JOURNAL OF INDIAN PHYSICIAN ASSOCIATES

(JIPA)

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THE JOURNAL OF INDIAN PHYSICIAN ASSOCIATES (JIPA) IS A PEER-REVIEWED SCIENTIFIC JOURNAL AND A PREMIER PLATFORM FOR THE ACADEMIC AND PROFESSIONAL GROWTH OF PHYSICIAN ASSOCIATES (PAS), PARTICULARLY FROM INDIA, WHILE BEING INCLUSIVE OF THE GLOBAL PA DIASPORA. IT PROVIDES OPPORTUNITIES FOR PAS AND OTHER HEALTHCARE PROFESSIONALS TO PRESENT ORIGINAL RESEARCH, SHARE CLINICAL INSIGHTS, AND CONTRIBUTE TO SCHOLARLY DIALOGUE. WHILE JIPA PRIMARILY FOCUSES ON ISSUES RELATED TO PA EDUCATION, PRACTICE, AND INTEGRATION, IT ALSO WELCOMES CONTRIBUTIONS RELEVANT TO OTHER HEALTHCARE PROFESSIONALS ENGAGED IN INTERDISCIPLINARY AND COLLABORATIVE CARE. BY PUBLISHING CURRENT INFORMATION AND RESEARCH ON CLINICAL, ACADEMIC, AND PROFESSIONAL ISSUES, JIPA SUPPORTS THE ADVANCEMENT OF PAS/SURGICAL ASSOCIATES AND THE BROADER HEALTHCARE COMMUNITY. ITS SCOPE INCLUDES CRITICAL TOPICS IN ALLIED HEALTH, CLINICAL PRACTICE, HEALTH POLICY, AND THE EVOLVING ROLE OF PAS IN HEALTHCARE SYSTEMS. 15

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JIPA IS DEDICATED TO EMPOWERING PAS AND COMPARABLE PROFESSIONALS WORLDWIDE, WITH A PRIMARY FOCUS ON INDIA — BY OFFERING A PLATFORM FOR THE DISSEMINATION OF CUTTING-EDGE CLINICAL KNOWLEDGE, EVIDENCE-BASED PRACTICES, HEALTHCARE RESEARCH, AND THE LATEST TECHNOLOGICAL ADVANCEMENTS. WE AIM TO FOSTER A GLOBAL COMMUNITY OF LIFELONG LEARNERS, PROMOTE COLLABORATIVE RESEARCH, AND CONTRIBUTE TO THE CONTINUOUS IMPROVEMENT OF HEALTHCARE DELIVERY BOTH IN INDIA AND GLOBALLY....17

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MS. AROKIA GRAZY BS-PA(BITS)....17

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MS. PADMA SUNDARESON, BS-PA (BITS) 18

MS. PREETHA VIJAYLAKSHMI, BS-PA (BITS), DIP HIM 18

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DR. LUPPO KUILMAN, MPA, PHD, UNIVERSITY OF GRONINGEN 18

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MR. AUSTIN ODUOR OTIENO, PRESIDENT, GLOBAL ASSOCIATION OF CLINICAL OFFICERS AND PHYSICIAN ASSOCIATES 19

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AT ITS CORE, THE PHILOSOPHY OF THE JOURNAL OF INDIAN PHYSICIAN ASSOCIATES IS TO BE A CATALYST FOR THE DEVELOPMENT, EDUCATION, AND PROFESSIONAL EXCELLENCE OF PAS IN INDIA, ULTIMATELY STRENGTHENING THE COUNTRY'S HEALTHCARE SYSTEM. 19

A CORE BELIEF IN THE IMPORTANCE OF EMPOWERING PHYSICIAN ASSOCIATES IN INDIA BY PROVIDING THEM WITH A DEDICATED PLATFORM FOR KNOWLEDGE DISSEMINATION, SKILL

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A BELIEF IN THE VALUE OF RESEARCH AND DATA-DRIVEN INSIGHTS TO INFORM CLINICAL DECISION-MAKING, SHAPE HEALTH POLICY, AND ADDRESS PROFESSIONAL CHALLENGES. THE JOURNAL AIMS TO BE A KEY RESOURCE FOR CURRENT EVIDENCE. 20

THE GOAL OF THE JOURNAL IS TO CONTRIBUTE TO THE OVERALL IMPROVEMENT OF HEALTHCARE DELIVERY AND PATIENT OUTCOMES IN INDIA BY ENSURING THAT PAS AND ASSOCIATED PROFESSIONALS HAVE ACCESS TO UP-TO-DATE INFORMATION AND BEST PRACTICES. 20

A DESIRE TO CREATE A SPACE FOR INDIAN PAS AND RELATED HEALTHCARE PROFESSIONALS TO SHARE EXPERIENCES SUCH AS ORIGINAL RESEARCH, CASE STUDIES, AND PERSONAL NARRATIVES, DISCUSS PERTINENT ISSUES, AND BUILD A STRONGER PROFESSIONAL COMMUNITY. 20

A FOCUS ON TOPICS—CLINICAL, HEALTH POLICY, AND HEALTHCARE PROFESSIONS—THAT ARE PARTICULARLY RELEVANT TO THE INDIAN CONTEXT, THEREBY SUPPORTING THE SPECIFIC CHALLENGES AND OPPORTUNITIES WITHIN THE NATION'S HEALTHCARE LANDSCAPE. 20

BY INCLUDING "OTHER HEALTHCARE PROFESSIONALS," THE JOURNAL UNDERSCORES ITS COMMITMENT TO FOSTERING COLLABORATION AND MUTUAL RESPECT ACROSS VARIOUS HEALTHCARE DISCIPLINES. THIS INTERPROFESSIONAL APPROACH AIMS TO ENHANCE HOLISTIC AND PATIENT-CENTERED CARE. 20

BY EMPHASIZING TOPICS SUCH AS CLINICAL CARE, HEALTH POLICY, AND PROFESSIONAL DEVELOPMENT THAT ARE PARTICULARLY RELEVANT TO THE INDIAN CONTEXT, THE JOURNAL SEEKS TO ADDRESS THE UNIQUE CHALLENGES WHILE LEVERAGING OPPORTUNITIES FOR INNOVATION AND GROWTH. 21

11.0 WHO CAN SUBMIT? 21

JIPA CONSIDERS ARTICLES FOR PUBLICATION FROM A BROAD RANGE OF CONTRIBUTORS, INCLUDING PHYSICIAN ASSOCIATES, SURGICAL ASSOCIATES, VARIOUS HEALTHCARE PROFESSIONALS, AND PUBLIC HEALTH EXPERTS. A PREREQUISITE FOR SUBMISSION IS THAT THE AUTHOR(S) MUST OWN THE COPYRIGHT TO THE WORK OR BE AUTHORIZED BY THE COPYRIGHT HOLDER(S) TO SUBMIT THE ARTICLE. THE JOURNAL ACCEPTS DIVERSE SUBMISSION TYPES, SUCH AS ORIGINAL RESEARCH ARTICLES, CASE STUDIES, PERSONAL NARRATIVES, AND LETTERS TO THE EDITOR. 21

