# Instructions for authors

*Journal of Evidence-Based Practice* (J Evid-Based Pract) is the official scientific journal of the Korean Society of Evidence-Based Medicine. The abbreviated title is "*J Evid-Based Pract*". It is published in English two times a year on the last day of March and September.

## I. Aims and Scope

*J Evid-Based Pract* aims to present 1) Original evidence-based research on important issues in healthcare, 2) Methods, tools, and concepts essential for evidence-based medicine (EBM), education and practice,3) Perspectives, debates, analyses, and opinions on reliable evidence and related topics in evidence-based medicine.

## II. Editorial Policy

The Editor assumes that all authors listed in a manuscript have agreed with the following policy of the *J Evid-Based Pract* on submission of manuscript. Except for the negotiated secondary publication, the manuscript submitted to the *J Evid-Based Pract* must be previously unpublished and not be under consideration for publication elsewhere. Under any circumstances, the identities of the referees will not be revealed. All published manuscripts become the permanent property of the Korean Society of Evidence-Based Medicine (KSEBM) and may not be published elsewhere without written permission. *J Evid-Based Pract* adheres completely to guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/icmje-recommendations.pdf) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; http://doaj.org/bestpractice) if otherwise not described below.

## III. General information

### 1. Publication types

Manuscripts submitted to *J Evid-Based Pract* should present evidence-based research on important healthcare issues or contribute to the education and advancement of evidence-based medicine (EBM). Submissions must be unique, creative, and contribute meaningfully to the field. The journal accepts various types of manuscripts, including editorials, original articles, reviews, systematic review, clinical trial, clinical practice guideline, case reports, and letters to the editor.

### 2. Language

*J Evid-Based Pract* publishes articles in English. Spellings should abide by American spellings. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary. Accepted manuscripts are requested to be proofread by professional English editors.

### 3. Submission of manuscripts

In addition to members of Korean Society of Evidence-Based Medicine, any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Authors are requested to submit their papers to ksebm.office@gmail.com via e-mail. Final revisions by authors should be submitted within 1 week of the request.

### 4. Data Availability Statement

Data sharing is encouraged by the *J Evid-Based Pract*, but a Data Availability Statement will be required and published with the manuscript. Authors will be provided the following options during submission or may use a draft of their own.

- 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 generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.
- Data sharing is 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].
- The data that support the findings of this study are available from [third party name] but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are however available from the authors upon reasonable re-

quest and with permission of [third party name].

## 5. Preprint policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer-reviewed scholarly journal. *J Evid-Based Pract* allows authors to submit a manuscript that have been posted on preprint platform to the journal. It is not treated as duplicate submission or duplicate publication. *J Evid-Based Pract* recommend authors to disclose it with only single DOI during the submission process. Otherwise, it may be screened from the plagiarism check program — Similarity Check (iThenticate).

Preprint submission will be processed through the usual peer-review process. In addition, the preprint's history will be tracked by additional independent editor, with an emphasis on the posting procedure and format.

If the manuscript with preprint is accepted for publication, authors are recommended to update the information at the preprint platform with a link to the published article in *J Evid-Based Pract*, including DOI at *J Evid-Based Pract*. It is strongly recommended that authors cite the article in *J Evid-Based Pract* instead of the preprint.

Moreover, *J Evid-Based Pract* does not permit referencing a preprint as a reference unless there is an exceptional circumstance that the authors can justify.

If the authors of a submitted article differ from those of the preprint, the authors must explain the change in authorship and demonstrate that it complies with ICMJE recommendations.

## 6. Disclosure of Artificial Intelligence (AI) Programs

Artificial Intelligence (AI) programs (e.g. ChatGPT or other similar software) cannot be considered as authors of submitted manuscripts because they do not meet the requirements for authorship. For instance, they cannot understand the role of authors or take responsibility for the content of the paper. Additionally, AI cannot meet the authorship criteria set by organizations such as the International Committee of Medical Journal Editors (ICMJE). This includes having the ability to give final approval for publication and being accountable for the accuracy and integrity of the work.

Furthermore, AI lacks the capacity to comprehend a conflict of interest statement, and cannot legally sign such a statement. Additionally, AI does not have independent affiliation from its creators, nor can it hold copyright.

