

## GUIDELINES TO THE AUTHORS

Nepalese Journal of ENT Head and Neck Surgery (Nepalese J ENT Head Neck Surg) is a biannual official publication of Society of Otolaryngologists of Nepal. Society of Otolaryngologists (SOL) Nepal adopts the World Association of Medical Editor's definition of editorial freedom (<http://wame.org/editorial-independence>), which holds that editors-in chief has full authority over the entire editorial content of their journal and the timing of publication of that content. Editorial decisions are based on the validity of the work and its importance to the journal's readers, not on the commercial implications for the journal, and editors should be free to express critical but responsible views about all aspects of medicine. SOL is committed to high-quality research and diversity and inclusion in publishing. We encourage submissions from a diverse range of authors from across all countries and backgrounds. Journal editors also have responsibilities for ensuring the integrity of the research literature and these are set out in companion guidelines. We believe in responsible research publication and abide by the World Medical Association declaration (declaration of Helsinki). (<https://www.wma.net/wpcontent/uploads/2016/11/DoH-Oct2013-JAMA.pdf>)

Publication is the final stage of research and therefore a responsibility for all researchers. Scholarly publications are expected to provide a detailed and permanent record of research. Because publications form the basis for both new research and the application of findings, they not only can affect the research community but also, indirectly, society at large. Researchers therefore have a responsibility to ensure that their publications are honest, clear, accurate, complete and balanced, and should avoid misleading, selective or ambiguous reporting. Medical research involving both human and animal subjects must conform to universally accepted scientific principles as applicable.

### CATEGORIES OF ARTICLES

#### A. Editorial

This is written in each issue by the editors-in-chief or members of the editorial board and is not open for external authors unless invited.

#### B. Original articles

We publish both quantitative and qualitative research articles with all types of study designs i.e., descriptive, analytical and experimental. However, we believe that some descriptive studies fall under the audit section more than in a section of the original research article. Such articles which do not contribute substantially to existing knowledge or to new concepts, will be placed under the AUDIT section of the journal. Original articles should have following headings in its manuscript;

Title, Abstract (Background, Methods, Results, Conclusion), Key words, Introduction, Methods, Results, Discussion, Conclusion, Limitation, Acknowledgement, References

#### C. Review articles (Narrative review, systematic review, Meta-analysis)

These articles are on important clinical or scientific topics and should be based on comprehensive analysis of the latest significant literature and data sources.

Systematic reviews and Meta-analysis should follow the standard format according to PRISMA 2020 guideline. Authors are advised to go through PRISMA document as stated in <http://www.prisma-statement.org/>

Reviews should be formatted as;

Title, Abstract (Background, Methods, Results, Conclusion), Keywords, Introduction, Methods, Results, Discussion, Conclusion, References

#### **D. Case reports**

The topic should be of significant clinical relevance.

The case report should consist of

Title, Abstract, Key words, Introduction, Case Report, Discussion, Conclusion, References

#### **E. Medical education**

The medical education section should be pertinent to the education process in the medical field. It may be about teaching the learning process in undergraduate, postgraduate or higher levels.

#### **F. Audits**

The clinical audit articles usually provide the readers with information on profile or composition of cases occurring in wards or departments of the facility. An audit done on a large scale, enough to contribute to scientific literature reflecting on important findings, can be better placed in an original research section rather than in an audit section. The categorization into the section of audit or to a section of the original article would finally rely on the editorial board. The audits should be written in different subheadings similar to original articles.

#### **G. How I do it section**

This section should describe in brief a procedure (usually a surgical one) by an eminent expert in the field. This section does not need an abstract. The work may be a modification of a well-established-routine procedure or can be totally new. But the latter must have been tested by scientific means with the result being equal or superior to the routine one. It should be formatted as;

Keywords, Introduction, Methods, Results, Discussion, References

#### **H. Letters to the editor**

The editorial board accepts the letter to the editor on the article published in Nepalese J ENT Head Neck Surg within six months of the publication of the article. The authors must give a full reference of the article published in the journal. The authors are advised to be succinct while addressing the issue with an article. The observation mentioned should be decisive and not a preliminary one that needs a later paper for validation. On acceptance of the letter, the editorial board invites for an author's response which should be sent to Nepalese J ENT Head Neck Surgery within the time frame of 10 days. When the response is not received the editorial board will publish the letter to the editor and the failure of response would be mentioned.

