repositories

General repositories—for all types of research data—such as figshare and Dryad may also be used.

Datasets that are assigned digital object identifiers (DOIs) by a data repository may be cited in the reference list. Data citations should include the minimum information recommended by DataCite: authors, title, publisher (repository name), identifier.

- DataCite
- Research Data Policy Frequently Asked Questions

5.7 DATA AVAILABILITY

COLOMBIA MÉDICA strongly **encourages** (but does not currently require) authors to provide a statement of Data availability in their article. Data availability statements should include information on where data supporting the results reported in the article can be found, including, where applicable, hyperlinks to publicly archived datasets analyzed or generated during the study. Data availability statements can also indicate whether data are available on request from the authors and where no data are available, if appropriate.

Data Availability statements can take one of the following forms (or a combination of more than one if required for multiple datasets):

- The datasets generated during and/or analyzed during the current study are available in the [NAME] repository, [PERSISTENT WEB LINK TO DATASETS]
- The datasets generated during and/or analyzed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.

- The datasets during and/or analyzed during the current study available from the corresponding author on reasonable request.
- Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.
- All data generated or analyzed during this study are included in this published article [and its supplementary information files].

6 COLOMBIA MÉDICA SUBMISSION CHECKLIST

Most submissions will consist of four files:

- Cover letter
- Conflict of interest form
- Manuscript document
- Copyright form

Manuscript processing cannot begin until you have correctly submitted all relevant information. Please ensure that you have included:

COVER LETTER (as a Word document – PDF files not accepted) Please review “suggested cover letter format” (<http://colombiamedica.univalle.edu.co>) prior to writing.

- Statement on no prior publication of manuscript contents
- Statement that manuscript is not under review elsewhere
- Statement that this manuscript or a substantially similar manuscript was NOT previously submitted to *COLOMBIA MÉDICA*
- Authorship statement
- NIH trial registry number, if appropriate
- Corresponding author contact data (name, title, affiliation, address, email, phone)
- Back-up contact
- Suggested reviewers with contact information (optional)
- *COLOMBIA MÉDICA* Conflict of Interest form (as Word document – PDFs not accepted)

6.1 TITLE PAGE

- Title of manuscript (no more than 18 words)
- Full names of authors, with highest degree(s) awarded and institutions (linked by superscript numbers to each author)
- Running title of six words or fewer
- Corresponding author contact data (name, title, affiliation, address, email, phone)
- Abstract and article text word count
- Number of tables and figures
- Keywords (at least 3)
- NIH trial registry number, if appropriate
- Number pages consecutively as a footnote, beginning with the Title Page

6.2 ABSTRACT

- Structured where indicated (see guidelines by article type)
- Ensure the abstract information matches the manuscript information

6.3 MANUSCRIPT TEXT

- Follow recommended format for appropriate article type
- Number pages consecutively, beginning with Title Page
- Number the lines continuously
- Begin each section on a new page in this order: Title, Abstract, Text (per article type), References, Legends for Figures, Tables, Figures, Appendices
- Document ethics/Institutional Review Board approval, if human subjects are involved. If study is exempt, please include documentation of exempt status.
- Use abbreviations appropriately and minimally
- DO NOT use footnotes
- DO NOT use headers or footers, other than page numbers

6.4 ACKNOWLEDGEMENTS AND CONFLICTS OF INTEREST

- Acknowledgments (contributors, funding, presentations) follow the Discussion
- Conflict of interest summary for all authors follows the Acknowledgments

6.5 REFERENCES

- Begin on a new page
- Number consecutively with Arabic numerals (1, 2, 3, etc.)
- Use proper format (see above)

6.6 TABLES

- Must be included in text document – separate files not accepted
- Number tables consecutively with Arabic numerals (1, 2, 3, etc.)
- Title on each table
- Fit width-wise on an 8.5 X 11 inch page in portrait mode in no less than 10 -point font and one-inch margins.
- Define all abbreviations in footnotes using appropriate superscripted characters

6.7 TEXT BOXES

- Number text boxes consecutively with Arabic numerals (1, 2, 3, etc.)
- Use white space and bulleted or numbered lists for readability
- Follow all formatting rules for tables, where appropriate.
- Put a solid border around the entire text box.

6.8 FIGURES

- Must be included in text document – separate files not accepted
- Number consecutively
- Avoid 3-dimensional graphs and charts
- Consider color if it adds to the presentation of results
- Must have a resolution of at least 300 dots per inch (dpi).

6.9 PHOTOS (FOR CLINICAL IMAGE SUBMISSIONS)

- RESOLUTION: Resolution must be at least 300 dots per inch (dpi).
- DIMENSIONS: Graphic(s) should be close to the final desired size in print (approximately 4 x 4 inches).
- FILE FORMAT: Save line artwork, vector graphics, halftone artwork or photographic images as either Tagged Image File Format (.TIF) or Encapsulated PostScript (.EPS) files.
- DO NOT use .TIF files created by PowerPoint because they are not sufficiently dense.
- DO NOT send native graphics file formats or RAW files because our typesetters cannot use them.

6.10 VIDEOS

- Format for video files must be either .MP4 or .MOV.

6.11 SUBMISSION

Initial submission: Submit via the *COLOMBIA MÉDICA* editorial website: <http://colombiamedica.univalle.edu.co/index.php/comedica/login>

- Attach cover letter as a Microsoft Word document.
- Attach completed *COLOMBIA MÉDICA* Conflict of Interest Form as a Microsoft Word document.
- Attach manuscript as a single Microsoft Word file (not PDF). **The manuscript file should include Title Page, Abstract, Manuscript Text, References, and any Tables, Text Boxes, or Figures.**
- Attach any additional relevant files (e.g., PRISMA checklist and flow diagram, permissions to reproduce prior published material or previously published with potential overlap with the current manuscript, etc.) Note: Do NOT attach patient permission files, but instead send the signed *COLOMBIA MÉDICA* Statement of Patient Consent.
- Attach additional content files (multimedia, audio files, etc) that might be posted on
- *COLOMBIA MÉDICA* publisher's website if manuscript is accepted.

7 QUESTIONS

Submission process or manuscript management Contact the COLOMBIA MÉDICA Editorial Office.

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