Therefore, when submitting a paper, authors should not include AI as authors but rather acknowledge the use of AI and provide transparent information about how it was used in writing the manuscript. As the field of AI is rapidly evolving, authors using AI should declare this fact and provide specific technical details about the AI model used, including its name, version, source, and the method of application in the paper. This is in line with the ICMJE recommendation of acknowledging writing assistance.

## 7. Peer review process

- The *J Evid-Based Pract* received the papers via ksebm.office@gmail.com.
- Manuscripts to be reviewed: All submitted manuscripts are peer reviewed. Commissioned manuscripts are also reviewed. Research data or supplementary materials are subjected to peer review.
- Who conducts peer review: Submitted manuscripts will be reviewed by 2 or more external experts in the corresponding field. The editor selects peer reviewers according to the recommendation of the Editorial Board members or from the external expert database maintained by the editorial office. Some publication types, including editorials, errata, corrigenda, retraction, withdrawal, and letters to the editor, are reviewed by the editorial board member without external peer review.
- Type of peer review: *J Evid-Based Pract* uses double-blind review, which means that both the reviewer's and author's identities are concealed from the reviewers, and vice versa, throughout the review process. To facilitate this anonymous review, authors need to ensure that their manuscripts are prepared in a way that does not give away their identity. The names of reviewers are not posted in the published article.
- Screening before peer review: The manuscript is first reviewed for its format and adherence to the aims and scope of the journal. If the manuscript does not align with the aims and scope of the Journal or does not adhere to the Instructions for authors, it may be returned to the author immediately after receipt and without a review.
- Duration for the first decision: The result of the first peer review is usually finished within two months. If there is no correspondence from the editorial office on the fate of the submitted manuscript two months after the submission, please get in touch with the editorial office via ksebm.office@gmail.com
- Revision process: The Editorial Board may request authors to revise the manuscripts according to the reviewer's opinion. After revising the manuscript, the author should send the revised files with a reply to each item of the reviewer's opinion. Additions and amendments to the revised manu-

script should be highlighted in red. The author's revisions should be completed within 60 days after the request. If it is not received by the due date, the Editorial Board will not consider it for publication. To extend the revision period to more than 60 days, the author should negotiate with the Editorial Board. The manuscript review process should be finished with the second review. If the reviewers wish further review, the Editorial Board may consider it. Statistical editing is also performed if data need professional statistical review by a statistician. *J Evid-Based Pract* neither guarantees acceptance without review nor very short peer review times for unsolicited manuscripts.

- Final decision maker: The Editorial Board will make a final decision on the approval for publication of the submitted manuscripts and can request any further corrections, revisions, and deletions of the article text if necessary.
- The publication date is published with all published papers, including dates of submission, revision, and acceptance.
- Review of in-house manuscripts: All manuscripts from editors, staff, or editorial board members are subject to the same review process as other submissions. During the review process, they will not be involved in the selection of reviewers or the decision-making process. Editors will not handle their manuscripts even if they have been commissioned. The review and publication processes not described in the Instructions for Authors will be incorporated into the Editorial Policy Statements approved by the Council of Science Editor Board of Directors, available at http://www.councilscienceeditors.org.

### 8. Article processing charge and publication fee

*J Evid-Based Pract* has no author submission fees or other publication-related charges. All publication costs are supported by the publisher. *J Evid-Based Pract* is a platinum open access journal that does not charge author fees.

### 9. Copyrights and secondary publication

The *J Evid-Based Pract* owns copyrights of all published materials. On behalf of the co-author(s), the corresponding author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals". A copy of the form is made available to the submitting author within the online manuscript submission process. It is possible to republish manuscripts if ONLY the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at: http://www.icmje.org

### 10. Open access

*J Evid-Based Pract* is an Open Access journal accessible for free on the Internet. Accepted peer-reviewed articles are freely available on the journal website for any user, worldwide, immediately upon publication without additional charge.

## IV. Research and Publication Ethics Guidelines

For the policies on research and publication ethics, the "Good Publication Practice Guidelines for Medical Journals" (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13) or the "Ethical Guidelines on Good Publication" (http://publicationethics.org/resources/guidelines) or "Ethical Considerations in the International Committee of Medical Journal Editors" (http://www.icmje.org/recommendations) are applied.

### 1. Conflict-of-interest statement

The corresponding author is required to summarize all authors' conflict of interest disclosures. The disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (www.icmje.org/conflicts-of-interest). A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author's decisions, work, or manuscript. All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationships, (3) academic competition, and (4) intellectual passion. These conflicts of interest must be included as a footnote on the title page or in the Acknowledgements section.

