

Submitting a Literature Review to the TSMJ

Literature reviews are Word articles, usually 1400-1800 words in length (excluding text in boxes, figures and the references), that provide a clear, up-to-date account of the topic and are aimed at non-specialists from all over the world.

A literature review should include a broad update of current research developments related to the topic under review (from the past 3 to 4 years) and their likely clinical applications.

It may be helpful to consult previous editions of the TSMJ or other publications to familiarise yourself with the structure/content of a review article!

Below is a basic outline of the structure of a literature review:

Text Format:

Please download our [template](#)

Title:

- The title should be clear, concise and informative – the reader should have an idea of what the review is about. No abbreviations are used in the title.
- You may wish to create a “catchy” title to capture the attention of the reader – the decision to read an article often rests on the appeal of its title. However, it should contain key words related to the content of the review.

Author:

- Designation, degree, affiliation and address of all authors are to be clearly indicated, with additional details such as telephone number and/or email address of the corresponding author.

Abstract (a hint is to write the abstract last!):

- Cover each and every component of the review in no more than 200 words.
- State the purpose of the review, an overview of the subsequent sections, the principal conclusion and implications.
- Should contain precise information and no abbreviations.

Introduction:

- Should be 100-200 words

- Explain what the review is about, why it is important to non-specialists and what will be covered in the subsequent sections.
- Answer the question "Why should I read this review?" as posed by a non-specialist in the area.
- Include literature to introduce and support your points.

The Body of the Review:

- The body of the text should be broken up under "reader-friendly" sub-headings.
- Subheadings may be in the form of questions. (Example: "Who gets it?" "How is it diagnosed?" "What new treatments can we expect?")
- Specialist terminology should be explained, and all abbreviations and acronyms written in full.
- Clarify the evidence on which the key statements in the review are based, and the strength of the evidence (published trials, systematic reviews, observational studies, expert opinion) throughout the paper.
- Where evidence is lacking or is of poor quality we expect you to say so.
- Remember that any advice on managing patients may not apply worldwide – clarify if your advice is country-specific.

Note: We expect to find sentences structured in the following ways:

"A large, well-conducted randomised trial found that..."

"The findings of a small case series suggest...", and so on.

Conclusion/Concluding Remarks:

- This section should be short and briefly summarise the review.
- Come to conclusions about the topic of interest.
- Look to the future in the area of interest.
- Do **NOT** introduce any new information here.

References:

- The references are to be presented in the style used in *Nature* (see URL in email).

- Avoid using ‘abstracts’ as references. The references must be verified by the author against the original documents.

Figure Legends:

- Include within the Word document **before** the references section.
- Describe in detail the figure in question.

Tables:

- Included in the Word document **after** the references section.

Acknowledgements:

- All help must be acknowledged and appropriately thanked.

Clinical Points Box:

- A “Clinical Points” box should be included containing 4 to 6 key messages in the form of succinct, single-sentence bullet points. These should be the most important “take-home” messages from the article. Some “speed-readers” may read only this box and the introduction!

Illustrations (must be in high definition):

- Highly encouraged.
- Can be clinical photographs, line drawings and flow charts.
- Must be sent CLEARLY LABELLED, preferably as a jpeg file, IN A SEPARATE POWERPOINT FILE to the article.
- Colour illustrations are welcome.
- Remember that we need informed consent from patients for any material you obtain from patients, even if they are not identifiable (including X-rays, histology slides, and so on).

The following may be included but are not required:

Ongoing Research:

- A box of key ongoing research studies indicating what questions they aim to answer.
- A list of UNANSWERED QUESTIONS.

Continuing Medical Education Resource Box:

- A box entitled "Additional Educational Resources" for those who want to pursue the topics in more detail.

A Box Containing a Patient's Story:

- A box of up to 200 words containing a personal account by a real patient.
- Include their experience of being ill, getting professional support and treatment, and perhaps about managing their own disease.
- The patient could use his or her full name in the piece (given and family names) or can remain anonymous.
- We need to see the patient's signed consent to publication.