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DESCRIPTION

*European Journal of Internal Medicine* is the official journal of the European Federation of Internal Medicine and is the reference scientific journal for the European academic and non-academic internists.

The journal is devoted to promoting science and practice in internal medicine in Europe. To this end, the journal publishes *original articles, editorials, reviews, internal medicine flashcards,* and other information relevant to internal medicine and related fields. Translational medicine and clinical studies both receive attention by the Journal. EJIM has the ambition to become the place for the publication of excellent clinical studies; however, this target is intended to be associated with the improvement of the quality of health care in Internal Medicine in the European hospitals.

The journal encourages the submission, as original articles, of:
- quality clinical studies related to internal medicine; papers defining the unmet clinical needs in several areas of internal medicine; methodology of clinical research and critical reading of clinical studies;
- high-level subgroup or secondary analyses of the major clinical trials; experimental design of planned or ongoing large clinical trials. This publication may be associated with a critical assessment by methodology experts commenting the methodology of the paper, strengths and potential limitations;
- acute and critical care medicine as well as emergency medicine to contribute to develop the new professional figure of the internist in the European hospitals;

In addition to the abovementioned articles, the journal publishes *invited articles* on clinical issues relevant to internal medicine, in the form of:

- **Commentary:** a paper commenting an article published in a particular issue and prepared by the Editors or by an invited expert;
- **Editorial:** a brief article on clinical achievements or debated points in Internal Medicine;
- **Review Articles:** updated state-of-the-art reviews on a subject of clinical relevance;
- **Ideas and Opinions:** a paper on a vision concerning a clinical topic not necessarily reflecting evidence-based data but more an expression of a particular vision of a clinical or public health issue;
- **Clinical Controversies in Internal medicine,** covering pros and cons positions on a specific clinical issue;
- **Clinical Insights:** a brief article dedicated to the management of particular clinical situation or setting where remarkable advancements or changes in clinical practice were recently experienced;
- **Beyond the guidelines** on clinical situations or issues that are not covered by the Guidelines or on the limitations of the Guidelines. More in general, this type of articles can be a commentary on recently published guidelines.
AUDIENCE

Specialists in Internal Medicine.

IMPACT FACTOR

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ABSTRACTING AND INDEXING

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Change of Editor October 2018
Thank you very much for your interest in publishing your article in EJINME. Please be aware that as of 15 October, 2018, all new manuscript submissions will be handled by the journal’s new Editor-in-Chief Professor Giancarlo Agnelli and his Associate Editors. The review of manuscripts that had been submitted prior to this date will be finalized by Editor-in-Chief Professor Mannucci and his team.

Types of article

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Review articles are generally commissioned by the Editors according to an agreed editorial plan. Unsolicited review articles may be considered provided they are the state-of-the-art updates prepared by authoritative authors.
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Beyond the Guidelines, Clinical Insights, Ideas and Opinions
These articles are generally solicited by the Editors and should be submitted as an Editorial type of article. Beyond the guidelines on clinical situations or issues that are not covered by the Guidelines or on the limitations of the Guidelines. More in general, this type of articles can be a commentary on recently published guidelines. Clinical Insights: a brief article dedicated to the management of particular clinical situation or setting where remarkable advancements or changes in clinical practice were recently experienced; Ideas and Opinions: a paper on a vision concerning a clinical topic not necessarily reflecting evidence-based data but more an expression of a particular vision of a clinical or public health issue. They are prepared in the form of Editorials of approximately 1,500-2,000 words and should have no more than 2 authors and 15 references. No abstract and no IMRAD structure are required. A conflict of interest statement is required (see appropriate chapter on COI). In case of absence of conflicts, a statement “the authors declare they have no conflict of interest” should be reported in the manuscript.

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

*Introduction*
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

*Material and methods*
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

*Theory/calculation*
A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

*Results*
Results should be clear and concise.

*Discussion*
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

*Conclusions*
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

*Appendices*
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Isotope numbers should precede the symbols, e.g., 18O. The repeated use of chemical formulae in the text is to be avoided where reasonably possible; instead, the name of the compound should be given in full. Exceptions may be made in the case of a very long name occurring very frequently or in the case of a compound being described as the end product of a gravimetric determination (e.g., phosphate as P2O5)

**Footnotes**

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**Electronic artwork**

**General points**

- Make sure you use uniform lettering and sizing of your original artwork.
- Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.
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- Use a logical naming convention for your artwork files.
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- For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
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