All funding sources should be declared on the title page or in the Acknowledgements section at the end of the text. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the originally published disclosure statement, and additional action may be taken as necessary.

If one or more editors are involved as authors, the authors should declare conflict of interest.

Ex) AAA has been an editor of the Journal of Evidence-Based Practice since 2017; however, he was not involved in the

peer reviewer selection, evaluation, or decision process of this article. No other potential conflicts of interest relevant to this article were reported.

## 2. Statement of informed consent

Copies of written informed consents and Institutional Review Board (IRB) approval for clinical research are recommended to be kept. The editor or reviewers may request copies of these documents to clarify potential ethical issues.

## 3. Protection of privacy, confidentiality, and written informed consent

Identifying details should not be published in written descriptions, photographs, or pedigrees unless it is essential for scientific purposes and the patient (or his/her parents or guardian) provides written informed consent for publication. Additionally, informed consent should be obtained in the event that the anonymity of the patient is not assured. For example, masking the eye region of patients in photographs is not adequate to ensure anonymity. If identifying characteristics are changed to protect anonymity, authors should assure that alterations do not distort scientific meaning. When informed consent has been obtained, this should be indicated in the published article.

## 4. Protection of human and animal rights

In the reporting of experiments that involve human subjects, it should be stated that the study was performed according to the Helsinki Declaration of 1975 (revised 2013) (Available from https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) and approved by the Institutional Review Board (IRB) of the institution where the experiment was performed. Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Identifying details should not be published (such as name, initial of name, ID numbers, or date of birth).

In the case of an animal study, a statement should be provided indicating that the experimental processes, such as the breeding and the use of laboratory animals, were approved by the Research Ethics Committee (REC) of the institution where the experiment was performed or that they did not violate the rules of the REC of the institution or the NIH Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council, https://www.nap.edu/catalog/5140/guide-for-thecare-and-use-oflaboratory-animals). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the Editorial Board.

## 5. Registration of the clinical research

All prospective studies must be registered in the primary registry before submission. *J Evid-Based Pract* accepts registration in any of the primary registries that participate in the World Health Organization (WHO) International Clinical Trials Portal (http://www.who.int/ictrp/en), NIH ClinicalTrials.gov (http://www.clinicaltrials.gov), or Korea Clinical Research Information Service (CRiS, http://cris.nih.go.kr).

## 6. Reporting guidelines

The *J Evid-Based Pract* recommends that a submitted manuscript follow reporting guidelines appropriate for various study types. Good sources for reporting guidelines are the EQUATOR Network (www.equatornetwork.org) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html).

## 7. Author and authorship

An author is considered to be an individual who has made substantive intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications.

Authorship credit should be based on: (1) substantial contributions to the conception or design of the work, or to the acquisition, analysis, or interpretation of data for the work; (2) the drafting of the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement on taking accountability for the accuracy or integrity of the work. Authors should meet these four criteria. and these criteria distinguish the authors from other contributors.

Correction of authorship after publication: *J Evid-Based Pract* does not correct authorship after publication unless a mistake has been made by the editorial staff. Authorship may be changed before publication but after submission when an authorship correction is requested by all of the authors involved with the manuscript.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Journals gener-

ally list other members of the group in the Acknowledgments section.

### 8. Plagiarism and duplicate publication

Plagiarism is the use of previously published material without attribution. Prior to peer review, all manuscripts are screened for plagiarism by the Editor-in-Chief using iThenticate. When plagiarism is detected at any time before publication, the *J Evid-Based Pract* editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE). For additional information, please visit http://www.publicationethics.org. Text copied from previously published work is interpreted using the following taxonomy:

**1) Intellectual theft**

Deliberate copying of large blocks of text without attribution

**2) Intellectual sloth**

Copying of "generic" text, e.g., a description of a standard technique, without clear attribution

**3) Plagiarism for scientific English**

Copying of verbatim text, often from multiple sources

**4) Technical plagiarism**

Use of verbatim text without identifying it as a direct quotation but citing the source

**5) Self-"plagiarism"**

Manuscripts are only accepted for publication if they have not been published elsewhere. Manuscripts published in this journal should not be submitted for publication elsewhere. Duplicate submissions identified during peer review will be immediately rejected, and duplicate submissions that are discovered after publication will be retracted. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from a different journal that is not open access.