#### **I. Rapid Communications**

Rapid communication or short communication is an article published to inform on the topics that are rapidly evolving and best disseminated in a short time even though the evidence-based result is not generated. These should be formatted as;

Keywords, Introduction, Discussion, Conclusion

## MANUSCRIPT SUBMISSION

SOL Nepal requests the authors to submit the manuscript online in the journal's website. (<https://njehns.org.np>) The journal has a web-based, peer review system for the review of the manuscript. User accounts need to be created for an author new to this journal. We do not accept any submission through an email. Lack of NJENS formatting/style and incomplete submission (e.g., failure to submit the required documents, failure to include co-authors detail) are rejected straightaway. E-mail acknowledgement will be sent to authors on successful online submission. The status of the manuscript can be checked anytime by logging into an author's dashboard.–Manuscripts are processed as per standard procedure mentioned in NJEHNS policy for manuscript processing.

All authors are required to provide a valid ORCID iD (Open Researcher and Contributor ID) at the time of manuscript submission. Submissions without an ORCID iD for each listed author will not be processed. Authors can register for a free ORCID iD at <https://orcid.org>. The ORCID iD will be published alongside the author information to ensure accurate attribution and enhance research visibility.

## POLICIES OF SUBMISSION

The manuscript is reviewed for publication in Nepalese J ENT Head Neck Surg on the understanding that it has not been submitted simultaneously to another journal, has not been accepted for publication elsewhere or has not already been published. The journal ensures that manuscript submission has been approved by all authors, along with the responsible authorities of the place where the work has been carried out, tacitly or explicitly, with a signed authorship letter and IRC letter. The publisher will not be held legally responsible should there be any claims for compensation.

The Nepalese Journal of ENT, Head and Neck Surgery is an open-access journal and does not charge any article processing or publication fees (APC).

The editorial board does not necessarily agree with the views in articles published in Nepalese J ENT Head Neck Surg. Authors wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for both print and online format and to include evidence that such permission has been granted when submitting their papers. Authors should also acknowledge the source with the captions in the style as 'reproduced by kind permission of ..(publishers) from ..(reference)'. It is the responsibility of the author to obtain all such permissions from the original publishers and authors, and to submit them with the manuscript. Any material received without such evidence will be assumed to originate from the authors.

The decision of the editor will be final for modification or rejection. However, the author may withdraw his/her manuscript prior to publication when given a chance by the editor before the proof of it is sent for final minor corrections. On acceptance, a manuscript becomes the copyright of Nepalese J ENT Head Neck Surg. Manuscripts are subjected to peer review (two anonymous peer reviewers) but the Editor-in-chief reserves the right to make literary amendments wherever necessary and for the final decision regarding publication. The proof of the articles will be sent to the corresponding authors for minor corrections and must be submitted online within a timeframe of two weeks (from the date of dispatch). Major alterations would not be accepted at this phase. The journal follows the criteria for authors given by the International Committee of Medical Journal Editors (ICMJE). Please review the section on "Authorship Principles".

Authors should alert the editor promptly if they discover an error in any submitted, accepted or published work. Authors should cooperate with editors in issuing corrections or retractions when required. If authors of a published article subsequently become aware of a significant error in it, they should send a notifying letter to the editor of NJEHNS as soon as possible. If an error is judged significant enough to warrant a published correction, it will be done as "erratum" for an error owing to the journal and as "correction" for an error owing to the author.

## ONLINE SUBMISSION

The corresponding author should log into an online submission portal to submit their manuscript. (<https://njehns.org.np>) We no longer accept any submission via email.

The corresponding author should submit the following documents.

- a. Cover letter
- b. Authorship letter
- c. Declaration letter
- d. Manuscript of article
- e. Ethical approval letter
- f. Permission for use of previously published material and for the images identifying the participant

### **a. Cover letter**

### **b. Authorship letter**

This should have information on the primary author, corresponding author and other co-authors. Full name, qualification, department, affiliation with its address (street, city, country) along with an email address should be mentioned for all authors. The telephone number of the corresponding author should be mentioned. This should be signed by all authors.

