

Instructions for Authors

The Colombian Journal of Anesthesiology (Revista Colombiana de Anestesiología) is a publication of the Colombian Society of Anesthesiology and Resuscitation (S.C.A.R.E.), featuring quarterly and in advance (Online First) articles in all areas of anesthesiology, perioperative medicine, intensive care, pain medicine and palliative care. Contents include basic science, clinical practice, technology updates and innovation, and related areas such as epidemiology and public health. The aim of the Journal is to disseminate and publish knowledge of the specialty and related areas available in Colombia, Latin America and the rest of the world.

The Journal's Instructions for Authors and editorial policies adhere to the editorial policies of the International Committee of

Medical Journal Editors (ICMJE) and the Committee on Publication Ethics (COPE). The editorial policies of the journal and the ethical considerations of the publication can be found in the relevant section of these Instructions for Authors.

1. TYPES OF ARTICLES

Table 1 contains a detailed description of the articles published by the Journal. On occasions, the Journal may call for submissions not included in the description below, only at the explicit request of its Editorial Committee.

TABLE 1. Types of articles and main characteristics.

Type of article	Classification	Maximum length (without including references)	Maximum number of tables or figures	Maximum number of references suggested	Abstract	Additional requirements
Original article	Original paper	4000 words	4-6	30-40	Structured Abstract Introduction Objective Methods Results Conclusions	What do we know about this problem? / What does this study contribute? Section
Systematic review	Original paper	7500 words	4-6	50	Structured Abstract Introduction Objective Methods Results Conclusions	What do we know about this problem? / What does this study contribute? Section
Narrative review	Original paper	4000 words	4-6	50	Free non-structured abstract	None
Clinical practice guidelines	Original paper	7500 words	4-6	30-40	Structured Abstract Introduction Objective Methods Results Conclusions	None
Clinical case report or Clinical case series	Original paper	2000 words	1-2	20	Free non-structured abstract	None
Special article*	Not applicable	2000 words	3-4	20	Free non-structured abstract	None
Editorial article	Not applicable	2000 words	3-4	20	None	None
Letter to the editor	Not applicable	250 words	1	10	None	None

*The Special Articles section may include, at the discretion of the Editorial Committee, articles having to do with special images, reflection papers, academy briefs, history of medicine, specialty and related areas, questions and answers, book reviews, other types of articles.

2. MANUSCRIPT PREPARATION

The Journal's editorial management is carried out through the Clarivate Analytics ScholarOne editorial management platform. The entire reception, revision, edition and publication process is done through the virtual management site (<https://mco4.manuscriptcentral.com/cjanesthesiology>) which is linked to the Journal website <http://www.revcolanest.com.co>.

The Journal receives manuscripts written in Spanish and English (American) which must be written in clear and grammatically correct language. All sections of the standard manuscript structure must be included in a single text file, except for tables and figures, which must be presented in separate files. Spacing should be 1.5, the font type and size must be Arial 12 pt and must not include line numbering. The acceptable file types for the manuscript (both text and tables) are .doc and .docx. Other non-editable formats, such as .pdf, are not acceptable. Manuscripts that do not comply with the format requested by the Journal will be sent back to the authors for revision before starting the editorial process.

2.1 Standard structure of a manuscript (applies mainly to original and related articles)

- Title page
- Summary and key words (abstract and key words)
- Adherence to international guidelines for appropriate and complete research reporting
- What do we know about this problem and what does this study contribute? (applies to some manuscripts, [Table 1](#))
- Introduction
- Methods
- Results (including tables)
- Discussion
- Acknowledgements
- References
- Figures (including title, keys and source)
- Supplementary content

2.1.1 Title page

This is the initial presentation of the manuscript. It must contain the following elements:

- **Title.** Include a descriptive title of the paper; the title should not be a sentence. Private or brand names may not be used for drugs or agents in titles of articles. Include the study design in the title, for example, "randomized controlled study" or "systematic review" or "case report." Titles should be as informative and complete as possible and should be presented in Spanish and English, with a maximum of 12 words.