12.0 GENERAL RULES 21

AUTHORS SUBMITTING TO JIPA AFFIRM THE ORIGINALITY OF THEIR WORK. SUBMITTED MANUSCRIPTS SHOULD NOT HAVE PRIOR OR PENDING PUBLICATION IN ANY JOURNAL OR BOOK (PRINT OR ELECTRONIC). (E.G., POSTING A MANUSCRIPT ON A PREPRINT SERVER (MEDRXIV, BIORXIV) OR SHARING IT AS A WORKING PAPER IS PERMISSIBLE AND DOES NOT COUNT AS PRIOR PUBLICATION. 21

NOTE: A WORKING PAPER REFERS TO A PRELIMINARY VERSION OF A RESEARCH MANUSCRIPT THAT IS SHARED—TYPICALLY VIA INSTITUTIONAL WEBSITES OR RESEARCH NETWORK TO INVITE FEEDBACK BEFORE FORMALLY SUBMITTING TO A JOURNAL. 21

BY SUBMITTING TO JIPA, THE AUTHORS GUARANTEE THAT THEIR MANUSCRIPT IS NOT UNDER CONSIDERATION WITH ANY OTHER JOURNAL, IN PRINT OR ONLINE. THEY ALSO COMMIT TO WITHHOLDING SUBMISSION TO OTHER JOURNALS UNTIL JIPA CONCLUDES ITS

EDITORIAL DECISION. IF THESE CONDITIONS PRESENT ANY ISSUES, WE ADVISE THE AUTHORS TO CONTACT THE EDITOR-IN-CHIEF. 21

THE JOURNAL OF INDIAN PHYSICIAN ASSOCIATES ENCOMPASSES A BROAD RANGE OF CRITICAL AREAS RELATED TO PA EDUCATION, CLINICAL PRACTICE, HEALTHCARE SYSTEMS, AND PROFESSIONAL DEVELOPMENT. WHILE CENTERED ON THE PHYSICIAN ASSOCIATE (PA) PROFESSION, THE JOURNAL ALSO ENGAGES WITH TOPICS RELEVANT TO OTHER HEALTHCARE PROFESSIONALS WORKING IN COLLABORATIVE AND INTERDISCIPLINARY SETTINGS. 22

COVERS RESEARCH, REVIEWS, AND UPDATES ACROSS VARIOUS MEDICAL DISCIPLINES. WHILE CENTERED ON THE PA PROFESSION, THE JOURNAL'S SCOPE INCLUDES BROADER TOPICS RELEVANT TO INTERPROFESSIONAL EDUCATION, CLINICAL PRACTICE, AND HEALTHCARE INTEGRATION. 22

PRIORITIZES SUBMISSIONS DEMONSTRATING RIGOROUS, EVIDENCE- BASED APPROACHES TO DIAGNOSIS, TREATMENT, PATIENT MANAGEMENT, AND HEALTHCARE DECISION-MAKING. 22

INFORMATIVE CASE REPORTS AND CASE SERIES THAT OFFER EDUCATIONAL VALUE, HIGHLIGHT UNIQUE OR RARE CLINICAL SCENARIOS, OR DEMONSTRATE BEST PRACTICES RELEVANT TO PA PRACTICE. SUBMISSIONS REFLECTING DIAGNOSTIC REASONING, CLINICAL DECISION-MAKING, AND INTERPROFESSIONAL COLLABORATION—OFFERING INSIGHTS NOT TYPICALLY ENCOUNTERED IN ROUTINE PRACTICE. 22

FOCUSES ON TOPICS RELATED TO THE DELIVERY OF PRIMARY CARE SERVICES, COMMUNITY HEALTH, AND THE ROLE OF PAS IN STRENGTHENING INDIA'S PRIMARY HEALTHCARE SYSTEM. SUBMISSIONS MAY EXPLORE MODELS OF CARE DELIVERY IN RURAL OR UNDERSERVED AREAS, TASK-SHARING INNOVATIONS, AND THE INTEGRATION OF PAS INTO MULTIDISCIPLINARY PRIMARY CARE TEAMS. 23

SPECIFICALLY WELCOMES MANUSCRIPTS DISCUSSING PA EDUCATION, TRAINING STANDARDS, SCOPE OF PRACTICE, REGULATION, PROFESSIONAL IDENTITY, INTERPROFESSIONAL COLLABORATION, CAREER DEVELOPMENT, AND THE EVOLVING ROLE AND IMPACT OF PAS IN INDIA. 23

14.0 EDITORIAL DECISION PROCESS 23

ALL SUBMITTED MANUSCRIPTS ARE SUBJECT TO EDITORIAL REVIEW BY THE EDITORIAL BOARD. THE EDITOR-IN-CHIEF HOLDS FINAL RESPONSIBILITY FOR PUBLICATION DECISIONS. THE EDITORIAL TEAM MAY MAKE NECESSARY EDITORIAL CHANGES TO ENSURE THAT SUBMISSIONS ALIGN WITH THE JOURNAL'S SCIENTIFIC, ETHICAL, AND FORMATTING STANDARDS. SUBMISSIONS THAT ARE EXCESSIVELY REPETITIVE, LACK METHODOLOGICAL RIGOR, OR ARE POORLY ORGANIZED MAY BE RETURNED FOR REVISION OR DECLINED. 23

AUTHORS SHOULD ENSURE THAT THEIR SUBMISSIONS REFLECT THEIR AREA OF ACADEMIC OR PROFESSIONAL EXPERTISE. RESEARCH ARTICLES ARE ENCOURAGED TO FOLLOW A CHRONOLOGICAL NARRATIVE THAT MIRRORS THE RESEARCH PROCESS. LONGER MANUSCRIPTS (ORIGINAL RESEARCH MANUSCRIPTS AND REVIEW ARTICLES) SHOULD INCLUDE CLEAR AND RELEVANT SECTIONAL SUBHEADINGS TO AID READABILITY. (PLEASE REVIEW FORMATTING STANDARDS). 23

15.0 GENERAL SUBMISSION GUIDELINES 24

A COVER LETTER IS REQUIRED FOR ALL SUBMISSIONS. THE LETTER SHOULD CONFIRM THAT THE SUBMISSION CONTENT IS NOT CURRENTLY UNDER REVIEW AT ANOTHER PUBLICATION, HAS BEEN REVIEWED BY ALL AUTHORS, AND ALL AUTHORS AGREE ON THE SUBMISSION. IT SHOULD ALSO INCLUDE CONTACT INFORMATION (PHONE NUMBER AND EMAIL ADDRESS) OF THE CORRESPONDING AUTHOR. ADDITIONALLY, IT SHOULD AFFIRM THAT ANY USE OF PREVIOUSLY COPYRIGHTED MATERIAL HAS BEEN DONE WITH PERMISSION FROM THE COPYRIGHT HOLDER AND COPY OF THE WRITTEN PERMISSION SHOULD BE ATTACHED TO THE COVER LETTER. 24

ORIGINAL CLINICAL AND EXPERIMENTAL MANUSCRIPTS SHOULD BE STRUCTURED INTO THE FOLLOWING SECTIONS: INTRODUCTION, METHODS, RESULTS, DISCUSSION, AND CONCLUSIONS, WITH APPROPRIATE SUBHEADINGS TO ENHANCE CLARITY. FOR EXPERIMENTAL ARTICLES, A SECTION ON CLINICAL IMPLICATIONS IS RECOMMENDED. 24