### **c. Declaration letter**

This letter should state that all have seen and approved the manuscript and are fully conversant with its contents. This letter should address any conflict of interest if present. Funding and financial interests should be disclosed.

### **d. Manuscript of article**

The manuscript should be written in a sequence of sections as: title page, abstract, key words, text, acknowledgement(s), references, tables/figures/images with legends. Each section should start on a new page and should be numbered beginning with Title page as 1, Abstract as 2 etc. References should be a maximum of 5 for a case report. The photographic images or illustrations should be provided in a separate file. Please go through the journal requirements for format of table, figures and images.

### **Title page**

This should contain details as;

Type of manuscript

Title of the paper- short and meaningful and should not contain abbreviations

Running title – should have maximum of 40 characters

Name of each author with highest academic degree

Department and institution to which the work should be attributed to

Corresponding author name, address, telephone, email address

Total pages submitted and word count of text and abstract

Disclaimer (needs mention if there is any), In absence of any author has to mention “I/We have no conflicts of interest to disclose related to this article)”

### **Abstract**

The second page of the manuscript should carry an abstract of less than 250 words for original articles. It should include objectives and rationale of the study, methods used, main findings and significance of findings. It should be accompanied by three to six key words. It should be structured including the following sections: Aims and Objectives, Methods, Results, Conclusion and Keywords. Abstracts for case reports should be short with the word limit of 50 words and should be structured in following sections: Background, Case report, Conclusion and Keywords. Abstracts for systematic reviews and meta-analysis should be structured as: Objective, Data Sources, Review Methods, Results, Conclusion and Keywords. Words appearing as Medical Subject Headings (MeSH) in the supplement to the Index Medicus may be used as key words.

### **Text**

Original articles like RCTs, interventional studies, studies of screening and diagnostic tests, outcome studies, cost effectiveness analysis, case-control series and surveys with high response rate are structured in a sequence of Introduction, Methods, Results, Discussion, Conclusion, Limitations. Findings should be analyzed by statistical methods and be well interpreted. Text should have word count within the range of 2000-3500 words and have a maximum of six tables and three figures.

Case reports should consist of clinical cases highlighting uncommon conditions or presentations. Single case reports should provide information regarding new or unusual aspects of etiology, diagnosis or management which adds to existing knowledge. The maximum word limit for this is 1000 words. This is divided into sections as Introduction, Case report, Discussion, Conclusion and References. The maximum number of tables/figures is two.

Systematic review or meta-analysis should be according to PRISMA guidelines. The PRISMA document(s) can be found at <http://www.prisma-statement.org/>. Please note that there is a difference between a systematic review and meta-analysis. The maximum word count is 4000. This should be structured as Introduction, Methods, Results, Discussion, References. There should be no more than a total of 8 figures and tables including a flow diagram and a table describing all included studies.

Review articles should have systemic critical assessments of literature and data sources. Up to 3000 words.

Medical Education related articles should have abstract and references and the word limit may vary.

Letters to the Editor should be short without the need for division into sections. The word limit for this is a maximum of 500 words.

### **Acknowledgement(s)**

Please refer to the section on Scientific style of manuscript.

## References

Maximum number of references should be 75 for original articles, five for case report, 120 for systematic reviews and other review articles and two for letters to editors. Please refer to the section on Scientific style of manuscript.

## Appendices

The relevant additional materials e.g. translated questionnaires used will be published after the references section. This should be referred to in the text and the file should be sent separately.

## Tables/figures/images with legends

Please refer to the section on Scientific style of manuscript.

### e. Ethical approval letter

This letter should either be from the Institutional Review Committee (IRC) of the institution where the work is carried out or from the Institutional Review Board (IRB) of Nepal Health Research Council (NHRC).

### f. **Permission** (previously published material or images identifying the participant)

Any permission acquired for use of previously published material in the form of text or illustrations should be submitted. Consent from the participant for the use of image identifying participant should be included. Informed written consent from the patient is mandatory for case reports.