- **Authors and affiliations.** Authors' names should be written in the following order: full name(s) and surname(s) of each author, medical degrees and highest academic level. Name of all departments and institutions to which the paper is to be attributed. In the case of papers by a large group or a center, the list of authors should include the persons whose contributions meet the ICMJE authorship criteria, as well as the name of the group. If the article is submitted on behalf of a consortium, the names of all authors and their affiliation should be listed at the end of the article. Each author must include his/her ORCID and Twitter accounts, or at least have one for the corresponding author.

Each author's contribution in the preparation of the manuscript must be described in the Authors' Contributions Section, and their designation should be strictly according to the ICMJE's authorship criteria.

- **Address for correspondence.** One of the authors must be designated to be the corresponding author and a current e-mail address and institutional physical address must be provided. Use of personal addresses should be avoided.

2.1.2 Abstract and keywords

All original articles must include a structured abstract of up to 250 words, according to the classifications listed in [Table 1](#), with the following sections: Introduction

(including main objective), methods, results and conclusions. Each section must respectively describe the studied problem, how the study was conducted, the main results and the authors' conclusion vis-à-vis the results. This section should not include references. Conventional narrative reviews should include an unstructured abstract of up to 250 words. Abstract information must be consistent with the content in the manuscript body. For systematic reviews and controlled clinical trials, the final section of the abstract is required to contain the registration codes of their respective protocols.

Each article must have between 5 and 7 keywords separated by semicolons. These should be judiciously and strictly selected from the DeCS (<https://decs.bvsalud.org/E/homepagee.htm>) and MeSH (<https://www.ncbi.nlm.nih.gov/mesh/>) Spanish and English language glossaries, respectively, and be representative of the title of the manuscript.

The section ends with the translated American English version of the abstract as well as the corresponding keywords.

2.1.3 Adherence to international guidelines for appropriate and complete research reporting

The "Enhancing the Quality and Transparency of Health Research" Network (EQUATOR) was created to monitor and disseminate the appropriate use of guidelines to improve the quality of scientific publications by promoting transparent and accurate reporting of human subjects, health services and animal research.

As recommended by the EQUATOR Network and in full adoption of its indications, the Journal recommends compliance with applicable statements or guidelines and checklists for all research-related manuscripts. Adherence to these guidelines improves the completeness of the original research and generally increases the chances of receiving more complete and appropriate judgments and reviews through the editorial process. Adherence to applicable guidelines and

their checklists promotes completeness in crucial aspects of manuscript reporting.

Authors should query the EQUATOR Network website (<http://www.equator-network.org/>) or the website of each statement for the most recent version. The use of the free Penelope application (EQUATOR) for verification of article completeness is strongly recommended (<https://app.penelope.ai/>). The corresponding study checklist should be completed and uploaded to the ScholarOne editorial management platform at the time of initial submission of the manuscript (Table 2).

2.1.4 What do we know about this problem and what does this study contribute?

All articles classified as original papers and, in accordance with the characteristics listed in Table 1, must include this section, which will appear below the structured abstract and will present a quick and concise view of the article's background and results. This section should have the two short subheadings mentioned, and its content should be as brief and explanatory as possible, with a maximum of three

sentences per subheading. The maximum length of this entire section should be 130 words. For example:

What do we know about this problem?

- Several ultrasound parameters have been described to evaluate hemodynamic response to fluid delivery.
- Transfontanellar ultrasound can easily be used in small children, mainly in the anterior fontanel where the internal carotid artery can be assessed.
- Previous studies have identified a relationship between response to fluid administration and respiratory variation with the maximum velocity of arterial blood flow in the ascending aorta and/or its proximal branches.

What does this study contribute?

- In infants undergoing cardiac surgery, respiratory variation in the maximum velocity of internal carotid artery blood flow measured by transfontanellar ultrasound is associated with an increase in systolic volume in response to a bolus of intravenous fluids.