FOR ALL STUDIES INVOLVING HUMAN PARTICIPANTS, AUTHORS MUST INCLUDE THE NAME OF THE APPROVING INSTITUTIONAL ETHICS COMMITTEE, ITS APPROVAL NUMBER, AND PREFERABLY ITS DHR REGISTRATION NUMBER. A CLEAR STATEMENT CONFIRMING THAT WRITTEN INFORMED CONSENT WAS OBTAINED FROM ALL PARTICIPANTS IN THEIR OWN LANGUAGE MUST BE PROVIDED. ADDITIONALLY, CLINICAL TRIALS MUST BE PROSPECTIVELY REGISTERED IN THE CLINICAL TRIALS REGISTRY–INDIA (CTRI) FOR TRIALS CONDUCTED WITHIN INDIA, OR ANY WHO-RECOGNIZED INTERNATIONAL REGISTRY (E.G., CLINICALTRIALS.GOV, EU-CTR, ANZCTR) AS APPLICABLE WHEN THE TRIALS ARE DONE IN OTHER COUNTRIES. THE REGISTRATION NUMBER AND DATE OF REGISTRATION MUST BE CLEARLY STATED IN THE MANUSCRIPT. 24

EXPLICIT WRITTEN CONSENT FOR PUBLICATION MUST BE OBTAINED FROM THE PATIENT OR GUARDIAN, INCLUDING PERMISSION TO PUBLISH IMAGES OR CLINICAL INFORMATION, EVEN WHEN ANONYMITY IS MAINTAINED. 25

ALL AUTHORS MUST DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST (FINANCIAL OR NON-FINANCIAL) AT THE END OF THE MANUSCRIPT BEFORE THE REFERENCES SECTION. IF THERE ARE NO CONFLICTS, A STATEMENT SUCH AS 'THE AUTHORS DECLARE NO CONFLICT OF INTEREST' MUST BE INCLUDED.....25

FUNDING DISCLOSURE SHOULD BE STATED IMMEDIATELY AFTER THE ‘CONFLICT OF INTEREST’ DECLARATION. ACKNOWLEDGE ALL SOURCES OF FINANCIAL SUPPORT OR GRANTS. IF NONE, STATE: 'NO EXTERNAL FUNDING WAS RECEIVED FOR THIS WORK.'.....25

CLEARLY DEFINE EACH AUTHOR'S ROLE USING THE CREDIT TAXONOMY.....25

AUTHORS MAY INCLUDE AN 'ACKNOWLEDGEMENTS SECTION' BEFORE THE 'REFERENCES SECTION' AFTER THE 'FUNDING DISCLOSURE' TO RECOGNIZE INDIVIDUALS OR INSTITUTIONS WHO CONTRIBUTED TO THE WORK BUT DO NOT MEET AUTHORSHIP CRITERIA. THIS MAY INCLUDE TECHNICAL, EDITORIAL, OR STATISTICAL ASSISTANCE. PLEASE ENSURE THAT ALL NAMED INDIVIDUALS HAVE PROVIDED WRITTEN CONSENT TO BE ACKNOWLEDGED. PERSONAL DEDICATIONS AND UNRELATED COMMENTARY SHOULD BE AVOIDED. IF COPYRIGHTED MATERIAL WAS USED, CONFIRM THAT PERMISSION HAS BEEN OBTAINED AND INCLUDED WITH THE COVER LETTER. 25

MOST ARTICLE TYPES (EXCEPT LETTERS TO THE EDITOR AND STUDENT SECTION PIECES) SHOULD INCLUDE AN ABSTRACT. USE STRUCTURED ABSTRACTS (INTRODUCTION, METHODS, RESULTS, CONCLUSION) FOR ORIGINAL RESEARCH ARTICLES. USE UNSTRUCTURED ABSTRACTS FOR OTHER ARTICLE TYPES. 26

WORD LIMIT FOR ABSTRACTS: MAXIMUM 300 WORDS INCLUDE 3–5 RELEVANT KEYWORDS FOR INDEXING AND DISCOVERABILITY. 26

SUBMISSIONS MUST BE ORIGINAL AND FREE OF PLAGIARISM. IF GENERATIVE AI TOOLS WERE USED FOR LANGUAGE EDITING OR DRAFTING, THIS MUST BE DECLARED IN THE MANUSCRIPT ACKNOWLEDGEMENT SECTION. SAMPLE STATEMENT: "THE AUTHORS USED GENERATIVE AI TOOLS (MENTION NAME) TO ASSIST WITH GRAMMAR CORRECTION AND LANGUAGE REFINEMENT DURING MANUSCRIPT PREPARATION. ALL CONTENT WAS CRITICALLY REVIEWED AND APPROVED BY THE AUTHORS." FINAL RESPONSIBILITY FOR THE CONTENT LIES SOLELY WITH THE AUTHORS. 26

MANUSCRIPTS MUST BE WRITTEN IN CLEAR, GRAMMATICALLY CORRECT ENGLISH. BRITISH ENGLISH SPELLING IS PREFERRED. IF AMERICAN ENGLISH IS USED, IT MUST BE APPLIED CONSISTENTLY THROUGHOUT THE MANUSCRIPT. 26

AUTHORS ARE ENCOURAGED TO PROVIDE THEIR ORCID IDS DURING SUBMISSION FOR BETTER RESEARCH VISIBILITY AND AUTHOR IDENTIFICATION. IF YOU DO NOT HAVE ONE, YOU CAN REGISTER FOR FREE AT: HTTPS://ORCID.ORG/REGISTER. 26

16.0 FORMATTING SPECIFICATIONS FILE FORMAT: MICROSOFT WORD (DOC OR DOCX)..... 27

USE STANDARD US LETTER SIZE (8.5" X 11") WITH 1-INCH MARGINS ON ALL SIDES. 27

FONT: TIMES NEW ROMAN, SIZE 12 PT THROUGHOUT THE MANUSCRIPT. 27

TITLE: 14 PT, BOLD, UPPERCASE. 27

17.0 MANUSCRIPT STRUCTURE AND LAYOUT 27

NO TITLE PAGE OR ABSTRACT: PLEASE BEGIN YOUR DOCUMENT DIRECTLY WITH THE MAIN MANUSCRIPT. 27

ABSTRACT: ABSTRACT SHOULD BE PRESENTED AS A SEPARATE DOCUMENT WITH KEY WORDS AND WORD COUNT OF THE MAIN MANUSCRIPT. 27

NO PAGE NUMBERS, HEADERS, OR FOOTERS: THESE ELEMENTS WILL BE INCORPORATED BY THE EDITORS DURING THE PUBLICATION PROCESS. 27

LANGUAGE: ALL ARTICLES MUST BE WRITTEN IN ENGLISH. 27

SINGLE FILE SUBMISSION: YOUR COMPLETE MANUSCRIPT, ENCOMPASSING TABLES, FIGURES, AND APPENDICES, SHOULD BE SUBMITTED AS A SINGLE FILE (WORD, RTF, OR PDF FORMATS ARE ACCEPTED). 27

PAGE SIZE: THE PAGE SIZE SHOULD BE 8.5 X 11 INCHES. 27

MARGINS: MAINTAIN 1.5-INCH (3.8 CM) MARGINS ON ALL SIDES (LEFT, RIGHT, TOP, AND BOTTOM) FOR THE ENTIRE DOCUMENT, INCLUDING TABLES AND FIGURES. 27

