

# AUTHOR GUIDELINES

Journal title: **Annals of Olinda Medical School**

Acronym: **afmo**

Abbreviation: **Annals FMO**

Publisher: **Faculdade de Medicina de Olinda**

Electronic ISSN: **2674-8487**

Print ISSN: **2595-1734**

## SCOPE

The Journal Annals of Olinda Medical School reflects the thinking and commitment to the production of knowledge based on the social responsibility that we assume as protagonists, and as part of the Institutional Development Project of the Faculdade de Medicina de Olinda (FMO). Aiming to strengthen the inseparability of teaching, research and extension, in addition to consolidating quality education, anchored in scientific bases and ethical values, the journal was created in light of an editorial line committed to a sustainable world and focused on medicine as a profession with a strong social and humanized component.

**The Journal Annals of Olinda Medical School - Health Social Responsibility**, was created in 2018. Since then, it has been the official vehicle of the Olinda School of Medicine to support its principles, especially those related to encouraging research, teaching, and professional medical practices. It is an important instrument for disseminating knowledge, allowing exchange with other areas that favor medicine and the community, and enabling improvement of the standard care provided to the population. Since its inception, Anais FMO has faithfully complied with the requirements for biannual online and printed periodicity for scientific publication, following the recommendations of the International Committee of Medical Journal Editors ([www.icmje.org](http://www.icmje.org)), which are commonly used in the areas of medicine and related sciences. Currently, Anais FMO is duly registered as a journal in the ISSN system. Articles are published in a continuous flow and all are free and open access, offered through the link <https://afmo.emnuvens.com.br>. By publishing their article

in Anais FMO, authors transfer copyright to the journal and grant it the right of first publication. Manuscripts are submitted online through the platform, available at <https://afmo.emnuvens.com.br/afmo/about/submissions>.

## POLICIES OF THE JOURNAL ANNALS OF OLINDA MEDICAL SCHOOL

### Research Ethics Committee Approval

All publications submitted to the Annals of Olinda Medical School must have followed the research ethics recommendations of the Declaration of Helsinki and the standards of Resolution no. 466/2012 (<http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>) and <http://conselho.saude.gov.br/resolucoes/2016/Reso510.pdf>) of Brazilian National Health Council. Studies that analyze aggregated data without identifying participants, such as those available in official databases in the public domain are exempt from research ethics committee approval.

Following the guidance of the National Research Ethics Commission, National Health Council, Ministry of Health (CONEP/CNS/MS), no institution is superior to the research ethics committee to analyze the nature of research proposals. The research ethics committee that approves the research must be registered with CONEP.

Research ethics committee must also approve case reports, following the provision no. 166/2018, of the Research Ethics Committee/CONEP/CNS, (<http://conselho.saude.gov.br/images/comissoes/conep/documentos/CARTAS/CartaCircular166.pdf>).

Case reports involving cadaveric parts must also have a research ethics committee approval.

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al. Reports that use parts from cadavers destined for medical schools or similar areas for teaching and research purposes, in addition to ethical approval, must have authorization from the responsible institution to conduct the research.

It is mandatory to send a copy of the research ethics committee approval before submission.

### Peer Review

Annals of Olinda Medical Schools recognizes that peer review is important in the publication process.

Therefore, we analyze the submitted manuscripts with ethics and maximum scientific rigor, following the steps below:

Every manuscript received is analyzed for suitability to the scope of the journal, its contribution to knowledge advancement, its originality, the methodological rigor with which the study was conducted, and the adequacy of the conclusions in relation to the results presented. In addition, the formatting is evaluated according to the standards of the journal. If any inaccuracy is identified, the manuscript is returned to the corresponding author, indicating the necessary adjustment. Only manuscripts that meet all the criteria described in the "Author Guidelines" undergo peer review.

Peer review is performed by at least two reviewers with extensive competence to evaluate the manuscript. The entire process is double-blinded; that is, reviewers and authors do not know each other's identities.

The editorial decision is made based on the comments from the reviewers. It may follow one of the following outcomes: (1) rejection, (2) new submission chance by addressing the comments received, or (3) approval with or without changes.