When a duplicate publication is detected, the *J Evid-Based Pract* editorial office will notify the counterpart journal of this violation. Additionally, it will be notified of the authors' affiliation, and penalties will be imposed on the authors. It is possible to republish manuscripts if they satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at: www.icmje.org. If the author or authors wish to obtain a duplicate or secondary publication for reasons such as publication for readers of a different language, the author(s) should obtain approval from the Editors-in-Chief of both the first and second journal.

## V. Manuscript Preparation

*J Evid-Based Pract* recommends compliance with some or all of the following guidelines (https://www.equator-network.org).

CONSORT for reporting of randomized controlled trials (http://www.consort-statement.org)

STARD for reporting of diagnostic accuracy studies (http://www.stard-statement.org)

STROBE for reporting of observational studies in epidemiology (http://www.strobe-statement.org)

PRISMA for reporting of systematic reviews (http://www.prisma-statement.org)

MOOSE for reporting of Meta-analyses of observational studies (https://jamanetwork.com/journals/jamasurgery/article-abstract/2778476)

CARE for reporting of clinical cases (https://www.care-statement.org)

AGREE for reporting clinical practice guidelines (http://www.agreetrust.org/resource-centre/agree-reporting-checklist/)

ARRIVE for reporting of animal pre-clinical studies (https://arriveguidelines.org/arrive-guidelines)

### 1. Word processors and format of manuscripts

A manuscript must be written in proper and clear English. Our preferred file format is DOCX or DOC. Manuscripts should be typed double-spaced on A4-sized paper, using 12 point font in English.

### 2. Abbreviation of terminology

Abbreviations should be avoided as much as possible. When they are used, full expression of the abbreviated words should be provided at the first use, with the abbreviation following in parentheses. Common abbreviations may be used, however, such as DNA. Abbreviations can be used if they are listed as a MeSH subject heading (https://www.ncbi.nlm.nih.gov/mesh).

### 3. Word spacing

1) Leave 1 space on each side when using arithmetic marks such as +,–, ×, etc.
   Ex) 24 ± 2.5
   Leave no space when using a hyphen between words.
   Ex) intra-operative
2) When using parentheses, leave 1 space on each side.
3) When using brackets in parentheses, apply square brackets.

Ex) ([ ])

## 4. Citations

1) If a citation has 2 authors, write as "Hirota and Lambert". If there are more than 3 authors, apply "et al." at the end of the first author's surname.
   Ex) Kim et al. [1]
2) Citations should be applied after the last word.
   Ex) It is said that hypertension can be induced [1] and the way to injure the brain [2] is…
   Ex) Choi and Kim [1] reported…
3) Apply citations before a comma or period.
   Ex) ….is reported [1],
4) Several or coupled superscripts can be written as [1–5] or [1,3,5].

## 5. Arrangement of manuscript

The manuscript should be organized in the order of title, abstract, introduction, methods, results, discussion, acknowledgments, references, tables, figures, and figure legends. Figures should be uploaded as separate files. The title of each new section should begin on a new page. The conclusion should be included in the discussion section. Number pages consecutively, beginning with the first page of the manuscript. Page numbers should be placed in the middle of the bottom of the page. For survey-based clinical studies, the original survey document does not need to be included in the body of the manuscript but may be included as a supplement in an appendix.

## 6. Organization of manuscript

### 1) Original Article

(1) Cover page (upload separately)

① Title

Title should be concise and precise. The first word should be capitalized. Drug names in the title should be written with generic names, not brand names. For the title, only the first letter of the first word should be capitalized.

Ex) Effect of smoking on bronchial mucus transport velocity under total intravenous anesthesia …. [○]

Ex) Effect of Smoking on Bronchial Mucus Transport Velocity under Total Intravenous Anesthesia … [×]

Provide drug names as generic names, not product names.

Ex) In CPR, Isosorbide Dinitrate is, ……. [○]

Ex) In CPR, Isosorbide Dinitrate (Isoket®) is, ……. [×]

Ex) In CPR, Isoket® is, ……. [×]

② Running title

A running title should be provided with no more than 40 characters, including letters and spaces in Korean, or 10 words in English. If this title is inappropriate, the Editorial Board may revise it.