LINE SPACING: THE TEXT SHOULD BE DOUBLE-SPACED. 27

MAIN BODY: USE 12 PT. TIMES NEW ROMAN 28

FOOTNOTES: USE 10 PT. TIMES NEW ROMAN OR THE CLOSEST COMPARABLE FONT AVAILABLE. 28

FONT COLOUR: THE MAIN BODY TEXT SHOULD BE BLACK. WHILE WE ENCOURAGE THE USE OF COLOUR IN FIGURES AND MAPS, PLEASE CONSIDER THAT READERS MIGHT PRINT ON BLACK AND WHITE PRINTERS. AVOID USING COLOURS THAT WOULD RENDER MATERIAL ILLEGIBLE WHEN CONVERTED TO BLACK AND WHITE. ENSURE NO COLOURED MARK-UPS OR COMMENTS REMAIN IN THE FINAL VERSION UNLESS INTENDED AS PART OF THE TEXT. 28

FONT FACES : GENERALLY, USE TIMES NEW ROMAN. IF A SECONDARY FONT IS DESIRED FOR HEADINGS, A SANS-SERIF FONT LIKE ARIAL OR COMPUTER MODERN SANS SERIF IS RECOMMENDED. 28

PARAGRAPH INDENTATION: INDENT ALL PARAGRAPHS, EXCEPT THOSE IMMEDIATELY FOLLOWING A SECTION HEADING. AN INDENT SHOULD BE AT LEAST 2 CM-SPACES. 28

PARAGRAPH SPACING: DO NOT INSERT EXTRA SPACE BETWEEN PARAGRAPHS OF TEXT. EXCEPTIONS INCLUDE LONG QUOTATIONS, THEOREMS, PROPOSITIONS, OR SPECIAL REMARKS, WHICH SHOULD BE SET OFF WITH ADDITIONAL SPACE ABOVE AND BELOW. 28

WIDOWS AND ORPHANS: AVOID "WIDOWS" (ENDING A PAGE WITH THE FIRST LINE OF A PARAGRAPH) AND "ORPHANS" (BEGINNING A PAGE WITH THE LAST LINE OF A PARAGRAPH). 28

JUSTIFICATION: ALL TEXT SHOULD BE LEFT-JUSTIFIED. 28

FOREIGN TERMS: EXCEPT FOR COMMON FOREIGN WORDS (ETC., ET AL., IN VITRO, IN VIVO, PER CAPITA, VICE VERSA, STATUS QUO) AVOID USING FOREIGN WORDS AND PHRASES. WHEN USED, FOREIGN TERMS SHOULD BE SET IN ITALICS RATHER THAN UNDERLINED. 28

EMPHASIS: USE ITALICS FOR EMPHASIS INSTEAD OF UNDERLINING. THE USE OF COLOUR FOR EMPHASIS IS DISCOURAGED. 28

HEADINGS: DISTINGUISH HEADINGS (E.G., SECTION STARTS) FROM THE MAIN BODY TEXT USING DIFFERENT FONTS OR SMALL CAPS. USE THE SAME FONT FACE FOR ALL HEADINGS AND INDICATE HIERARCHY BY REDUCING FONT SIZE. ENSURE SPACE ABOVE AND BELOW HEADINGS. 29

MAIN TEXT: THE MAIN BODY TEXT FONT MUST BE BLACK IN TIMES NEW ROMAN 29

TITLES: TITLES OF BOOKS, MOVIES, ETC., SHOULD BE SET IN ITALICS RATHER THAN UNDERLINED. 29

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BEGIN THE REFERENCE SECTION AFTER THE LAST SENTENCE OF YOUR SUBMISSION. INSERT A LINE BREAK (NOT A PAGE BREAK) AND BEGIN YOUR REFERENCES ON THE SAME PAGE, IF SPACE PERMITS. REFERENCES SHOULD APPEAR IMMEDIATELY AFTER THE END OF THE MAIN DOCUMENT 30

AUTHORS ARE REQUIRED TO FOLLOW THE AMERICAN MEDICAL ASSOCIATION (AMA), 11TH EDITION REFERENCING STYLE. IN-TEXT CITATIONS MUST APPEAR AS SUPERSCRIPT NUMERALS, LISTED IN THE ORDER OF APPEARANCE. A COMPLETE LIST OF REFERENCES SHOULD BE INCLUDED AT THE END OF THE ARTICLE. PLEASE REFER TO THE EXAMPLES PROVIDED BELOW. FOR DETAILED RULES, CONSULT THE AMA MANUAL OF STYLE (SUBSCRIPTION REQUIRED). HTTPS://WWW.AMAMANUALOFSTYLE.COM. 30

- NUMBER REFERENCES CONSECUTIVELY IN THE ORDER THEY APPEAR IN THE TEXT. 31

- USE ARABIC NUMERALS FOLLOWED BY A PERIOD. 31

- DO NOT ALPHABETIZE THE REFERENCE LIST. 31

- USE THE AMA ABBREVIATION FOR JOURNAL NAMES (AVAILABLE VIA PUBMED) 31

- INCLUDE UP TO 6 AUTHORS; IF MORE, LIST THE FIRST 3 FOLLOWED BY 'ET AL.' 31

CORRECT: 32

SEVERAL TRIALS HAVE DEMONSTRATED THIS EFFECT.[2],[3] 32

- SUPERSCRIPT NUMERALS ARE USED. 32

- COMMAS ARE NORMAL-SIZED (NOT SUPERSCRIPT). 32

- NO SPACE BETWEEN THE SUPERSCRIPT AND PUNCTUATION. 32

CORRECT: 32

META-ANALYSES HAVE CONFIRMED THESE FINDINGS.[4]–[6] 32

- USE AN EN DASH (–), NOT A HYPHEN (-), TO INDICATE A RANGE. 32

- THE ENTIRE RANGE SHOULD BE SUPERSCRIPTED (BOTH NUMBERS AND THE DASH). 32

- DO NOT USE HYPHENS FOR CITATION RANGES: [4]-[6] (INCORRECT) 33

- DO NOT MAKE COMMAS SUPERSCRIPT: [2],[3] (INCORRECT) 33

- DO NOT PLACE SUPERSCRIPTS BEFORE PUNCTUATION. 33

21. SUBMISSION GUIDELINES SPECIFIC TO ARTICLE TYPES 33

WORD LIMIT: 1000 WORDS RECOMMENDED STRUCTURE: INTRODUCTION → CASE DESCRIPTION → KEY INSIGHT/LEARNING → REFLECTION. REFERENCES (ONLY IF NEEDED TO SUPPORT CLINICAL EVIDENCE). MAXIMUM 5 REFERENCES. FIGURES: MAXIMUM 2 35

22.0 DESCRIPTIONS OF SPECIFIC ARTICLE TYPES 36

THESE PRESENT NEW DATA FROM EXPERIMENTS, CLINICAL STUDIES, OR SURVEYS. THEY FOLLOW A STRICT SCIENTIFIC STRUCTURE (IMRAD) AND ARE EXPECTED TO ADD ORIGINAL INSIGHTS TO THE FIELD. 36

THESE OFFER EXPERT VIEWS ON POLICY, ETHICS, PRACTICE, REFORMS, OR TRAINING. THEY MAY BE PROVOCATIVE, REFLECTIVE, OR ADVOCACY-FOCUSED AND ARE LESS FORMAL THAN ORIGINAL RESEARCH. 36

SHORT, FOCUSED COMMENTARIES OR RESPONSES TO PREVIOUSLY PUBLISHED WORK. THESE MAY ALSO HIGHLIGHT BRIEF OBSERVATIONS OR RAISE QUESTIONS FOR DISCUSSION. 36

