

Editorial Workflow

The editorial workflow of Images Paediatr Cardiol is designed so as to produce high-quality papers with a fair and unbiased peer-review process. Each and every manuscript must be recommended by at least two reviewers prior to acceptance for publication in the journal, as outlined hereunder. We must emphasise that without the help of the editorial board and of the reviewers, the peer-review process, and hence the journal, would be impossible to produce and publish. Hence, Images in Paediatr Cardiol cannot but acknowledge this invaluable input and stress the indispensability of this contribution to the smooth and effective running of the journal.

The peer-review process is single blinded such that the reviewers know who the authors of the manuscripts are, but the authors do not know who the peer-reviewers are. Each manuscript is tracked by the editor-in-chief. Once submitted, the manuscript is reviewed by the editor-in-chief who decides whether the manuscript is totally unsuitable for the journal or whether the journal may be suitable for the journal (with or without changes – and that is determined at a later stage in the peer-review process).

If the manuscript is deemed to be of insufficient quality or to treat an unsuitable subject, then the manuscript is rejected straight away. Typically, such manuscripts would include subjects that have already been well discussed in the journal and nothing new is being offered, or the subject is too theoretical or too detailed to be suitable for a journal whose primary aim is to publish interesting images and animations.

If the editor-in-chief determines that the manuscript is potentially suitable for the journal, he will review it himself and will also assign it to a minimum of one more clinical reviewer.

The review is then revised by the editor-in-chief and a decision is taken as to whether to recommend acceptance pending any suggested changes that have been identified by the review thus far, or whether the review is too bleak to proceed further, in which case the author is contacted and informed of the rejection. In the former case, the journal is also sent for a technical review (with regard to the physical content, such as quality issues with regard to the images/animations submitted and the accuracy and compliance of the references with the journal's Vancouver format etc.).

The full review is then emailed to the authors who may decide to drop the submission, or to comply with the suggested changes. The authors are then expected to return the manuscript, with the suggested changes, along with a covering letter outlining said changes, within a reasonable period of time (up to approximately two months unless any extenuating circumstances present themselves).

Only the editor-in-chief will re-review the resubmitted manuscript to determine whether the changes suggested by the review have been effected, and if satisfied with the final version of the manuscript, then the manuscript is accepted and processed for the purposes of publication. If the editor is unhappy with the changes, he may contact the authors directly with any problems that he may have encountered within the resubmitted manuscript and once any outstanding issues are settled, then the manuscript is accepted and processed for the purposes of publication.

General

The Journal is international in scope, and accepts contributions from any country. Submissions will be classified under the following categories:

1. Reviews of specific topics.
2. Original articles.
3. Case reports.
4. Brief Images.
5. Letters to the editor.

Submissions should not duplicate material already illustrated in the Journal. Prospective authors are encouraged to enquire as to suitability of material that they wish to potentially submit to the Journal ([email editor - Dr. Grech](#)). The [editors' desiderata](#) may be helpful. Images may be submitted as:

1. High quality hard copies which may be submitted as photographs, electrocardiograms, x-rays, etc., or 35 mm slides of such images. Hard copies will be scanned in order to obtain a digital image, and will be returned to the author/s. If several different hard copies of images are submitted, they should be labelled numerically, and reference to these image labels should be made in the submission letter. All images should be provided with a caption.
2. High resolution digital images acquired from scanned hard copies or as direct digital output. Any manipulation of the original image/s, digital or otherwise, must be stated clearly by the authors. Images embedded in common software files, e.g. PowerPoint or Word, will also be accepted.
3. Video clips/animations/DICOM files i.e. digital format.
 - The Journal will not be held responsible for loss to or damage of material submitted to the Journal.
 - Images in digital format should be forwarded on floppy disk or CD. Storage media will not be returned. Images may sent in any standard format (gif, jpeg, pcx, avi, mov etc.).
 - Email should not be used for submission of images due to the (usually) large file size of graphics and consequently prolonged download times at the Journal end.
 - Text and images should be submitted on floppy disk or CD, in Word 2/6/95 format (PC not MAC) or in plain text (ASCII).