③ Author information

First name, middle initial, and last name of each author, with their highest academic degree(s) (M.D., Ph.D., etc.), and institutional affiliations; make sure the names of and the order of authors as they appear on the Title Page and entered in the system match exactly.

④ Previous presentation at conferences

Title of the conference, date of presentation, and the location of the conference may be described.

(2) Manuscript

① Title and Running title (without author information)

It should be the same as the Cover page.

② Abstract

All manuscripts should contain a structured abstract that is written only in English. Authors should provide an abstract of no more than 250 words. It should contain 4 subsections: Background, Methods, Results, and Conclusions. Citation of references is not permitted in the abstract. A list of key words at least 6, with a maximum of 10 items, should be included at the end of the abstract. Key words should be selected from MeSH (https://www.ncbi.nlm.nih.gov/mesh), and these should be written in small letters with the first letter capitalized. Separate each word with a semicolon (;), and include a period (.) at the end of the last word.

Ex) Keywords: Carbon dioxide; Cerebral vessels; Oxygen; Spinal analgesia.

③ Introduction

The introduction should address the article's purpose concisely and include background information relevant to the paper's purpose.

④ Methods

The methods section should include sufficient details regarding the design, subjects, and methods of the research in order, as well as methods used for data analysis and control of bias in the study. Sufficient details must be provided in the methodology section of an experimental study so that others can further replicate it. The study design whether descriptive analysis, randomized controlled study, cohort study, or meta-analysis should be stated.

Materials and/or Participants: The materials used in the research should be clearly detailed to facilitate follow-up studies. Any materials purchased should be listed with the source or manufacturer. Research participants should also be precisely described with parameters such as age, sex, region, school, country, date of intervention period, occupation, etc. Reasons for inclusion or selection of participants should be explained. If a certain group was excluded, this should be explained as well. Questionnaires in non-English languages may also be included in the Appendix. Statistical analysis should be meticulously described. If reviewers want to analyze the data to confirm the results, the raw data may be provided to the editorial office. Computer programs used for the statistical analysis should be stated with the name, manufacturer, and software version used. Along with the statistical results, we encourage the inclusion of measurement error or uncertainty, such as listing confidence intervals in addition to providing P-values.

Institute and author names should be avoided.

When reporting experiments with human or animal subjects, the authors should indicate ethics statement whether they received approval from the Institutional Review Board for the study. If no IRB number is available, this should be discussed with the editor during the review process. When reporting experiments with animal subjects, the authors should indicate whether the Institutional Board supervised the handling of the animals for the Care and Use of Laboratory Animals. Demographic data should be included in the materials and methods section if applicable. As a rule, subsection titles are not recommended. If several study designs were used, then subtitles can be used without assigning numbers.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer).

Authors should define how they determined race or ethnicity and justify their relevance.

- Units Laboratory information should be reported using the International System of Units [SI], available at: https://www.nist.gov/pml/special-publication-811

<Exceptions>

A. The unit for volume is "L", while others should be written as "dl, ml, μl".
   Ex) 1 L, 5 ml
B. The units for pressure are mmHg or $cmH_2O$.
   instead of Pascal.
C. Use Celsius for temperature. oC
D. Units for concentration are M, mM, μM.
   Ex) μmol/L; [×]
E. When more than 2 items are presented, diagonal slashes are acceptable for simple units.
   Negative exponents should not be used.
   Ex) mg/kg/min [O], mg・$kg^{-1}$・$min^{-1}$ [×]
F. Leave 1 space between number and units, except %, °C.
   Ex) 5 mmHg
   Ex) 5%, 36oC
G. Units of time
   Ex) hour: 1 h = 60 min = 3,600 s, day: 1 d = 24 h = 86,400 s

- Machines and equipment
  According to the 11th edition of the American Medical Association, provide the model name and manufacturer's name without the country.
  For drug names, use generic names. If a brand name should be used, insert it in parentheses after the generic name. Provide® or TM as a superscript and the manufacturer's name.
- Ions
  Ex) $Na^{+}$[○], $Mg^{2+}$[O], $Mg^{++}$[×], $Mg^{+2}$[×]
  Ex) Premedicated magnesium [O]
  Ex) Premedicated $Mg^{2+}$ [O]

⑤ Results

Results should be presented in a logical sequence in the text, tables, and figures, giving the main or most important findings first. Do not repeat all the data provided in the tables or figures in the text; emphasize or summarize only the most important observations. Results can be sectioned by subsection titles but should not be numbered. The citation of tables and figures should be provided as Table 1 and Fig. 1.