TABLE 2. International guidelines and their application in each type of article

Type of article	Recommended guideline. Related Statement	Statement website
Cross-sectional studies	STROBE cross-sectional studies	http://www.equator-network.org/reporting-guide-lines/strobe/
Case-control studies	STROBE case-control studies	http://www.equator-network.org/reporting-guide-lines/strobe/
Cohort studies	STROBE cohort studies	http://www.equator-network.org/reporting-guide-lines/strobe/
Studies considering diagnostic test designs	STARD	http://www.equator-network.org/reporting-guide-lines/stard/
Studies designed to evaluate prognosis or predictive performance	TRIPOD	http://www.equator-network.org/reporting-guide-lines/tripod-statement/
Quality of care improvement studies	SQUIRE 2.0	http://www.equator-network.org/reporting-guide-lines/squire/
Qualitative research studies	SRQR	http://www.equator-network.org/reporting-guide-lines/srqr/
Economic evaluation studies	CHEERS	http://www.equator-network.org/reporting-guide-lines/cheers/
Animal research studies	ARRIVE	http://www.equator-network.org/reporting-guide-lines/improving-bioscience-research-reporting-the-arrive-guidelines-for-reporting-animal-re-search/
Controlled clinical trials	CONSORT	http://www.equator-network.org/reporting-guide-lines/consort/
Systematic literature review	PRISMA	http://www.equator-network.org/reporting-guide-lines/prisma/
Clinical Practice Guidelines	AGREE	http://www.equator-network.org/reporting-guidelines/the-agree-reporting-checklist-a-tool-to-improve-reporting-of-
Case reports or case series reports	CARE	http://www.equator-network.org/reporting-guide-lines/care/

2.1.5 Introduction

The introduction of a manuscript must not exceed 250 words. This section should contain: 1) the problem's background, 2) what is known and not known about it, and 3) what is the interest of the research or the hypothesis under study.

The introduction must provide the reader with clear and concise background information about the problem. Previous studies supporting the research must be briefly described. This section must always end with the clear objective of the study in the last paragraph.

2.1.6 Methods

This section must provide clear information on the methodology used to conduct the study. It must be concise, but sufficient and complete.

It must begin with the type of study and contain the following sections (which may or may not be subheadings): type of study (research design), ethical approval for conducting the study, studied population, inclusion and exclusion criteria, data collection or study conduction, and must end with the statistical analysis.

Although brevity is key, the Methods section must be described in sufficient detail to allow the experiment or study to be interpreted and, if required, replicated. A detailed description of previously published methods must be avoided, however, the appropriate reference must be included.

- **Ethical approval.** All articles based on original data, derived from animal or human studies, must include a statement of ethical approval in the Methods section. This paragraph must contain the following information: name and address of the responsible ethics committee, protocol number assigned by such ethics committee and date of approval by the ethics committee. This section is mandatory. For example:

This study received ethical approval (Ethics Committee No. NAC 207) from the NAC Ethics Committee of University Hospitals in Geneva, Geneva, Switzerland, on February 12, 2015.

For studies or case reports involving human participants, clear reference must be made in the text to the written informed consent obtained from study participants; the latest version of the Declaration of Helsinki should also be consulted. For animal experiments, the guidelines for animal care and the licenses applied to conduct the study should be mentioned and reported in accordance with the ARRIVE statement (Animals in Research: Report of In Vivo Experiments). If the authorization

of ethics bodies is not necessary, or if there is any deviation from these ethical requirements, the reason must be stated. Publishers may request evidence of authorization from ethics bodies. If you have the approval of a national drug agency (or similar), you should mention it and provide the details, as it will be particularly useful when it comes to the application of unregistered drugs.

It is essential to protect the patient's right to privacy. Copies of informed consents in which patients or other experimental subjects explicitly grant their authorization for the publication of photographs or other materials allowing their identification should be collected and kept. If you do not clearly include this in your research consent form, you must obtain that authorization or remove the identification material.

- **Prior registration of clinical trials and systematic reviews.** If the article submitted for publication is a controlled clinical trial, authors must attach the protocol registration number in a registry of controlled trials (such as www.ClinicalTrials.gov or <http://eudract.emea.europa.eu>) and the precise reference of its previous publication as a protocol, should it exist. Considering current scientific trends and international regulations, if the evaluated manuscript is a clinical trial and has no prior registration, you will not be able to continue with the editorial process. The ICMJE further recommends other registries such as: ISRCTN Register, UMIN Clinical Trials Registry, Australia New Zealand Clinical Trials Registry, Netherlands Trial Register and those listed by the World Health Organization's International Clinical Trial Registry Platform.