## General Style format

Text/Paragraph:

Text should be in Times New Roman style with 12 pt. font size and double spaced in Microsoft Word file. Pages of manuscript should have margins of at least 25 mm and be numbered beginning with Title page as 1. Manuscript should be formatted in a single column and justified except for the References.

Use of English language:

1. Uniformity of language is required, with preference to British English.
2. Abbreviations should be defined at first mention in text and in each table/figure. Abbreviations should not be used in the abstract. Use of abbreviations like “&” and “@” should be avoided.
3. Use of waste words and repetition of same words should be avoided.
4. Generic drug names should be used. If a specific brand of any drug or equipment is critical to the research, the necessary details of manufacturer should also be mentioned.

## Use of Numbers

1. Numbers less than 10 should be written in words and <sup>3</sup> 10 should be written in numbers. A sentence should begin with a word and not with a number.
2. Decimals should begin with a zero.
3. Use of space should be standard. E.g. Avoid using space between a number and its percent sign. Space should be entered between a number and its unit.
4. Measurements should be mentioned in metric units (International System of Units, SI Units). If a commonly used unit other than SI unit is written, SI equivalent should be mentioned in parenthesis.
5. Do not use percentages if the sample size is less than 20.
6. For writing ranges, use “to” instead of “-” to avoid confusion with a minus sign.

## English language editing

For translation of the article and publication in another language (in another journal), the author must seek prior permission from NJEHNS along with the purpose and request for permission to reprint.

## SCIENTIFIC STYLE OF MANUSCRIPT

### Introduction

This section should include a succinct summary of the known literature in the area with a focus on recently published studies, the rationale for and justification of the purpose of the study, and why the experimental question and hypothesis are important or novel for the practicing clinician. Please do not include broad overviews of the topic in the introduction (e.g., CRS affects 12% of the population and often requires treatment with medical and surgical therapy), rather, focus on the specific topic at hand and the rationale for the study. Aims/objectives of the study should be mentioned here.

### Methods

This section should mention the type of study along with study design, duration and site of the study. The sampling technique including blinding and randomization, sample size, study variables including primary and secondary outcomes as applicable and clear inclusion and exclusion criteria for the study participants should be mentioned. The clear description of methodology of the study should be written. The participant flowcharts are useful tools to describe the study protocols. Reporting of statistical analyses should clearly describe the methods selected for group comparisons based on distribution normality for all bivariate and multivariate testing. Additional reporting will include the name of the statistical test, all associated effect estimates (e.g. means, frequencies, correlation coefficients, etc.), measure of variance including standard deviations and 95% confidence intervals, degrees of freedom, as well as one or two-tailed indications, as appropriate. P-values will be reported for all comparisons, including non-significant differences, using at least 2 digits after the decimal point (e.g.  $p = 0.03$ ) unless the 2<sup>nd</sup> digit is also a zero wherein a 3<sup>rd</sup> digit can be used instead (e.g.  $p < 0.001$ ). Multivariate testing should include additional descriptions of modeling parameters, including entry and exclusion criteria, as well as techniques to decide goodness-of-fit for final models. Statistical reporting that conveys the clinical significance of the findings is required.

## **Results**

Results should be presented clearly, honestly without fabrication, falsification or inappropriate data manipulation (including image-based manipulation) either in text or in tables and figures. There should not be repetition of the data. Authors should adhere to discipline-specific rules for acquiring, selecting and processing data. Reporting results as a binary “significant” or “non-significant” P value is insufficient. By reporting results in this way, important information regarding how much of a difference was observed and whether study results are potentially clinically significant is lost. Instead, the size of the observed difference, also known as the effect size, and the precision of the estimate, defined by the width of the confidence interval (CI) around that effect size, should be calculated. The combination of the effect size and the 95% CI should then be interpreted to explain whether results are consistent with a clinically meaningful effect.

## **Discussion**

This section should include a clear exposition of the clinical and scientific importance of the study. Articles should strive to highlight the clinical meaning of the results. All confidence intervals (CIs) should be interpreted in the discussion of study results. This discussion should center on whether the CI demonstrates that study results are consistent with a clinically meaningful effect and warrant further investigation, or whether the effect is not likely to be clinically meaningful.