Type or print each table on a separate page. Figures should be uploaded as separate tif, jpg, pdf, gif, ppt files.

⑥ Statistics

Precisely describe the methods of statistical analysis

and computer programs used. Mean and standard deviation should be described as mean ± SD, and mean and standard error should be written as mean ± SEM. Median and interquartile should be described as median (1Q, 3Q). When displaying P values, use a capital P and do not put a "-" between "P" and "value".

A. Describe the statistical tests employed in the study in enough detail so readers can reproduce the same results if the original data are available. The name and version of the statistical package should be provided.

B. Authors should describe the objective of the study and hypothesis appropriately. The primary/secondary endpoints are predetermined sensibly according to the objective of the study.

C. The characteristics of measured variables should determine the use of a parametric or nonparametric statistical method. When a parametric method is used, the authors should describe whether the basic statistical assumptions are met.

For an analysis of a continuous variable, the normality of data should be examined. Describe the name and result of the particular method to test normality.

D. When analyzing a categorical variable, an exact test or asymptotic method with appropriate adjustments should be used if the number of events and sample is small. The standard chi-squared test or difference-in-proportions test may be performed only when the sample size and the number of events are sufficiently large.

E. The *J Evid-Based Pract* strongly encourages authors to show confidence intervals. and it is not recommended to present the P value without showing the confidence interval. In addition, the uncertainty of estimated values, such as the confidence interval, should be described consistently in figures and tables.

F. Except for study designs that require a one-tailed test, for example, non-inferiority trials, the P values should be two-tailed. A P value should be expressed up to three decimal places (ex. P = 0.160 not as P = 0.16 or P < 0.05). If the value is less than 0.001, it should be described as "P < 0.001" but never as "P = 0.000." For large P value greater than 0.1, the values can be rounded off to one decimal place, for example, P = 0.1, P = 0.9.

G. A priori sample size calculation should be described in detail. Sample size calculation must aim at preventing false negative results pertaining to the primary, instead of secondary, endpoint. Usually, the mean difference and standard deviation (SD) are typical parameters in estimating the effect size. The power must be equal to or greater than 80 percent. In the case of multiple comparisons, an adjusted level of significance is acceptable.

H. When reporting a randomized clinical study, a CONSORT type flow diagram, as well as all the items in the CONSORT checklist, should be included. If limited in terms of the space of the manuscript, this information should be submitted as a separate file along with the manuscript.

I. Results must be written in significant figures. The measured and derived numbers should be rounded off to reflect the original degree of precision. Calculated or estimated numbers (such as mean and SD) should be expressed in no more than one significant digit beyond the measured accuracy. Therefore, the mean (SD) of cardiac indices in patients measured on a scale that is accurate to 0.1 L/min/$m^2$ should be expressed as 2.42 (0.31) L/min/$m^2$.

J. Except when otherwise stated herein, authors should conform to the most recent edition of the American Medical Association Manual of Style.

⑦ Discussion

The discussion should be described to emphasize the new and important aspects of the study, including the conclusions. Do not repeat in detail the results or other information that is provided in the introduction or the results section. Describe the conclusions according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Conclusions may be stated briefly in the last paragraph of the discussion section.

⑧ ORCID (Open Researcher and Contributor ID)

All authors are required to provide a fully completed ORCID profile. ORCID registration is free and available to researchers worldwide through the ORCID website (https://orcid.org). Manuscripts submitted by authors who have not fully completed their ORCID profiles will not be considered for authorship and will be removed from the author list. Furthermore, if any listed author fails to meet this requirement, the manuscript will not proceed to the peer review process. An example ORCID profile is as follows: Owen Lee: https://orcid.org/0000-0002-2117-1437.

⑨ Authors' contributions

*J Evid-Based Pract* participates in the CRediT standard for author contributions. As such, the contribu-

tions of all authors must be described using the CRediT Taxonomy of author roles. For each of the categories below, please enter the initials of the authors who contributed in that category. If listing more than one author in a category, separate each set of initials with a space. If no author contributed to a category, you may leave that box blank.

The corresponding author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions before this time.

Examples of authors' contributions:

- Conceptualization: OL.
- Data curation: OL.
- Formal analysis: GJC.
- Funding acquisition: OL.
- Methodology: OL HK GJC.
- Project administration: GJC.
- Visualization: OL HK GJC.
- Writing – original draft: OL GJC.
- Writing – review & editing: OL HK GJC.

