

APPENDIX A

Requirements for Preparation and Submission of Medical Manuscripts, Research Papers and Progress Reports

- A. All manuscripts must be typed and submitted in an appropriate format acceptable for publication in a standard scientific refereed journal.
- B. An abstract must accompany each manuscript. The cover sheet must list the program for which credit is to be applied and a statement that the resident is the primary author, or performed substantive participation in the study and that the paper has been reviewed and approved. This must be signed and attested to by the program director. Manuscripts shall be submitted in one of the following formats only:
 - 1. A case presentation of a first reported case or other unusual manifestations of a disease which will add to the medical literature, which should include a review of the literature and discussion (acceptable only if submitted for publication).
 - 2. A report of an original clinical research study approved by the program director and the institutional review board.
 - 3. A case presentation and discussion which challenges existing concepts of diagnosis or treatment and thus recommends further investigation.

Initially, the resident should submit a written proposal to the program director for review and approval as fulfilling the writing requirement. All projects must be performed and prepared under the supervision of the program director or another physician approved by the program director.

Residents may work jointly on an original clinical research project, provided a Progress report and written approval of the program director is included in Part II of the Resident Annual Report. Residents may not work jointly on case reports. Residents shall submit the required manuscript within thirty (30) days of the completion of the final year of training in general internal medicine.

MEDICAL WRITING AND RESEARCH COVER SHEET

This medical writing and research paper entitled:

is being submitted/in progress by:

_____, DO
(name of resident)

for the _____ program, training dates _____ to _____
(name program, e.g. IM, or GI, etc.)

_____, DO _____
(signature of resident) (date)

_____, DO/MD _____
(signature of program director) (date)

The above signatures attest to the fact that the attached work has been performed by the resident noted, and has been reviewed and approved by the program director.