EUROPEAN JOURNAL OF INTERNAL MEDICINE
The Official Journal of the European Federation of Internal Medicine (EFIM)

AUTHOR INFORMATION PACK

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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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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

Review Articles
Review articles are generally commissioned by the Editors according to an agreed editorial plan. Unolicited review articles may be considered provided they are the state-of-the-art updates prepared by authoritative authors.
Review Article should not exceed 3,500-4,000 words and no more than 5 authors.
Authorship details in compliance with ICMJE should be reported. 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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Original Articles should not be longer than 3,500-4,000 words. Authorship must not exceed 16 names in the byline. Group names may be added to the byline and be referenced as a list of contributors in a footnote in the front page of the manuscript. Authorship details in compliance with ICMJE should be reported. 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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Systematic reviews, including meta-analyses, should be submitted as Original Articles and should include a description of the methods used. At the end of the introduction, a short description on how the articles have been selected (keywords, time period of the search, etc.) should be included.
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Commentary
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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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These articles are generally solicited by the Editors and feature pros and cons positions on a specific clinical issue.
They are composed of two articles with opposing views. They are solicited by the Editors. Format: 1,500-2,000 words; no abstract, no IMRAD structure; it may contain up to 15 references; conflict of interest statement is mandatory. 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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This type of article is not a mere representation of a case report. Please see the rationale of this type of articles at *Introducing the "Internal Medicine Flashcards": Call for papers* Volume 24, Issue 6, published online only. **Authors**: maximum 3 **Image**: one, single or multi-panelled. Only original, high-quality images will be considered for publication, provided they do not contain material that has been submitted or published elsewhere. If a photo of an identifiable patient is used, a specific release form must be completed and signed by the patient and enclosed to the submission. All the printed information that might identify the patient or the authors’ institution (including but not limited to the hospital or patient name, date or place) should be removed from the images **Main section (case description)**: maximum 175 words **Discussion section**: maximum 225 words + maximum 3 references

**Case Reports**
In general Case Reports are not published unless they contain highly innovative findings (such as, for instance, unusual clinical presentations or new gene mutations, etc...). The European Federation of Internal medicine (EFIM) welcomes case submissions to its open access journal specifically dedicated to case reports available at [www.ejcrim.com](http://www.ejcrim.com).

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A Theory section should extend, not repeat, the background to the article already dealt with in the
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