Manuscripts falling under outcome (1), rejection, will be returned to the authors. In the case of outcomes (2) and (3), more than one round of review may be necessary. Conflicting opinions will have a third opinion requested or will undergo editorial arbitration. Failure by authors to comply with the review deadlines stipulated by

the journal may result in the submission being archived. Approved manuscripts may receive layout changes as long as they do not alter the merit of the work.

The final editorial decision is recorded and is the responsibility of the editorial board. The manuscript content is the sole responsibility of the authors.

### TYPES OF MANUSCRIPTS ACCEPTED FOR PUBLICATION

**Original article:** a full paper of a clinical or experimental investigation with unpublished research results (limit of 3,400 words, seven authors, and 30 references).

**Integrative, systematic review, and meta-analysis:** they should address topics of interest in health. Narrative reviews will not be accepted. Authors must include the study motivation in the Introduction. Summary and abstract must be formatted as a single paragraph in a block format with up to 250 words (limit of 3,400 words, seven authors, and 45 references).

**Short Communication:** short communication of original research results. In general, short communications are leaner analyses with a brief discussion of the results (summary and abstract must be formatted as a single paragraph in a block format with up to 120 words; the manuscript must be up to 1,000 words with Introduction, Methods, Results, and Discussion sections; up to two tables/figures can be included in up to three pages combined; references are limited to six).

**Case reports:** description of clinical cases of interest due to their rarity, presentation, innovative diagnosis, or treatment (summary and abstract must be formatted as a single paragraph in a block format with up to 120 words; the manuscript must be up to 2,000 words with Introduction, Case Report, and Discussion sections; up to two tables/figures can be included in up to three pages combined; references are limited to fifteen; limit of seven authors).

**Experience reports:** detailed description of a successful or unsuccessful experience of an author or a team, which contributes to the discussion, exchange, and proposition of ideas

for improving health care. It must include an introduction with a theoretical framework for the experience, objectives of the experience, methodologies used (including a description of the context and procedures), results, and final considerations. Summary and abstract must be formatted as a single paragraph in a block format with up to 120 words; the manuscript must have up to 2,000 words and up to two tables/figures; limit of 15 references and seven authors).

**Methodological paper and theoretical/technical essays:** manuscripts that deal with techniques or theories used in epidemiological studies or that portray an original clinical observation or description of technical innovations. Manuscript should be concise, limited to 1,500 words, five references, two illustrations, four authors, summary and abstract in must be formatted as a single paragraph in a block format with up to 120 words.

**Critical review:** restricted to a book or film in the medical field and related sciences. Argumentative manuscript in which the author describes and analyzes a social production aiming to influence his readers by recommending the work for its qualities or rejecting it for its flaws. It must be presented as follows: (1) presentation - summary of the work analyzed with both technical information and information about the book or film content; (2) analysis – interpretation and analysis of the work highlighting its main points, whether positive or negative, and the critical analysis from the author; (3) conclusion - opinion on the work, resuming the main points analyzed (up to 1000 words and two authors);

**Letters to the Editor:** comments from readers on works published in the Annals of Olinda Medical School (500 to 700 words).

**Editorial:** It is the initial article of a volume and is generally requested by the Chief and Deputy Editors to guests with recognized technical and scientific skills.

The word count includes Introduction, Methods, Results, and Discussion (title page, summary, abstract, references, tables, and figures are not included in the word count).

Manuscripts submitted must be intended exclusively for the Annals of Olinda Medical School, and simultaneous submission to another jour-

nal is prohibited. The information and concepts presented in the manuscript, as well as the veracity of the research content, are the sole responsibilities of the author(s).

### Formatting

Manuscripts are accepted in Portuguese or English and must have an abstract in the original language of the manuscript and English. Manuscripts in English must have an abstract in English and Portuguese.

Manuscripts must be sent in Word, double-spaced, and Arial font size 12. Do not use line breaks. Do not use force manual hyphenations. The full term must follow abbreviations cited for the first time in the document. Title and abstract must not contain abbreviations.