Similarly, in the case of systematic literature reviews, the registration code in databases of systematic review protocols (such as <https://www.crd.york.ac.uk/prospéro>) must be clearly noted.

- **Statistical analysis.** One of the main recommendations is that all statistical methods are described in sufficient detail to enable a knowledgeable reader and other authors to verify the analysis and results. Wherever possible, results should be quantified and presented with appropriate indicators of measurement error or uncertainty (confidence intervals). Confidence intervals provide a more informative way to report a test of significance than a simple p value.

As a general strategy, statistical reporting of results should allow other researchers to use the estimates in other analyses. This principle requires descriptive statistics to be reported in sufficient detail, such as proportion numerators and denominators, especially in relation to risks, odds and hazard ratios. Similarly, p values alone are not sufficient. Instead, descriptive results are required for the variables being compared, including the sample size of the groups involved, the estimate (or "effect size") associated with the p value, and a precision measure for the estimate, usually a 95% confidence interval.

All authors are advised to seek appropriate statistical advice before beginning their study. This will ensure the quality of the scientific method used. The details for an appropriate and complete report of the statistical methods are crucial and we recommend consulting the following references in order to maximize their quality:

Lang TA, Altman DG. Basic statistical reporting for articles published in biomedical journals: the "Statistical Analyses and Methods in the Published Literature" or the SAMPL Guidelines. *Int J Nurs Stud.* 2015;52(1):5-9. doi: <http://dx.doi.org/10.1016/j.ijnurstu.2014.09.006>.

Assel M, Sjoberg D, Elders A, et al. Guidelines for reporting of statistics for clinical research in urology. *BJU Int.* 2019;123(3):401-10. doi: <http://dx.doi.org/10.1111/bju.14640>.

Harrell F. Department of Biostatistics. Vanderbilt University. Statistical Problems to Document and to Avoid [internet]. Available on: <http://biostat.mc.vanderbilt.edu/wiki/Main/ManuscriptChecklist>.

2.1.7 Results

Results should be concise and ordered in such a way that they answer the main research objective. Detailed repetition of the results in the text and in tables and figures must be avoided. Results must have a logical order, and both positive as well as negative results must be emphasized.

The results must be presented in such a way that the reader can evaluate the statistical inferences under study. The manuscript's text must contain a reference to each table or figure using Arabic numerals and this must be done in the order in which they appear in the text, e.g., table 1 or figure 1. For full details about how to present tables and figures, please refer to section 2.1.11.

2.1.8 Discussion

The objective of this section is to interpret and compare the results. The use of the following structure in the discussion, without subheadings, is suggested:

- **Main findings of the study.** A concise description of the study must be provided, meaning that all the results with their statistics should not be repeated. For example, "The incidence of hypotension found in the study population was 15% during the first operative hour and it is higher than the incidence reported at a national level."

- **Comparison with previous or similar studies.** This section must be consistent with the statements mentioned in the introduction and in relation to prior studies on the subject. Rationales that can explain important differences between the data of the current study and data of prior studies must be included, avoiding speculation.

- **What is the added contribution of the study results?** It is reasonable to suggest potential explanations for the findings and differences with prior studies, but any "gaps" in the reasoning must be acknowledged.

- **Strengths and weaknesses of the study.** The strengths of the study in terms of originality,

design and implications must be described. Likewise, it is appropriate to make a brief mention of any limitation of the study; for example, in terms of patient population, the limitations of the analytical tests, measurements or patients lost to follow-up. Authors are advised to give an honest but brief account in this section, and to ensure that results are valued in the light of those strengths or limitations.

- **Implications for practice and/or research.** The contributions of the paper in practical terms must be included in this section. For example: "The study allows to identify risk factors in this population." Moreover, the aim of this section is to identify potential fields of study to approach some of the explanations and limitations discussed above.

- **Conclusions:** The knowledge contribution of the study related to the stated objective is presented here. A common mistake is to exaggerate the results of a study or give them a wider scope than they truly have. It may be appropriate to include the implications of conclusions for clinical or public health practice and indications for further research in this area of interest.