⑩ Conflict of Interest

Any conflicts should be disclosed here. This statement must be included regardless of the existence of conflicts of interest. If the authors have nothing to disclose, please state: "No potential conflict of interest relevant to this article was reported."

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⑫ Data Availability Statement

*J Evid-Based Pract* has implemented a mandatory data sharing policy, requiring authors to submit raw data or data files at the time of manuscript submission for editorial review. Manuscripts submitted without the required dataset will not proceed to peer review. These data are essential for verifying the accuracy of the analysis and ensuring the reproducibility of results. Authors must upload data files in csv, xls, xlsx, or txt format. If an alternative file format is necessary, prior approval from the editorial office is required. If data sharing is restricted due to agreements with the data provider or other justified reasons, authors must consult with the editorial office before submission to discuss alternative data-sharing arrangements.

⑬ Acknowledgments

Persons or institutes that contributed to the manuscript but not sufficiently to be co-authors may be recognized.

⑭ Supplementary Materials

If supplementary materials are available, either to aid in reader understanding or because data are too abundant for inclusion in the main text, these may be included as supplementary data. Data files, as well as abstract recording, text, audio, or video files, can be added here.

⑮ References

- References should be obviously related to documents and should not exceed 50 in number. The number of references should not exceed 100 in reviews. However, the number of references has no limitation in systematic review and meta-analysis. References should be numbered consecutively in the order in which they are first mentioned in the text. Provide citations in the body text. All references should be listed in English, including author, title, name of journal, etc.
- The format for references follows the descriptions below. Otherwise, it follows the NLM Style Guide for Authors, Editors, and Publishers (Patrias, K. Citing medicine: the NLM style guide for authors, editors, and publishers [Internet]. 2nd ed. Wendling, DL, technical editor. Bethesda (MD): National Library of Medicine (US); 2007 [updated 2015 Oct 2; cited Year Month Day]. Available at: www.ncbi.nlm.nih.gov/books/NBK7256/).
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- Description format

A. Regular journal

- Author name. Title of article. Name of journal published year; volume: start page-final page.
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  Ex) Hirota K, Lambert DG. Ketamine: its mechanism(s) of action and unusual clinical uses. Br J Anaesth 1996; 77: 741-4.
  Ex) Kang JG, Lee SM, Lim SW, Chung IS, Hahm TS, Kim JK, et al. Correlation of AEP, BIS, and OAA/S scores under stepwise sedation using propofol TCI in orthopedic patients undergoing total knee replacement arthroplasty under spinal anesthesia. Korean J Anesthesiol 2004; 46: 284-92.
- Journal article volume with supplement
  Ex) Doherty JS, Froom SR, Gildersleve CD. Pediatric laryngoscopes and intubation aids old and new. Paediatr Anaesth 2009; 19 Suppl 1: 30-7.
- Journal article issue with supplement
  Ex) Lee S, Han JW, Kim ES. Butyrylcholinesterase deficiency identified by preoperative patient interview. Korean J Anesthesiol 2013; 65(6 Suppl): S1-3.

B. Monographs

- Author. Book name. Edition. Place, press. Published year, pp (start page)-(End page).
- If reference page is only 1 page, mark 'p.'
- Note if it is beyond the 2nd edition.
  Ex) Nuwer MR. Evoked potential monitoring in the operating room. 2nd ed. New York, Raven Press. 1986, pp 136- 71.
- Translated documents cannot be used as references. The original documents should be provided as references.

C. Chapter

Any separate author of a chapter should be provided.
Ex) Blitt C. Monitoring the anesthetized patient. In: Clinical Anesthesia. 3rd ed. Edited by Barash PG, Cullen BF, Stoelting RK: Philadelphia, Lippincott -Raven Publishers. 1997, pp 563-85.

D. Electronic documents

Ex) Grainge MJ, Seth R, Guo L, Neal KR, Coupland C, Vryenhoef P, et al. Cervical human papillomavirus screening among older women. Emerg Infect Dis [serial on the Internet]. 2005 Nov [2005 Nov 25]. Available from wwwnc.cdc.gov/eid/article/11/11/05-0575_article.

