

سابمیت مقالات

Top tips for a successful manuscript submission

انسیه آقاجانی
ارشد مدیریت اطلاعات



- یکی از ملزومات موفقیت برای پژوهشگران و دانشجویان، انتشار مقالات علمی است و دانشگاه‌ها و مؤسسات علمی از تعداد انتشارات به عنوان شاخصی برای اعتباردهی به اشخاص استفاده می‌کنند.
- مجلات از کانال‌های اصلی برای ارتباطات علمی به شمار می‌آیند. از اهداف اصلی این کانال علمی، اشاعه اطلاعات علمی با کیفیت است.

■ یکی از فرایندهایی که نویسندگان برای چاپ مقالات خود با آن سروکار دارند، انتخاب مجله مناسب برای ارسال مقالات است. فرآیند یافتن مجله مناسب جهت چاپ یافته‌های پژوهشی نیازمند مهارت در این زمینه است در حالی که تمامی نویسندگان این مهارت را ندارند.

■ یکی از مشکلات رایج در میان نویسندگان به ویژه نویسندگان کم تجربه، سردرگمی در انتخاب مجله مناسب برای ارسال مقالاتشان است. این امر با وجود طیف وسیعی از مجلاتی که دامنه موضوعی گسترده دارند و مقالاتی که حوزه‌های مختلف موضوعی یا تخصص‌های حرفه‌ای را شامل می‌شوند، مشکلاتی را برای نویسندگان ایجاد می‌کند.

اهمیت انتخاب مجله مناسب

- قبل از ارسال مقاله برای یک مجله، نویسندگان موظف هستند نسبت به مطابقت موضوعی مقاله با مجله مورد نظر اطمینان حاصل کنند. این عمل برای جلوگیری از تأخیرهای غیر ضروری در فرایند پذیرش مقاله اهمیت دارد.
- معمولاً سردبیر مجلات، نسبت به ربط موضوعی مقاله در گام اول تصمیم گیری می کنند.
- طبق بررسی‌های انجام شده حدود ۲۰ تا ۳۰ درصد مقالاتی که برای یک مجله ارسال می‌شوند، به عنوان مقالات خارج از حوزه موضوعی طبقه بندی می‌شوند.
- سنجش کیفیت و اعتبار مجله

عمده ترین دلایل برای رد مقاله

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- بحث و موضوع غیر جذاب
- عدم تطابق با محتوای ژورنال
- عدم تطابق با استانداردها

مراحل سابمیت مقاله

- آشنایی با راهنمای نویسندگان Authors guideline
- درخواست برای Waive یا Discond برای مجلات دسترسی باز
- شناسایی Plagiarism یا سرقت ادبی
- سابمیت آنلاین
- چطور یک Cover letter بنویسیم
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BMC Psychiatry

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▼ [Preparing your manuscript](#)

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Our 3-step submission process

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Now you've identified a journal to submit to, there are a few things you should be familiar with before you submit.

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[Peer-review policy](#)

9 [Manuscript transfers](#)

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Preparing your manuscript

This section provides general style and formatting information only. Formatting guidelines for specific article types can be found below.

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Annual Journal Metrics

2022 Citation Impact

4.4 - 2-year Impact Factor

4.9 - 5-year Impact Factor

1.535 - SNIP (Source Normalized Impact per Paper)

1.291 - SJR (SCImago Journal Rank)

Other online submission systems

- ScholarOne (manuscriptcentral.com)
- Open Journal Systems
- Editorial Manager
- EVISE or Elsevier

Online
Submission



نکات مهم در انتخاب مجله

۶. داوری مجله

▪ Peer-review: مقالات در این مجلات توسط سردبیر، پنل داوری و متخصصان موضوعی بررسی و ارزیابی می‌شوند. در بخش راهنما و سیاست‌های داوری مجله نحوه داوری و ارزیابی مقالات گفته شده است.

▪ انواع داوری‌ها شامل: Single blind, Double blind, Triple blind, Open peer-review

Title page

- 1) The full title
- 2) The short title of up to 40-70 characters
- 3) Names and affiliations of all authors and Title page
- 4) The full address, including email, telephone and fax of the author who is to check the proofs.
 - Include the name(s) of any **sponsor(s)** of the research contained in the paper, along with **grant** number(s).