- Images should not be faxed, as the process of faxing inherently produces image degradation.
- Images and tables should be accompanied by a suitable caption.
- Authors are encouraged to submit a sketch or photocopy or digital outline indicating specific areas of interest, and suggested annotations. Formal annotation should ideally be carried out by the Journal at the processing stage, in the interest of uniformity.
- Three hard copies of the text will be also be required (at least, for the moment). Hard copies should be double-spaced throughout, and printed on one side only, on A4 white paper with 3 cm margins all around, on consecutively numbered pages, with title page as first page.
- The manuscript should be arranged conventionally:
- Title page containing:
 1. Title
 2. Authors' names (including full first and middle names and qualifications)
 3. The name/s of the institution/s at which the work originated
 4. The full name and exact mailing address, telephone, fax and e-mail numbers of the author to whom communication should be sent
 5. Key words: up to 6 for indexing purposes. These should be medical subject headings (MeSH) found in Medline.
- Abstract: up to 250 words, in structured format or in flowing text.
- Introduction.
- Methods.
- Results: exact p values should be quoted, where appropriate, as well as 95% confidence limits.
- Discussion.
- Conclusions.
- References should appear in Vancouver format (see below), and should be numbered and arranged sequentially as they appear in the text. All authors should be included, along with *complete* page numbers. The authors will be responsible for accuracy of citations. References in text should be cited in Arabic numerals in superscript, *after* any punctuation, and not before i.e.: "In our first review,¹ we emphasised the phenotypic feature of the type of ventricular septal defect which is defined as being perimembranous within the classification now established by the Association for European Paediatric Cardiology.²⁻³" **Do not send in manuscripts with references as footnotes, endnotes or other field-type formats, such used by Reference Manager.**

- Tables.
- Figure legends and figures.

Example of a journal article	Burn J, Baraitser M, Hughes DT, Saldana-Garcia P, Taylor JF. Absent right atrioventricular connection and double-inlet ventricle due to an unbalanced familial 8:13 chromosome translocation: a cautionary tale. <i>Pediatr Cardiol</i> 1984;5:55-59
Example of a book	Anderson RH, Macartney FJ, Shinebourne EA, Tynan M. <i>Paediatric Cardiology</i> . Edinburgh; Churchill Livingstone, 1987
Example of a book chapter	Gersony WM. The cardiovascular system. In: Behrman RE, Kleigman RM, Nelson WE, Vaughan VC, ed. <i>Nelson Textbook of Pediatrics</i> . Philadelphia: WB Saunders, 1992; 1125-1221

More details with regard to the Vancouver format are available at the University of Queensland website:

<http://www.library.uq.edu.au/training/citation/vancouv.html>

- Brevity overall is encouraged. Lists in point form and tables are most welcome. Contributions must be written in standard grammatical English. Spelling may be English-UK or English-US, and must be consistent throughout the text.
- All contributions may be subject to copy editing, and may be returned to the author/s for review or clarification prior to publication.
- Photographs of patient/s where individuals are recognisable *must* be accompanied by written permission from the patient/s and/or guardians to display such material on-line. [Please print and use this consent form.](#)
- An accompanying letter, signed by all author/s must state:
 1. Title of contribution
 2. Author name/s and affiliation/s
 3. Institution to which work is to be attributed
 4. Corresponding author and contact address. An email contact address should ideally be available as this will speed communication, and will allow the Journal to confirm promptly the safe receipt of submissions.
 5. Names and contact addresses of three suitable referees.
 6. A statement to the effect that the submitted material has not been previously published, and that the data in the manuscript have been reviewed by all authors, who agree with the analysis and conclusions. Statements in articles are the responsibility of the authors.

7. The author/s will transfer copyright of material submitted to the Journal, and the accompanying letter should state: “The undersigned author(s) transfer all copyright ownership of the manuscript [title of article] to *Images in Paediatric Cardiology*, in the event the work is published. The undersigned warrant(s) that the article is original, does not infringe upon any copyright or other proprietary right of any third party, is not under consideration by another journal, and has not been published previously”. However, the Journal recognises the rights of the authors to copy material published in the Journal for their own use, and the right to use any part of said material in a printed compilation of works of their own.
8. Authors must inform us of funding sources (if any) for manuscripts that they have submitted for review. We must also know of any associations that might be construed as a conflict of interest (stock ownership, consultancies, etc.).

First authors will be sent a PDF copy of their published paper from which hard copies may be printed.

Brief Images

Submissions in this category are particularly welcome. Such submissions should not exceed 700 words of text, do not need an abstract, should not exceed five references, and may contain any number of illustrations.

Letters to the editor may be submitted. These should not exceed 400 words, should have a maximum of five references, and may deal with:

1. Articles published in the Journal in the preceding issues. One of the references should naturally relate to the Journal article in question.
2. Observations or findings too limited in scope to be submitted as a full article or as a case report.

Processing

- Material will be sent on to editors or referees for review.
- Digital processing by the Journal may include image manipulation, such as cropping and annotation.
- The Journal reserves the right to group submissions under broad categories.
- The Journal will be published formally, on-line, on a quarterly basis. This will allow citation by authors and readers. Authors will be informed of their paper's full citation when the relevant issue is published.
- See [disclaimer](#) and [journal scope](#).

Submission of material - via conventional mail to

Prof. Victor Grech
Editor, Images in Paediatric
Cardiology
Paediatric Department
Disneyland Ward
Mater Dei Hospital
Tal-Qroqq - Malta

Queries to
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