## **Conclusion**

Conclusion must be clearly justified from the study data. Be aware that over-reaching on conclusions is a common problem seen during peer review.

## **Acknowledgements**

People who have contributed to the article writing but otherwise don't fully fill criteria of authorship should be acknowledged in this section. (Please refer to authorship principles for detailed information on authorship) The use of an Artificial Intelligence Generated Content (AIGC) tool to develop any portion of manuscript has to be acknowledged. The financial support should also be acknowledged.

## **References**

Authors should represent the work of others accurately in citations and quotations. Authors should not copy references from other publications if they have not read the cited work. Research articles and non-research articles must cite appropriate and relevant literature in support of the claims made. Excessive and inappropriate self-citation or coordinated efforts among several authors to collectively self-cite is strongly discouraged.

Reference should strictly follow Vancouver system

Vancouver system

[https://www.ncbi.nlm.nih.gov/books/NBK7256/pdf/Bookshelf\\_NBK7256.pdf](https://www.ncbi.nlm.nih.gov/books/NBK7256/pdf/Bookshelf_NBK7256.pdf)

An in-text citation should be done with Arabic numerals as superscript (Vancouver Style 1). Citations should be consecutively numbered in order of occurrence in the article. A reference list should be made in the order that they are cited in the text. The name of the journal should be abbreviated in accordance with the Index Medicus. Accuracy of references is the sole responsibility of the author & articles found to contain inaccuracies in references will be returned. Authors must not cite reference to works they have not read. Reference, numbered in the order they are mentioned in text, should be listed on a separate page.

Examples;

- P Adhikari. Pattern of ear diseases in rural school children: Experiences of free health camps in Nepal. *Int J Paediatric Otorhinolaryngol* 2009;73(9):1278 -80.
- Weymuller EA, Gal TJ. Neoplasm, In Cummings CW editor. *Otolaryngology Head and Neck Surgery*. (4th ed). Pennsylvania: Elsevier Mosby 2005:1212.

## **Appendices**

Appendices are part of articles and include essential information which is referred to in the text but supplied as separate files.

## **Illustrations and tables**

Ensure that each table or illustration is inserted in order in the text. Tables, figures and images number should be in Arabic letters (not Romans). Keep the tables/figures simple and uncluttered as possible. Point out the relevant part(s) of a table/figure when referring to it but do not restate all the information from a table/figure in the text of the paper. If a table or illustration has been reproduced from a published work, the reference must be given with full, written permission granted by author and by the publisher. If images (photographs/line drawings) are to be included, clearly scanned image free technical facts should be submitted. Magnified area of key interest should be indicated by an arrow, symbol or abbreviation, with the details explained at the bottom of the figures.

### *Presentation of Tables*

- The headings of the table should be written on the top.
- Titles/legends should be provided in words not exceeding the 40-word limit.
- All units of measurements are included and the standard abbreviations of units of measurement should be added in parentheses. Decimal points, not commas should be used. All measurements should be expressed in SI units.
- Use tables to present data that is detailed and is important.
- Avoid tables created with the tab key, pictures and embedded objects
- Fancy borders, shading, 3D effects, multiple grids are both distracting and unnecessary
- Prefer grey shades
- Tables should be formatted so that they have to read horizontally (left to right), which is the natural reading style

### *Presentation of figures and Images*

- Legends should go below the figure
- Use figures to show trends in data (e.g., graphs)
- Figures should be simple to interpret and uncluttered. It should be free of extra lines, text, dimensions and other gimmicks
- Prefer common data-presentation formats in figures: Column charts/bar charts, Line charts, Scatter plots
- Prefer grey shades in figures used for data visualization
- For images and photographs, use TIFF or JPEG or JPG formats
- Images or photographs should be of good quality: 300 dpi with minimum resolution of 800 x 600 pixel