▪ Abstract

Keywords. Authors should prepare no more than 5 keywords for their manuscript.

STUDY PROTOCOL

Open Access



Understanding mechanisms of depression prevention: study protocol of a randomized cross-over trial to investigate mechanisms of mindfulness and positive fantasizing as intervention techniques for reducing perseverative cognition in remitted depressed individuals

Marlijn E. Besten^{1,2*}, Marieke van Vugt³, Harriëtte Riese⁴, Claudi L. H. Bockting^{5,6}, Brian D. Ostafin⁷, André Aleman^{1,2} and Marie-José van Tol¹

Abstract

Background Major Depressive Disorder (MDD) is one of the most prevalent psychiatric disorders, and involves high relapse rates in which persistent negative thinking and rumination (i.e., perseverative cognition [PC]) play an important role. Positive fantasizing and mindfulness are common evidence-based psychological interventions that have been shown to effectively reduce PC and subsequent depressive relapse. How the interventions cause changes in PC over time, is unknown, but likely differ between the two. Whereas fantasizing may change the valence of thought content, mindfulness may operate through disengaging from automatic thought patterns. Comparing mechanisms of both interventions in a clinical sample and a non-clinical sample can give insight into the effectivity of interventions for different individuals. The current study aims to 1) test whether momentary psychological and psychophysiological indices of PC are differentially affected by positive fantasizing versus mindfulness-based interventions, 2) test whether the mechanisms of change by which fantasizing and mindfulness affect PC differ between remitted MDD versus never-depressed (ND) individuals, and 3) explore potential moderators of the main effects of the two interventions (i.e., what works for whom).

Methods In this cross-over trial of fantasizing versus mindfulness interventions, we will include 50 remitted MDD and 50 ND individuals. Before the start of the measurements, participants complete several individual characteristics. Daily-life diary measures of thoughts and feelings (using an experience sampling method), behavioural measures of spontaneous thoughts (using the Sustained Attention to Response Task), actigraphy, physiological measures (impedance cardiography, electrocardiography, and electroencephalogram), and measures of depressive mood

*Correspondence:
Marlijn E. Besten
me.besten@rug.nl
Full list of author information is available at the end of the article



تقدیر و تشکر (Acknowledgment)

قسمت تقدیر و تشکر مقاله معمولا یک یا چندین مورد زیر را در خود دارد:

- منابع مالی (اگر تحقیق شما توسط نهاد سومی پشتیبانی مالی شده باشد)
- افرادی که کمک های مختلفی به شما کرده اند (مثلا در طراحی آزمایش، در فراهم آوری مواد و غیره)
- افرادی که ایده، پیشنهاد، تفسیر و از این دست موارد به شما ارائه داده اند.
- شرکت کنندگان / افرادی که در پژوهش به نحوی شرکت کردند (مصاحبه، پرسشنامه و غیره)

تضاد منافع (Conflict of interest)

➤ تضاد منافع به عنوان بخشی از اخلاق پژوهش مطرح می شود. در واقع از آنجایی که ممکن است در نگارش مقاله چند نفر با هم همکاری داشته باشند و یا مقاله تحت حمایت سازمان یا نهاد خاصی بوده باشد لازم است تا در خصوص چاپ مقاله در ژورنال خاص و همچنین ترتیب نویسندگان رضایت طرفین موجود باشد.

سهم نویسندگان (Author's Contributions)

➤ در این بخش در یک پاراگراف توضیح داده میشود که هر کدام از نویسندگان چه کاری را برای مقاله انجام داده‌اند.

مثال: آقای A: نگارش اولیه و تهیه درافت اولیه مقاله را بر عهده داشت. خانم B: بخش آنالیز آماری داده ها را بر عهده داشت. آقای C: سابمیت و پیگیری و رویتزن مقاله را انجام داده و خانم D: ایده اولیه مطالعه و کارهای آزمایشگاهی را به انجام رسانید.

Reference style

Background

Major Depressive Disorder (MDD) is one of the most prevalent psychiatric disorders affecting about 20% of the world population at some point in their life [1, 2]. The risk of a relapse after suffering from a depressive episode is high (40–60% after recovering from a first episode [3–5]). Therefore, lowering relapse vulnerability is an important therapeutic target. Understanding how specific psychological interventions affect core vulnerability factors is a potentially powerful way to improve individual patient's relapse prevention.