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CASE SNIPPETS ARE SHORT, FOCUSED WRITE-UPS OF INTERESTING OR EDUCATIONAL CLINICAL CASES, USUALLY ENCOUNTERED DURING TRAINING OR EARLY CLINICAL PRACTICE. IT FOCUSES ON A SINGLE LEARNING POINT, UNUSUAL SYMPTOM, DIAGNOSTIC TWIST, OR PATIENT INTERACTION. 37

REFLECTIVE PIECES SHARING MEANINGFUL EXPERIENCES DURING CLINICAL ROTATIONS OR ACADEMIC LIFE THAT SHAPED THE STUDENT'S PROFESSIONAL IDENTITY. THEY ARE FIRST-PERSON REFLECTIVE PIECES THAT EXPLORE THE EMOTIONAL, ETHICAL, AND PROFESSIONAL GROWTH EXPERIENCES OF STUDENTS DURING THEIR ACADEMIC OR CLINICAL JOURNEY. 37

-A MEMORABLE PATIENT ENCOUNTER THAT CHALLENGED OR INSPIRED YOU 37

-AN INSTANCE THAT TAUGHT YOU HUMILITY, RESILIENCE, OR COMPASSION 37

-NAVIGATING ETHICAL DILEMMAS OR COMPLEX COMMUNICATION 37

-MOMENTS OF UNCERTAINTY, FAILURE, OR REALIZATION IN CLINICAL PRACTICE 37

-EXPERIENCES RELATED TO BURNOUT, BIAS, MENTORSHIP, TEAMWORK, OR CULTURAL SENSITIVITY 37

-REFLECTIONS ON LEARNING IN RESOURCE-LIMITED SETTINGS OR RURAL POSTINGS 37

-ENCOUNTERS THAT HELPED YOU UNDERSTAND WHAT KIND OF HEALTHCARE PROFESSIONAL YOU WANT TO BECOME 37

ACADEMIC INNOVATION ARTICLES SHOWCASE NOVEL OR ADAPTED TEACHING PRACTICES, ASSESSMENT METHODS, CURRICULUM STRATEGIES, OR FACULTY DEVELOPMENT APPROACHES IMPLEMENTED IN ACADEMIC OR CLINICAL TRAINING SETTINGS. THIS CATEGORY IS DESIGNED FOR EDUCATORS, CLINICAL INSTRUCTORS, FACULTY MEMBERS, AND ACADEMIC LEADERS TO SHARE PRACTICAL INSIGHTS THAT CAN INSPIRE AND INFORM TEACHING IN HEALTH PROFESSIONS EDUCATION. 37

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1.0 ABOUT THIS JOURNAL

The Journal of Indian Physician Associates (JIPA) is a peer-reviewed scientific journal and a premier platform for the academic and professional growth of Physician Associates (PAs), particularly from India, while being inclusive of the global PA diaspora. It provides opportunities for PAs and other healthcare professionals to present original research, share clinical insights, and contribute to scholarly dialogue. While JIPA primarily focuses on issues related to PA education, practice, and integration, it also welcomes contributions relevant to other healthcare

professionals engaged in interdisciplinary and collaborative care. By publishing current information and research on clinical, academic, and professional issues, JIPA supports the advancement of PAs/Surgical Associates and the broader healthcare community. Its scope includes critical topics in allied health, clinical practice, health policy, and the evolving role of PAs in healthcare systems.

2.0 PUBLICATION FREQUENCY

Biannual

3.0 PUBLICATION FORMAT

Digital

4.0 ARTICLE CATEGORIES

- Original Research Articles
- Review Articles
- Case Reports
- Opinion/Perspective Articles
- Letters to the Editor
- Academic innovation
- Student Section-Research Briefs, Case Snippets.
- Personal Narratives-Articles on issues of professional interest to PAs and other healthcare professionals

5.0 ACCESS AND ONLINE RESOURCES

JIPA will be hosted on **https://digitalshowcase.lynchburg.edu/jipa/,** where current and archival issues will be accessible. The website will also provide a range of online resources useful for authors, including detailed submission guidelines and instructions for authors.

6.0 MISSION STATEMENT

JIPA is dedicated to empowering PAs and comparable professionals worldwide, with a primary focus on India — by offering a platform for the dissemination of cutting-edge clinical knowledge, evidence-based practices, healthcare research, and the latest technological advancements. We aim to foster a global community of lifelong learners, promote collaborative research, and contribute to the continuous improvement of healthcare delivery both in India and globally.

7.0 EDITORIAL TEAM

EDITOR-IN-CHIEF

Mr. Ashish Gaur, BS-PA(BITS), PG PPHC, MD, MBA (Hosp & Health Care), EPGC (Strategy Management-IIM Kozhikode)

CO-EDITOR

Dr.Tanmay Acharia, BS-PA(BITS), DMSc, MBA, FAPACVS

MANAGING EDITORS

Ms. Mahalakshmi Shanmugham, BS-PA (BITS)

Ms. Arokia Grazy BS-PA(BITS)

SECTION EDITORS

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Mr. Arun Ramaswamy, BS-PA (BITS), PCHA (IIM-B)

Ms. Harini Sundar, BS-PA (BITS), MBA

Ms. Hemalatha Raghuraman, BS-PA (BITS), Dip Card Ultrasound

Dr. Monika Kochar, BDS, IFS, MPH

Ms. Nalla Swapna, BS-PA (BITS)

Ms. Padma Sundareson, BS-PA (BITS)

Ms. Preetha Vijaylakshmi, BS-PA (BITS), Dip HIM

Ms. Saikumari Sai, BS-PA (BITS),

Mr. Selva Kumar Rajamani, BS-PA (BITS)

RESEARCH EDITORS

Ms. Gomathi Sundar, PG Diploma (PA), MPH, Right Research Academy

Dr. Luppo Kuilman, MPA, PhD, University of Groningen

8.0 INTERNATIONAL VERITAS COUNCIL

Dr. James R. Kilgore, DMSc, PhD, PA-C, DFAAPA, University of Lynchburg

Dr. Thomas Colletti, DHSc, PA-C Emeritus, DFAAPA, University of Lynchburg

Dr. Jenna Rolfs, DMSc, MBA, PA-C, DFAAPA

Mr. David Lizotte Jr, MPAS, PA-C, FAPACVS

Dr. Deepthi Krishna, MPAS, MBBS, MBA

Mr. Austin Oduor Otieno, President, Global Association of Clinical Officers and Physician Associates

Ms. Lumbani Tshotetsi, MS, University of Pretoria

9.0 TARGET READERSHIP

Physician Associates, surgical associates, healthcare professionals, doctors, PA students, healthcare administrators, policymakers, and other key stakeholders in the healthcare sector.

10.0 PHILOSOPHY OF JIPA

CORE PHILOSOPHY

At its core, the philosophy of the Journal of Indian Physician Associates is to be a catalyst for the development, education, and professional excellence of PAs in India, ultimately strengthening the country's healthcare system.

Professional Empowerment and Advancement

A core belief in the importance of empowering Physician Associates in India by providing them with a dedicated platform for knowledge dissemination, skill enhancement, and professional growth. This includes elevating the recognition in policies, practice and perception within the Indian healthcare system.

Commitment to Lifelong Learning

A core belief that continuous education is essential for PAs and other healthcare professionals to deliver high-quality patient care and stay current with evolving medical knowledge and healthcare policies.