2.1.9 Acknowledgements

This section must be entitled "Acknowledgements" and include the following statements in separate paragraphs or statements with subheadings:

- **Authors' contributions.** The Journal follows the ICMJE authorship recommendations. Each manuscript must contain the activities carried out by each member author. For example:

- **Author 1 (initials).** Study planning, data collection, interpretation of results, and initial writing of the manuscript.

- **Author 2 (initials).** Study planning, data collection, interpretation of results, data analysis, and final writing of the manuscript.

- **Author 3 (initials).** Conception of the original

project, study planning, interpretation of results, and final writing and approval of the manuscript.

- **Assistance for the study.** Recognition must be given only to those who have made a substantial contribution to the study. Authors are responsible for obtaining written permission from individuals recognized by name, in the event that readers are able to infer their endorsement from data and conclusions. In the event no assistance for the study has been received, the following statement must be included: "Assistance for the study: None."

- **Financial support and sponsorship.** It is necessary to refer to all financing sources with respect to the article in question. If there are none, the following statement should be included: "Financial support and sponsorship: None."

- **Conflicts of interest.** It is mandatory to refer to all conflicts of interest related to the article in question: financial, consulting, institutional and other types that could cause bias or conflict of interest. If there are no conflicts of interest, the following statement must be included: "Conflicts of interest: None."

It is very important to acknowledge all sources of financial assistance, funds, and any other sources that may obtain or expect benefits from the publication of the manuscript. The corresponding author must complete a questionnaire on conflict of economic interest on behalf of all co-authors at the time of initial submission of the manuscript. The primary purpose of this section is to determine whether the authors have received any financial support that could create a conflict of interest. In addition to economic interests, conflict may exist when a person believes that a relationship (such as double commitment, conflicting interests or conflicting loyalties) may affect his or her scientific judgment. In addition to completing the questionnaire on economic conflicts, authors must explicitly state all relevant conflicts of interest in this section.

• **Presentations (for original papers only).** Preliminary data presentations at international meetings, for instance, must be acknowledged separately. If no preliminary data were presented, please include the following statement: "Presentations: None".

• **Appreciation.** This section is reserved for people who participated in research processes and who do not meet the authorship requirements detailed by the ICMJE. Briefly, an author must strictly comply with the following four conditions: 1) Make a substantial contribution to the conception, design, data acquisition, data analysis or interpretation; 2) Write draft versions of the article or critically review its content; 3) Approve the final version for publication; 4) Agree with all reported aspects of the paper in question related to the validity and completeness of the information.

2.1.10 References

The Journal uses the Vancouver style, in which references are numbered at the time of quoting authors, using Arabic numerals in parentheses, maintaining the sequence and the same number for each cited reference. The list of references must be presented in the same numerical order at the end of the article. The suggested number of references found in [Table 1](#) must be taken into consideration, in accordance with the type of article.

When a reference is included in a table or figure, it must follow the sequence of appearance in the text. The accuracy of punctuation and abbreviations in journals is of vital importance. The DOI must be included

at the end of each reference, as follows:

<http://www.doi.org/#doidelartículo>.

According to editorial policy, it is recommended not to include unpublished documents in the references.

The following examples illustrate the main citation formats found in the Journal.

[Journal Article] Petitti DB, Crooks VC, Buckwalter JG, et al. Blood pressure levels before dementia. *Arch Neurol.* 2005;62(1):112-6. DOI: <https://doi.org/10.1001/archneur.62.1.112>

[Complete Book] Iverson C, Flanagan A, Fontanarosa PB, et al. *American Medical Association manual of style.* 9th ed. Baltimore (MD): Williams & Wilkins; c1998. 660 p.

[Book Chapter] Riffenburgh RH. *Statistics in medicine.* 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; c2006. Chapter 24, Regression and correlation methods; p. 447-86.

[Website] AMA: helping doctors help patients [Internet]. Chicago: American Medical Association; c1995-2007 [quoted: 2007 Feb 22]. Available on: <http://www.ama-assn.org/>.

For queries on how to properly cite other types of resources and sources of information check the following website for free: (<https://guides.library.uq.edu.au/referencing/vancouver>).