Ruminative thinking is one of the core factors creating high vulnerability for relapse as rumination and related worrying have been identified as key processes in developing and maintaining MDD [6, 7]. MDD patients report more negative, past-related, and self-related spontaneous thinking compared to healthy individuals [8]. MDD patients also frequently engage in ruminative thinking, characterized by repetitive, negative, and uncontrollable thoughts that are difficult to disengage from [9]. This type of thinking can also be put under the umbrella term 'perseverative cognition' (PC) [6, 10]. PC often remains after remission from a depressive episode and is a common residual symptom (e.g., [7, 11]). Because of its relation with depressive relapse [7, 12], targeting PC in the remitted stage of MDD could be a powerful way of preventing the recurrence of depression.

Two psychological interventions, namely *positive fantasizing* and *mindfulness*, are core therapeutic components of multiple sessions protocolized treatments. Preventive Cognitive Therapy (PCT) delivered during the remitted phase has proven effective in lowering relapse risk [13–19]. Positive fantasizing is a core component of PCT that is aimed at challenging dysfunctional attitudes and schemas by using positive phantasy with help of imagery, enhancing positive affect and positive cognitions. Dysfunctional attitudes are attitudes or beliefs that lead individuals to engage in negative, self-referential thinking (i.e., PC) [20, 21]. By changing dysfunctional

attitudes with positive fantasizing, we expect PC to change as well. Other components of PCT are enhancing positive autobiographical memories, and designing a personal prevention plan [22]. Mindfulness—which in the context of Mindfulness Based Cognitive Therapy has been shown to be effective at lowering depressive vulnerability [23–26]—aims to change dysfunctional attitudes and schemas by increasing awareness of the present moment and training an individual to disengage from automatic thought patterns (such as PC) and to develop a non-judgmental attitude towards all mental content. Both intervention techniques have proven to exert effects already in a single-session exercise. Specifically, single-session mindfulness exercises have been shown potent at reducing rumination and depressive symptoms [27, 28] and a ten-minute fantasizing exercise increased positive affect and decreased negative affect [29] in non-depressed individuals. Moreover, when contrasted with thinking after a 10-min stress-induction intervention, 10-min positive fantasizing resulted in thoughts that were less negative and more positive and less past- and more future-oriented [29]. It is however not sure whether these techniques lead to longer-lasting effects in a longer intervention.

To unravel how mindfulness and positive fantasizing affect PC in individuals vulnerable for depression, detailed measurements of the content and dynamics of PC is essential. Behaviourally, PC can be assessed by retrospective self-report covering self-assessment of cognitive behaviour on multiple timescales, using scales of rumination covering weeks (e.g., [30, 31]) or by individual momentary items (e.g., "Right now, how difficult was it to disengage from the thought?") [32] covering minutes, respectively. Moreover, earlier studies lack task-based cognitive measures to assess PC, which could be helpful for understanding of how PC is changed on a behavioural level [32]. Moreover, PC has been found to be associated with psychological measures that may clarify the role of the central nervous system during PC. Specifically,

Optional requirements

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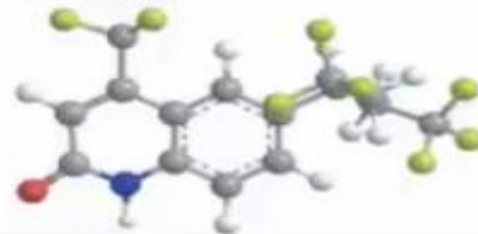
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**Annual banned-substance review:
the Prohibited List 2008 analytical
approaches in human sports drug
testing**

Mario Thevis, Tia Kuuranne, Hans Geyer
and Wilhelm Schänzer

Cover letter

Journal of X

Dear Editor-in-Chief:

I am pleased to submit an original article entitled “**???**” to consider for publication in the **Journal of X**.

In this manuscript, we show that “**a brief description of the main results**”

We believe that this manuscript is appropriate for publication by the Journal of **X because the results of regional assessments, such as our study, provide not only useful information for the prescription of more effective empirical therapy but also a good epidemiological background for comparison of our situation with other regions.**

This manuscript has not been published and is not under consideration for publication elsewhere. Also, we have not published or submitted any related papers from the same study. We have no conflicts of interest to disclose.