## **Original Research Manuscript Checklist for Authors**

1. Is a succinct rationale provided in the Introduction?
2. Is the description of the study design clear and appropriate?
3. Is the number of subjects enrolled/included and number of subjects per group reported?
4. Is a clear definition of the primary outcome measure and secondary outcome measure(s), if any, provided?
5. Was a power calculation performed and sample size determined prior to the conduct of study?
6. Is a clinically meaningful difference identified and referred to in the interpretation of the results?
7. Is missing data reported?
8. Is the complete duration of follow-up time reported?
9. Are results reported as n (%) for categorical variables?
10. Are mean (Standard deviation) or median (range) reported for continuous variables?
11. Is a description of the study population included?
12. Are p-values present in the manuscript? If so, they need to be reported along with the effect size and 95% CIs.
13. Are variables included in the tables used in the analysis?

## **AUTHORSHIP PRINCIPLES**

The guiding principle for authorship decisions is to present an honest account of what took place. An “author” is generally considered as someone who has made substantive intellectual contributions to a published study, and biomedical authorship continues to have important academic, social, and financial implications. Authorship also implies responsibility and accountability for published work. An author must take responsibility for at least one component of the work, should be able to identify who is responsible for each other component, and should ideally be confident in their co-author’s ability and integrity. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. All people designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. The corresponding author would be asked to submit a consent letter duly signed by all authors during the final process of publication. With this signed letter, it is ensured that all authors agree with the content and that they give explicit consent for publication in the journal. Authors submitting papers should carefully check that all those who have contributed significantly to the manuscript are referred as contributing authors. Authors can acknowledge people who have contributed to the manuscript but don’t qualify to be authors in the Acknowledgement section. For articles that are based primarily on the student’s dissertation or thesis, it is recommended that the student is usually listed as principal author. All authors are requested to make sure that all data and materials as well as software application or custom code support their published claims and comply with field standards.

The NJENS recommends that authorship be based on following four criteria based on ICMJE;

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND

- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

People meeting all four criteria are identified as authors and those who don't meet all of them should be acknowledged. These criteria for authorship according to ICMJE are to ensure the authorship to those who deserve and are responsible for their work. These standards should not be used to disqualify individuals who have contributed and fulfilled first criteria by not involving them to meet criteria 2 and 3. It should be understood that people who have fulfilled the first criterion are given the opportunity to participate in the subsequent process of manuscript formation and meet all of the above criteria.

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## **PUBLICATION ETHICS**

### **Plagiarism**

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The author should disclose any prior distribution and/or publication of any portion of the material, including where the article has been shared as a preprint, to the Editor for the Editor's consideration and ensure that appropriate attribution to the prior distribution and/or publication of the material is included.

### **Permission and articles with issues**

- Authors should make sure they have permissions for the use of software, questionnaires/(web) surveys and scales in their studies (if appropriate).
- Authors are responsible for obtaining permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere.

- Authors should avoid untrue statements about an entity (who can be an individual person or a company) or descriptions of their behavior or actions that could potentially be seen as personal attacks or allegations about that person.
- Research that may be misapplied to pose a threat to public health or national security should be clearly identified in the manuscript (dual use of research). Examples include creation of harmful consequences of biological agents or toxins, disruption of immunity of vaccines, unusual hazards in the use of chemicals, weaponization of research/technology (amongst others).
- Upon request authors should be prepared to send relevant documentation or data in order to verify the validity of the results presented. This could be in the form of raw data, samples, records, etc. Sensitive information in the form of confidential or proprietary data is excluded.
- If there is suspicion of misbehavior or alleged fraud the Journal and/or Publisher will carry out an investigation following COPE guidelines. (<https://publicationethics.org/files/u7141/1999pdf13.pdf>) If, after investigation, the concerns are found to be valid, author(s) will be contacted and given an opportunity to address the issue. Depending on the situation, this may result in the Journal's and/or Publisher's implementation of the following measures, including, but not limited to:
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  2. If the article has already been published online, depending on the nature and severity of the infraction:
    - An erratum/correction may be placed with the article
    - An expression of concern may be placed with the article
    - In severe cases retraction of the article may occur
    - The reason will be given in the published erratum/correction, expression of concern or retraction note. Please note that retraction means that the article is maintained on the platform, watermarked "retracted" and the explanation for the retraction is provided in a note linked to the watermarked article.
  3. The author's institution may be informed
  4. A notice of suspected transgression of ethical standards in the peer review system may be included as part of the author's and articles' bibliographic record.