Fostering Evidence-Based Practice

A belief in the value of research and data-driven insights to inform clinical decision-making, shape health policy, and address professional challenges. The journal aims to be a key resource for current evidence.

Enhancing Healthcare Quality in India

The goal of the journal is to contribute to the overall improvement of healthcare delivery and patient outcomes in India by ensuring that PAs and associated professionals have access to up-to-date information and best practices.

Platform for Dialogue and Community

A desire to create a space for Indian PAs and related healthcare professionals to share experiences such as original research, case studies, and personal narratives, discuss pertinent issues, and build a stronger professional community.

Addressing National Healthcare Needs

A focus on topics—clinical, health policy, and healthcare professions—that are particularly relevant to the Indian context, thereby supporting the specific challenges and opportunities within the nation's healthcare landscape.

Promoting Interprofessional Understanding

By including "other healthcare professionals," the journal underscores its commitment to fostering collaboration and mutual respect across various healthcare disciplines. This interprofessional approach aims to enhance holistic and patient-centered care.

Contextual Relevance to Indian Healthcare

By emphasizing topics such as clinical care, health policy, and professional development that are particularly relevant to the Indian context, the journal seeks to address the unique challenges while leveraging opportunities for innovation and growth.

11.0 WHO CAN SUBMIT?

JIPA considers articles for publication from a broad range of contributors, including Physician Associates, Surgical Associates, various healthcare professionals, and public health experts. A prerequisite for submission is that the author(s) must own the copyright to the work or be authorized by the copyright holder(s) to submit the article. The Journal accepts diverse submission types, such as original research articles, case studies, personal narratives, and letters to the editor.

12.0 GENERAL RULES

Authors submitting to JIPA affirm the originality of their work. Submitted manuscripts should not have prior or pending publication in any journal or book (print or electronic). (e.g., Posting a manuscript on a preprint server **(***medRxiv*, *bioRxiv*) or sharing it as a working paper is permissible and does not count as prior publication.

Note: A *working paper* refers to a preliminary version of a research manuscript that is shared—typically via institutional websites or research network to invite feedback before formally submitting to a journal.

By submitting to JIPA, the authors guarantee that their manuscript is not under consideration with any other journal, in print or online. They also commit to withholding submission to other

journals until JIPA concludes its editorial decision. If these conditions present any issues, we advise the authors to contact the Editor-in-Chief.

13.0 SCOPE OF THE JOURNAL

The Journal of Indian Physician Associates encompasses a broad range of critical areas related to PA education, clinical practice, healthcare systems, and professional development. While centered on the Physician Associate (PA) profession, the journal also engages with topics relevant to other healthcare professionals working in collaborative and interdisciplinary settings.

Clinical and Medical Sciences

Covers research, reviews, and updates across various medical disciplines. While centered on the PA profession, the journal's scope includes broader topics relevant to interprofessional education, clinical practice, and healthcare integration.

Evidence-Based Science

Prioritize submissions demonstrating rigorous, evidence- based approaches to diagnosis, treatment, patient management, and healthcare decision-making.

Medical Cases

Informative case reports and case series that offer educational value, highlight unique or rare clinical scenarios, or demonstrate best practices relevant to PA practice. Submissions reflecting diagnostic reasoning, clinical decision-making, and interprofessional collaboration—offering insights not typically encountered in routine practice.

Public Health

Includes articles addressing population health, epidemiology, health promotion, disease prevention, and health policy issues relevant to the Indian context and the role of PAs.

Primary Health Care

Focuses on topics related to the delivery of primary care services, community health, and the role of PAs in strengthening India's primary healthcare system. Submissions may explore models of care delivery in rural or underserved areas, task-sharing innovations, and the integration of PAs into multidisciplinary primary care teams.

Physician Associate Professional Growth and Relevance

Specifically welcomes manuscripts discussing PA education, training standards, scope of practice, regulation, professional identity, interprofessional collaboration, career development, and the evolving role and impact of PAs in India.

14.0 EDITORIAL DECISION PROCESS

All submitted manuscripts are subject to editorial review by the Editorial Board. The Editor-in-Chief holds final responsibility for publication decisions. The editorial team may make necessary editorial changes to ensure that submissions align with the journal's scientific, ethical, and formatting standards. Submissions that are excessively repetitive, lack methodological rigor, or are poorly organized may be returned for revision or declined.

Authors should ensure that their submissions reflect their area of academic or professional expertise. Research articles are encouraged to follow a chronological narrative that mirrors the research process. Longer manuscripts (original research manuscripts and review articles) should include clear and relevant sectional subheadings to aid readability. (Please review formatting standards).

15.0 GENERAL SUBMISSION GUIDELINES

i) COVER LETTER

A cover letter is required for all submissions. The letter should confirm that the submission content is not currently under review at another publication, has been reviewed by all authors, and all authors agree on the submission. It should also include contact information (phone number and email address) of the corresponding author. Additionally, it should affirm that any use of previously copyrighted material has been done with permission from the copyright holder and copy of the written permission should be attached to the cover letter.

Original clinical and experimental manuscripts should be structured into the following sections: Introduction, Methods, Results, Discussion, and Conclusions, with appropriate subheadings to enhance clarity. For experimental articles, a section on clinical implications is recommended.

ii) ETHICS STATEMENT (IF APPLICABLE)

For research involving human subjects

For all studies involving human participants, authors must include the name of the approving Institutional Ethics Committee, its approval number, and preferably its DHR registration number. A clear statement confirming that written informed consent was obtained from all participants in their own language must be provided. Additionally, clinical trials must be **prospectively** registered in the **Clinical Trials Registry–India (CTRI)** for trials conducted within India, or any WHO-recognized international **registry** (e.g., ClinicalTrials.gov, EU-CTR, ANZCTR) as applicable when the trials are done in other countries. The registration number and date of registration must be clearly stated in the manuscript.

For case reports

Explicit written consent for publication must be obtained from the patient or guardian, including permission to publish images or clinical information, even when anonymity is maintained.

iii) CONFLICT OF INTEREST

All authors must disclose any potential conflicts of interest (financial or non-financial) at the end of the manuscript before the References Section. If there are no conflicts, a statement such as 'The authors declare no conflict of interest' must be included.

iv) FUNDING DISCLOSURE

Funding disclosure should be stated immediately after the ‘Conflict of Interest ’declaration. Acknowledge all sources of financial support or grants. If none, state: 'No external funding was received for this work.'

v) AUTHOR CONTRIBUTIONS

Clearly define each author's role using the CRediT taxonomy.

vi) ACKNOWLEDGEMENTS

Authors may include an ‘Acknowledgements section ’before the ‘Références Section ’after the ‘Funding Disclosure ’to recognize individuals or institutions who contributed to the work but do not meet authorship criteria. This may include technical, editorial, or statistical assistance. Please ensure that all named individuals have written consent to be acknowledged. Personal dedication and unrelated commentary should be avoided. If copyrighted material was used, confirm that permission has been obtained and included with the cover letter.

vii) ABSTRACT AND KEYWORDS

Most article types (except Letters to the Editor and Student Section pieces) should include an abstract. Use structured abstracts (Introduction, Methods, Results, Conclusion) for original research articles. Use unstructured abstracts for other article types.

Word limit for abstracts: maximum 300 words Include 3–5 relevant keywords for indexing and discoverability.

vii) PLAGIARISM AND ARTIFICIAL INTELLIGENCE (AI) USE POLICY

Submissions must be original and free of plagiarism. If generative AI tools were used for language editing or drafting, this must be declared in the manuscript acknowledgement section.