### Title page

**Title of the manuscript in Portuguese and English** (up to 25 words for each title);

**Author information** (full name, email, ORCID, affiliation, city, state, and country — do not include title and position);

**Indication of the corresponding author**, with their full address and email;

**Conflicts of interest**, in accordance with the Resolution of the Federal Council of Medicine (CFM) no. 1595/2000, which prohibits the publication of works for advertisement purposes of medical products and equipment, available at <https://sistemas.cfm.org.br/normas/visualizar/resolucoes/BR/2000/1595>. Conflicts of interest must be presented as follows: “The author(s) (name them) received financial support from the private company (mention its name) to conduct this study”. If there are no conflicts of interest, the authors must declare: “The authors have no conflicts of interest to declare”.

**Source of financing**, stating whether public or private; if there is none, mention that the study was not funded;

**Number of the Certificate of Presentation for Ethical Assessment (CAAE) or number of Research Ethics Committee approval;**

**Authors contribution to the manuscript.**

On the following pages, always starting on a new page, the following sections must be presented:

### Summary and Abstract

Summaries must comply with the recommendations for each category of manuscript. In general, it must contain up to 250 words and be in structured format, covering the sections Objective, Methods, Results, and Conclusion. The same rule applies to the abstract.

Authors must include a minimum of four and a maximum of six keywords in both English and Portuguese regardless of the language in which the manuscript was submitted. The keywords must be standardized according to the Health Sciences Descriptors (DeCS), available at <http://decs.bvs.br/>.

### References

References must be numbered consecutively according to the first mention in the manuscript and using superscript Arabic numerals in accordance with Vancouver style ([www.icmje.org](http://www.icmje.org)). The reference list must follow the numerical order of the manuscript, ignoring the alphabetical order of authors. Journal titles must follow the Index Medicus/Medline. The name of the first six authors must appear, followed by the expression et al. when this number is exceeded. Whenever available, the Digital Object Identifier (DOI) must be provided (see examples below). Personal communications, unpublished or ongoing work, citations from books, thesis, and dissertations should be avoided. The accuracy of references is the responsibility of the authors.

### EXAMPLES

#### Reference to a journal publication:

Ng OT, Marimuthu K, Koh V, Pang J, Linn KZ, Sun J, et al. SARS-CoV-2 seroprevalence and transmission risk factors among high-risk close contacts: a retrospective cohort study. *Lancet Infect Dis*. 2021 Mar; 21(3):333-343. doi: 10.1016/S1473-3099(20)30833-1

Jardim BC, Migowski A, Corrêa FM, Azevedo e Silva G. Covid-19 no Brasil em 2020: impacto nas mortes por câncer e doenças cardiovasculares. *Rev Saude Publica*. 2022; 56:22. <https://doi.org/10.11606/s1518-8787.2022056004040>.

### Reference to a World Health Organization Report

World Health Organization. *Clinical Care for Severe Acute Respiratory Infection—Toolkit—Update 2022*. Geneva: World Health Organization; 2022.

### Reference to electronic documents

Brasil. Casos de aids notificados no SINAN, declarados no SIM e registrados no SISCEL/SICLON, segundo capital de residência por ano de diagnóstico. Brasil, 1980-2021 [Internet]. 2021 [acessado em 12 abr. 2022]. Available at: <http://www2.aids.gov.br/cgi/deftohtm.exe?tabnet/br.def>

### Figures and tables

Figures and tables must be inserted at the end of the manuscript, followed by their respective captions. Submission in separate files is not permitted. There must be page breaks between each one, respecting the maximum number of three pages for tables and figures combined. Do not format tables using the TAB key.

Figures must be up to 15 cm wide in Portrait orientation and 24 cm wide in landscape orientation and be presented within the requested margin (Normal Word setting). Colored figures are accepted. Figures must be provided in high resolution, plots in editable format, and tables, equations, charts, and flowcharts must be sent in an editable file (Word or Excel), never as an image.



### Contact Methods

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