Thank you for your consideration

Sincerely,

Dr. X

Coment to Editor نامه به سردبير

Response letter

Journal of X

Dear Editor,

Many thanks for your e-mail regarding our submitted manuscript “???”. Also great thanks for the reviewers' comments and their help. Our point to point responses to the reviewers are attached. I hope this could be enough to cover all the comments. Anyway, I should be grateful if you let me know about any further changes required.

Sincerely yours,

Dr. X

Reviewer comments:

Comment (C) 1:

Response (R):

Remarks

General consideration

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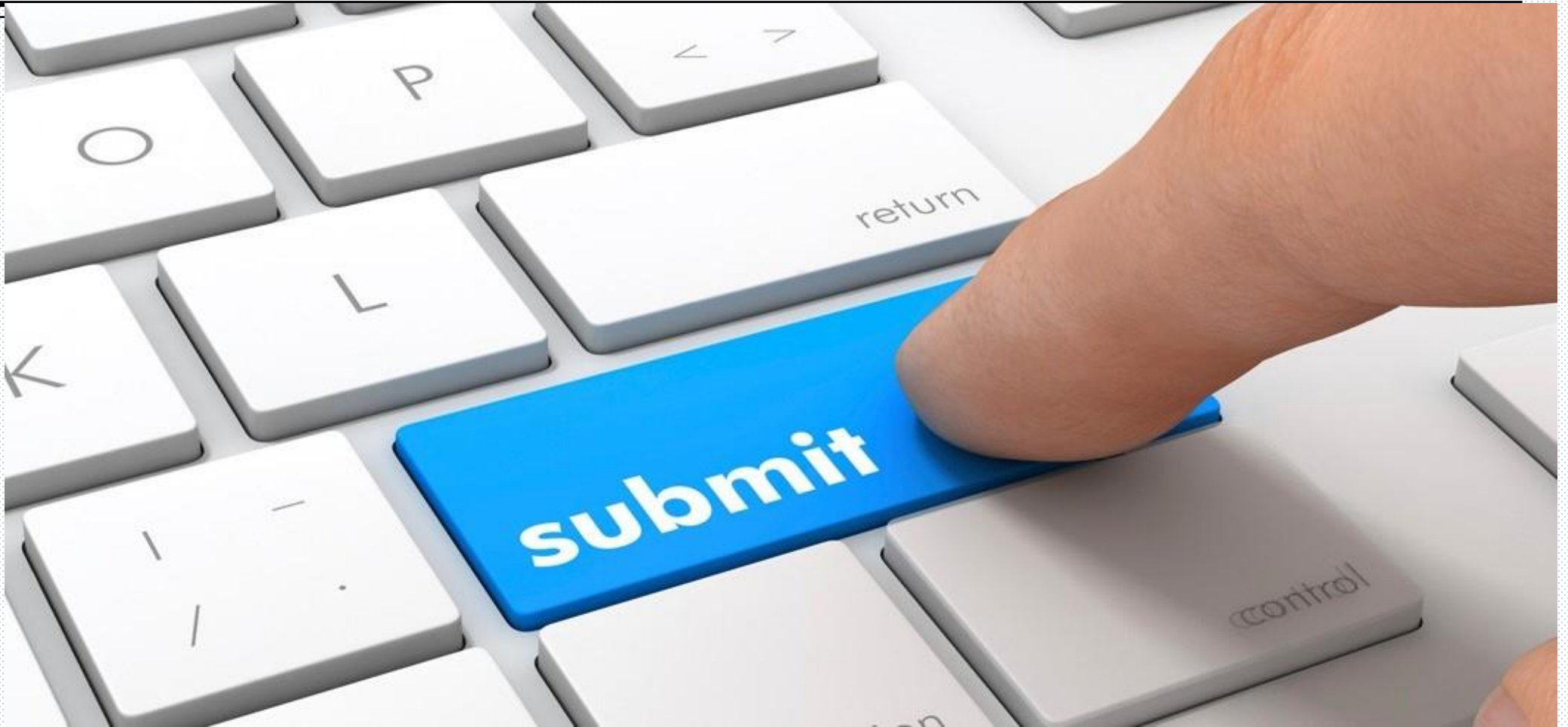
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