E. Online journal article

Ex) Sampson AL, Singer RF, Walters GD. Uric acid lowering therapies for preventing or delaying the progression of chronic kidney disease. Cochrane Database Syst Rev 2017; 10: CD009460.

F. Advance access article

Ex) Baumbach P, Gotz T, Gunther A, Weiss T, Meissner W. Chronic intensive care-related pain: Exploratory analysis on predictors and influence on health-related quality of life. Eur J Pain 2017. Advance Access published on Nov 5, 2017. doi:10.1002/ejp. 1129.

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⑯ Tables

Only one table is to be drawn per page in the order cited in the text.

The title of the table is to be in English and written at the top of the table in the form of a phrase.

Words in the table excluding the title should use capital letters for the first word, and the following words are to be written in small letters.

For demographic data, gender is recorded as M/F, age as yr, (if necessary, use days or months in children) without decimal point. The "±" sign within the table is to be aligned with the rows above and below.

Footnotes are to be written in the following order: "Values are mean ± SD (or SEM) or median (1Q, 3Q)", the explanations for the groups and the abbreviations in order of appearance, and statistics. Abbreviations apart from internationally recognized abbreviations are to be explained with their full spellings at the bottom of the table. Full spellings are to be presented even for repeated abbreviations for each table in order of appearance.

Significance marks are to conform to the Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals. JAMA 1997; 227: 927-34). In other words, these must be in the order of *, †, ‡, §, ‖, ¶, **, ††, ‡‡ and written as superscripts.

⑰ Legends for figures and photographs

All of the figures and photographs should be described in the text separately.

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Define all abbreviations every time they are repeated.

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① JBEP encourages authors to use color to increase the clarity of figures. Please note that color figures are used without charge for online reading. However, since it will be charged upon the publication, authors may choose to use colors only for online reading.
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This review article synthesizes previously published material into an integrated presentation of our current understanding of a topic. Review articles should describe aspects of a topic in which scientific consensus exists, as well as aspects that remain controversial and are the subject of ongoing scientific disagreement and research. Review articles are invited only by editorial board. If authors want to submit an unsolicted review article, please contact editorial office (ksebm.office@gmail.com). Review articles should include unstructured abstracts written in English equal to or less than 250 words. The organization should be in order of abstract, introduction, text following each title, conclusion and references. Figures and tables should be provided in English. Body text should not exceed 30 A4-sized pages, and the number of figures and tables should each be less than 6. However, if necessary, the number of pages, the number of figures and tables can be added in accordance with the decision of the editorial committee.

**3) Systematic review and meta-analysis**

Systematic review and meta-analysis are considered as an original article. Systematic reviews are systematic, critical assessments of literature and data sources in order to answer a specific question, and/or includes a statistical technique leading to a quantitative summary of results and examining sources of differences in results among studies, if any. The subtitle should include the phrase "A systematic review" and/or "A Meta-analysis." Organization of systematic review and meta-analysis: Same as original article, except,

- All systematic reviews and meta-analyses should be registered at an appropriate online public registry (eg, PROSPERO; http://www.crd.york.ac.uk/PROSPERO/), and registration information should be included with the submission. Authors of reports of meta-analyses of clinical trials should submit the PRISMA flow diagram. The PRISMA checklist should be submitted as a separate file along with the manuscript. For information regarding PRISMA guidelines, please visit http://www.prisma-statement.org or EQUATOR Network (https://www.equator-network.org/home/). Systematic reviews and meta-analyses of observational studies in epidemiology should be reported according to MOOSE guidelines. For more information regarding MOOSE guidelines, please visit http://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/.
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**4) Case Report**

A case report is almost never a suitable means to describe the efficacy of a treatment or a drug; instead, an adequately powered and well-controlled clinical trial should be performed to demonstrate such efficacy. The only context in which a case report can be used to describe efficacy is in a clinical scenario, or population, that is so unusual that a clinical trial is not feasible. Case reports of humans must state in the text that informed consent to publication was obtained from the patient or guardian. Copies of written informed consents should be kept. If necessary, the editor or reviewers

may request copies of these documents. If these steps are impossible, Institutional Review Board approval should be obtained prior to submission. The rarity of a disease condition is itself not an acceptable justification for a case report. Statement describing compliance with CARE for reporting of clinical cases (https://www.care-statement.org) guideline is recommend.

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Editorial is invited by the editorial committee and should be commentaries on articles recently published in the *J Evid-Based Pract*, and can be described in free style.