Sample statement: "The authors used generative AI tools (mention name) to assist with grammar correction and language refinement during manuscript preparation. All content was critically reviewed and approved by the authors."

Final responsibility for the content lies solely with the authors.

ix) LANGUAGE AND STYLE

Manuscripts must be written in clear, grammatically correct English. British English spelling is preferred. If American English is used, it must be applied consistently throughout the manuscript.

x) ORCID iD

Authors are encouraged to provide their ORCID iDs during submission for better research visibility and author identification. If you do not have one, you can register for free at: https://orcid.org/register.

16.0 FORMATTING SPECIFICATIONS

File format: Microsoft Word (DOC or DOCX).

PAGE LAYOUT

Use standard US letter size (8.5” x 11”) with 1-inch margins on all sides.

Font: Times New Roman, size 12 pt throughout the manuscript.

Title: 14 pt, bold, uppercase.

17.0 MANUSCRIPT STRUCTURE AND LAYOUT

No Title Page or Abstract: Please begin your document directly with the main manuscript.

Abstract: Abstract should be presented as a separate document with key words and word count of the main manuscript.

No Page Numbers, Headers, or Footers: These elements will be incorporated by the editors during the publication process.

Language: All articles must be written in English.

Single File Submission: Your complete manuscript, encompassing tables, figures, and appendices, should be submitted as a single file (Word, RTF, or PDF formats are accepted).

Page Size: The page size should be 8.5 x 11 inches.

Margins: Maintain 1.5-inch (3.8 cm) margins on all sides (left, right, top, and bottom) for the entire document, including tables and figures.

Line Spacing: The text should be double-spaced.

- **Column Layout:** Use a single-column layout. Both left and right margins should be justified.
- **Empty Space:** Endeavour to minimise empty space on pages. Ideally, no more than a quarter of a page should be left blank.

Font Guidelines

Main Body: Use 12 pt. Times New Roman

Footnotes: Use 10 pt. Times New Roman or the closest comparable font available.

Font Colour: The main body text should be black. While we encourage the use of colour in figures and maps, please consider that readers might print on black and white printers. Avoid using colours that would render material illegible when converted to black and white. Ensure no coloured mark-ups or comments remain in the final version unless intended as part of the text.

Font Faces : Generally, use Times New Roman. If a secondary font is desired for headings, a sans-serif font like Arial or Computer Modern Sans Serif is recommended.

Text Formatting and Style

Paragraph Indentation: Indent all paragraphs, except those immediately following a section heading. An indent should be at least 2 cm-spaces.

Paragraph Spacing: Do not insert extra space between paragraphs of text. Exceptions include long quotations, theorems, propositions, or special remarks, which should be set off with additional space above and below.

Widows and Orphans: Avoid "widows" (ending a page with the first line of a paragraph) and "orphans" (beginning a page with the last line of a paragraph).

Justification: All text should be left-justified.

Foreign Terms: Except for common foreign words (etc., *et al.*, *in vitro*, *in vivo*, *per capita*, *vice versa*, *status quo*) avoid using foreign words and phrases. When used, foreign terms should be set in **italics** rather than underlined.

Emphasis: Use **italics** for emphasis instead of underlining. The use of colour for emphasis is discouraged.

Headings: Distinguish headings (e.g., section starts) from the main body text using different fonts or small caps. Use the same font face for all headings and indicate hierarchy by reducing font size. Ensure space above and below headings.

Main Text: The main body text font must be black in Times New Roman

Titles: Titles of books, movies, etc., should be set in **Italics** rather than underlined.

18.0 Tables and Figures

Integrate tables and figures into the document close to their first mention in the text. Large tables or figures should occupy a page by themselves. Avoid using excessively small type in tables. Tables and figures must not be submitted as separate files during the initial submission. Ensure all tables and figures fit within the 1.5-inch margins on all sides in both portrait and landscape views. High-resolution figures, preferably encoded as Encapsulated PostScript (eps), are preferred.

Each Table and Figure should be numbered both within in-text and in Captions.

If the manuscript is accepted for publication, for final submission**,** figures should be submitted as separate, high-resolution image files in TIFF or JPEG formats with minimum 300 dpi resolution.

Tables should be created using Word's table tool and included in the manuscript file. Do not submit tables as images.

Captions: Captions for tables should be placed above the table and for figures, below the figures.

- Legends, explanatory notes, statistical symbols and abbreviations if any should be given as footnotes to the table/figure
- Any previously published or adapted figures must be accompanied by written permission from the copyright holder and appropriate citation.

19.0 EQUATIONS AND MATHEMATICAL NOTATIONS

Variables: Roman letters used as variables in mathematical expressions should be Italicised. Roman letters as part of multi-letter function names should not be Italicized-example: **sin *x***, not ***sin x***

Subscripts and Superscripts: Whenever possible, subscripts and superscripts should be a smaller font size than the main text.

Short Expressions: Short mathematical expressions simple equations or formulas should appear within the body of a paragraph, rather than set apart on a new line

Longer Expressions: Longer expressions, or those with many different levels (e.g., fractions), should be presented as display math. Important definitions or concepts can also be set off as display math.

Equation Numbering: Equations should be numbered sequentially. The placement of equation numbers (right or left) is the author's choice, but consistency is crucial.

Symbols and Notation: Avoid symbols and notation in unusual fonts to enhance clarity and ensure correct display and printing.

20.0 REFERENCES

Begin the reference section after the last sentence of your submission. Insert a line break (not a page break) and begin your references on the same page, if space permits. References should appear immediately after the end of the main document

Authors are required to follow the **American Medical Association (AMA), 11th edition** referencing style. In-text citations must appear as superscript numerals**,** listed in the order of appearance. A complete list of references should be included at the end of the article. Please refer

to the examples provided below. For detailed rules, consult the AMA Manual of Style (subscription required). https://www.amamanualofstyle.com.

AMA REFERENCE LIST FORMATTING

General Guidelines

- Number references consecutively in the order they appear in the text.
- Use Arabic numerals followed by a period.
- Do not alphabetize the reference list.
- Use the AMA abbreviation for journal names (available via PubMed).
- Include up to 6 authors; if more, list the first 3 followed by 'et al.'

FORMAT AND EXAMPLES FOR REFERENCES

1. Journal Article

Format

Author(s). Title of article. Journal Name. Year;Volume(Issue):Pages. doi

Example:

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002;347(4):284-287. doi:10.1056/NEJMsb020543

2. Book

Format

Author(s) or Editor(s). Title of Book. Edition (if not first). Publisher; Year.

Example:

Brunton LL, Hilal-Dandan R, Knollmann BC, eds. Goodman & Gilman's: The Pharmacological Basis of Therapeutics. 13th ed. McGraw-Hill; 2018.

3.Chapter in a Book

Format

Author(s) of chapter. Title of chapter. In: Editor(s), ed(s). Title of Book. Publisher; Year:Pages.

Example:

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, eds. The Genetic Basis of Human Cancer. McGraw-Hill; 2002:93-113.

4. Website

Format

Author (if known). Title of page. Name of Website. Published date. Updated date. Accessed date. URL

Example:

Centers for Disease Control and Prevention. Antibiotic resistance threats in the United States, 2019. Published April 2019. Accessed August 1, 2021. https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf

AMA IN-TEXT CITATION RULES

1. **Superscript Citation Placement – With Commas**

Correct:

Several trials have demonstrated this effect.[2,3]

- Superscript numerals are used.