### **Artificial Intelligence Generated Content (AIGC)**

If an author has used AIGC tools to develop any segment of a manuscript, its use must be described in detail in Methods and Acknowledgments section. The author would be responsible for the accuracy of any information provided with the use of the tool. NJEHNS follows COPE's position statement on AI tools that these tools cannot fulfill the role of an author. Tools used for general editing of the manuscript; e.g. to improve grammar are not included in the scope of these guidelines. The final decision on the appropriateness of AIGC tool usage in development of manuscript and hence acceptance for publication lies with the journal's editorial team.

## **Confidentiality**

Authors should treat all communication with the Journal as confidential which includes correspondence with direct representatives from the Journal such as Editor-in-Chief and/or Handling Editors and reviewers' reports unless explicit consent has been received to share information. Patient confidentiality must be maintained in articles and illustrations unless specific written consent has been provided & can be provided to the journal. Patients have a right to privacy that should not be violated without informed consent. Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be published.

## **Conflicts of interest/competing interests**

Authors are requested to disclose interests that are directly or indirectly related to the work submitted for publication. Interests within the last 3 years of beginning the work (conducting the research and preparing the work for submission) should be reported. Interests outside the 3-year time frame must be disclosed if they could reasonably be perceived as influencing the submitted work. Disclosure of interests provides a complete and transparent process and helps readers form their own judgments of potential bias. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate. Interests that should be considered and disclosed but are not limited to the following:

## **Funding**

Research grants from funding agencies (please mention the research funder and the grant number) and/or research support (including salaries, equipment, supplies, reimbursement for attending symposia, and other expenses) by organizations that may gain or lose financially through publication of this manuscript.

## **Disclosures and declarations**

Public trust in the scientific process and the credibility of published articles depend in part on how transparently an author's relationships and activities, directly or topically related to a work, are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work. The potential for conflict of interest and bias exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Perceptions of conflict of interest are as important as actual conflicts of interest.

A declaration letter signed by all authors must accompany submission, stating that all have seen and approved the manuscript and are fully conversant with its contents. Authors must mention any potential or actual personal, financial or political interest in this letter. It should be disclosed if an abstract of the work has previously been published or if any papers using data set or relating to the same topic have been published or submitted by any of the authors for publication elsewhere

All authors are requested to include information regarding sources of funding, financial or non-financial interests, study-specific approval by the appropriate ethics committee for research involving humans and/or animals, informed consent if the research involved human participants, and a statement on welfare of animals if the research involved animals (as appropriate).The

decision whether such information should be included is not only dependent on the scope of the journal, but also the scope of the article. Work submitted for publication may have implications for public health or general welfare and in those cases, it is the responsibility of all authors to include the appropriate disclosures and declarations.

### **Ethical approval**

It is mandatory for all the authors to obtain and submit an Ethical Clearance document, properly signed and scanned to the Editorial board while submitting an article. All studies (including case reports) of human subjects must contain an appropriate statement within the Methods section or case presentation section indicating the approval of study by the Institutional Review Committee (IRC) or Institutional Review Board (IRB) that subjects have signed written informed consent or that IRC or IRB waived the need for informed consent. This is in accordance with the International Committee of Journal Editors uniform requirements for manuscripts submitted to biomedical journals. Please visit <http://www.icmje.org/icmje-recommendations.pdf> for more details. All studies in which animals are used must contain a statement within the Methods section confirming approval by IRC or IRB of Nepal Health Research Council (NHRC).

### **DATA AVAILABILITY REQUEST**

An article's data availability statement lets a reader know where and how to access data that support the results and analysis. It may include links to publicly accessible datasets that were analyzed or generated during the study, descriptions of what data are available and/or information on how to access data that is not publicly available.

The data availability statement is a valuable link between a paper's results and the supporting evidence. NJEHNS's data policy is based on transparency, requiring these statements in original research articles across our journals. If the research data is not submitted initially, upon request from the editor, it must be provided.