- Commas are normal-sized (not superscript).

- No space between the superscript and punctuation.

2. Superscript Citation Ranges – With En Dash

Correct:

Meta-analyses have confirmed these findings.[4–6]

- Use an en dash (–), not a hyphen (-), to indicate a range.

- The entire range should be superscripted (both numbers and the dash).

3. Common Mistakes to Avoid

- Do NOT use hyphens for citation ranges: [4-6] (Incorrect)

- Do NOT make commas superscript: [2,3] (Incorrect)

- Do NOT place superscripts before punctuation.

21. SUBMISSION GUIDELINES SPECIFIC TO ARTICLE TYPES

i) ORIGINAL RESEARCH ARTICLES

Structured abstract: word limit up to 300 words and 3–5 keywords.

Word Limit for full manuscript: 3500 to 5000 words (excluding references)

References: Max 40

Headings: 12 pt, bold, uppercase.

Subheadings: 12 pt, bold, lowercase (capitalize only the first letter and proper nouns).

Line spacing: Double-spaced throughout the main text. Tables, graphs, and figure legends may be single-spaced.

Page numbering: All pages should be numbered consecutively.

Italics: Avoid italics in the main text, except for Latin terms or scientific names.

Units: Use Standard International (SI) units consistently.

Style guide: Manuscripts should follow AMA Manual of Style, 11th Edition formatting style.

Tables and Figures : Max 10

Structure: IMRaD (Introduction, Methods, Results, and Discussion)

Study Design and Reporting

Authors should follow reporting guidelines appropriate to their study design (e.g., STROBE for observational studies, CONSORT for clinical trials, CARE for case reports). The relevant checklist should be completed and submitted with the manuscript, and key items should be addressed within the text.

ii) REVIEW ARTICLES (SYSTEMATIC OR NARRATIVE)

Word Limit: Up to 6000 words (excluding references)

References: Max 60

Tables and Figures: Max 10

Structure: Introduction, relevant subheadings, conclusion

Systematic reviews: authors must include a comprehensive methodology section and a PRISMA 2020 flow diagram outlining the study selection process.

iii) CASE REPORTS

Word Limit: Up to 2500 words

References: Max 10

Tables/Figures: Max 5

Multimedia: Videos accepted if essential

Structure: Abstract, Introduction, Case presentation, Discussion, Conclusion

iv) OPINION/PERSPECTIVE ARTICLES

Word Limit: Up to 2500 words

References: Max 20

Tables/Figures: Max 3

Structure: Flexible but should be clear and logical

v) LETTERS TO THE EDITOR

Word Limit: Up to 1000 words

References: Max 5

Figures: Max 2

Tables: Not permitted

Structure: Introduction → Argument/Evidence → Conclusion

vi) ACADEMIC INNOVATION

Word Limit: Up to 2000 words (excluding references)

References: Maximum of 15 (recommended but not mandatory for descriptive articles)

Tables and Figures: Up to 3 combined

Structure: Flexible, but typically includes:

Introduction: The educational need or gap being addressed

Description of Innovation: What was implemented and how

Implementation: Context, logistics, and audience o Outcomes: Reflections, feedback, or observed impact (qualitative or quantitative)

Lessons Learned / Recommendations

Authors: Faculty, academic administrators, clinical instructors, or educators

vii) STUDENT SECTION

Research Briefs

Word Limit: 1500 words

References: Max 10

Tables and Figures: Max 2

Structure: Background / Rationale (Approx. 2–3 sentences), Objective (limit to 2 sentences), Methods (Approx. 4–5 lines), Key Findings (Bulleted format optional for clarity), Interpretation / Implications (Approx. 2–3 sentences)

Case Snippets

Word Limit: 1000 words

Recommended Structure: Introduction → Case description → Key insight/learning → Reflection.

References (only if needed to support clinical evidence). Maximum 5 references.

Figures: Maximum 2

Personal Narratives

Word Limit: 800–1200 words • References: Optional, Max 3 • Figures: Optional, Max 1

22.0 DESCRIPTIONS OF SPECIFIC ARTICLE TYPES

Original Research Articles

These present new data from experiments, clinical studies, or surveys. They follow a strict scientific structure (IMRaD) and are expected to add original insights to the field.

Opinions/Perspectives

These offer expert views on policy, ethics, practice, reforms, or training. They may be provocative, reflective, or advocacy-focused and are less formal than original research.

Letters to the Editor

Short, focused commentaries or responses to previously published work. These may also highlight brief observations or raise questions for discussion.

Student Section

A space dedicated to the voices and experiences of healthcare students, including the following subcategories:

Research Briefs

Summarized findings of student-led research, often from theses, projects, or audits.

Case Snippets

Case snippets are short, focused write-ups of interesting or educational clinical cases, usually encountered during training or early clinical practice. It focuses on a single learning point, unusual symptom, diagnostic twist, or patient interaction.

Personal Narratives

Reflective pieces sharing meaningful experiences during clinical rotations or academic life that shaped the student's professional identity. They are first- person reflective pieces that explore the emotional, ethical, and professional growth experiences of students during their academic or clinical journey.

What can be shared in a Personal Narrative?

-A memorable patient encounter that challenged or inspired you

-An instance that taught you humility, resilience, or compassion

-Navigating ethical dilemmas or complex communication

-Moments of uncertainty, failure, or realization in clinical practice

-Experiences related to burnout, bias, mentorship, teamwork, or cultural sensitivity

-Reflections on learning in resource-limited settings or rural postings

-Encounters that helped you understand what kind of healthcare professional you want to become

Academic Innovation

Academic Innovation articles showcase novel or adapted teaching practices, assessment methods, curriculum strategies, or faculty development approaches implemented in academic or clinical training settings. This category is designed for educators, clinical instructors, faculty members, and academic leaders to share practical insights that can inspire and inform teaching in health professions education.

23.0 SUBMISSION CHECKLIST

The following checklist will be helpful for the final review of an article before submission to the journal for review:

Cover letter, Abstract with key words and manuscript word count, and main manuscript.

Ensure the cover letter includes:

- Confirmation of the originality of the article and disclosure of any simultaneous submissions
- Approval of all authors for the submission
- Designation of a corresponding author with contact information
- Email addresses and institutional affiliations of all authors
- Full postal address - Phone numbers

Manuscript Requirements

- Each figure caption is included on the same page as the figure it describes
- All tables (including title, description, footnotes) -Further considerations
- Manuscript has been spell-checked and grammar- checked
- Manuscript includes continuous line numbering
- Manuscript is double-spaced, single-columned, and pages are numbered
- All references mentioned in the Reference list are cited in the text, and vice versa
- Permission has been obtained for the use of copyrighted material from other sources (including the Web) and must be included in the submission
- Financial disclosures

24.0 HOW TO SUBMIT THE ARTICLES

The articles have to be emailed to: **submissions.jipa@gmail.com**

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Posting of the article on the author(s) personal website, provided that the website is non-commercial.

Posting of the article on the internet as part of a non-commercial open access institutional repository or other non-commercial open access publication site affiliated with the author(s)'s place of employment and Posting of the article on a non-commercial course website for a course being taught by the author at the university or college employing the author.

People seeking an exception, or who have questions about use, should contact the editors.

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26.0 CONTACT US

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