2.1.11 Tables, figures and images

Tables and figures are useful for presenting complex or very extensive data in a more appropriate way and with greater ease of interpretation. The text of the manuscript must contain a reference to each table or figure using Arabic numerals and should be in the order in which they appear in the text. Each table must be prepared as part of the same manuscript text and incorporated in the order in which they appear.

Each table must contain a short title, appropriate headings in each column and keys as appropriate. Explanatory notes should be at the bottom of the table and not in the header. The use of abbreviations in column headings is not allowed. Any abbreviations used in the body of the table, including hyphens, should be defined in the table footnotes, numbered according to the reading order. If data from another published or unpublished source are used, it is necessary to obtain the corresponding authorization and give

full credit to the source by quoting the name of the first author of the previous series, and include the reference number and year next to the author's name. Each series mentioned in a table should be listed in the References section. The source should be clearly specified (e.g., Source: Prepared by the author) at the end of each table or figure. In case it does not belong to the author, relevant permissions of reproduction authorized by the owners of the reproduction rights must be attached.

Authors are encouraged to submit tables that are not essential as Supplementary digital content for publication in virtual form only. For further details, see section 2.1.12, Supplementary Content.

Figures and images be uploaded in the highest available resolution of at least 300 dpi (they will not be accepted or published in low resolution). Keys must be provided for all figures, numbered accordingly. Figures must not be incorporated into the main body of text file and each figure should be uploaded as a separate file. Each file should be saved with the appropriate figure number (e.g., Figure 1.tif). The names of the figures must be assigned using the Description field that appears in the Attached Files section of the Editorial Manager (e.g., Figure 1, Figure 2). Figures and images must be cited consecutively in the manuscript, and numbered in the order in which they are referred to. Moreover, figures must be presented in one of the following formats: EPS, TIFF, JPEG, GIF, PNG and, in any case, the resolution must be at least 300 dpi. The image must not contain "key" text, titles or numbers of the figure incorporated therewith. Keys of all figures must be short and specific and must appear on a separate page at the end of the manuscript. Keys must indicate the number of the figure and must be numbered correctly.

If photographs of people are used, their identity must be masked or, otherwise, informed consent for their use must be

obtained. If necessary, Editors may request copies of the informed consents. In the case of previously published figures, credit must be given to the original source and, together with the material, the written authorization of the holder of the copyright must be given for the printed format and also for the electronic format. Authorization is mandatory, regardless of authorship or publisher, except for documents that are already in the public domain.

2.1.12 Supplementary Content

Authors may submit supplementary content to complete the information provided in the manuscript. Supplementary content includes the following: text, tables, figures, secondary references for information presented as supplementary content, audio and video. Supplementary content must be cited consecutively in the main body of the manuscript text. Supplementary content files will be available through URLs included in citation points within the article. It should be noted that Journal policies regarding peer review, patient anonymity, ethics, financial conflicts of interest, copyright and authorization, applicable to manuscripts, are also applicable to the Supplementary content. Authors must mask patient eyes and remove patient names from Supplementary digital content, unless they obtain informed consents from the patients and submit them as Supplementary content at the time of submission of the manuscript.

• Format, file type and size requirements. Supplementary content may be submitted in the formats described above, indicating the title of the article and the name of the first author for clarity purposes. Supplementary content must include a consecutive number in case there is more than one (1, 2, 3, etc.). Each supplementary content in the file must have a visual header in the name format (e.g.,

“Supplementary content, Figure 1”; “Supplementary content, Materials and Methods”), and the corresponding citation should appear consecutively in the main body of the text. It is important to remember that the supplementary content must have a numbering independent from the non-supplementary material. If figures are provided as supplementary content, the key must be included within the figure itself. To upload supplementary content, select “Supplemental File for Review” as file designation. For voice and video files, the names of the author, cameraman, participants, duration (minutes) and size (MB) must also be included. Video files must have a minimum screen size of 320×240 pixels. Supplementary videos should only be submitted in .wmv, .mov, .flv, .qt, .mpg, .mpeg, .mp4 formats. Videos should not be longer than 10 minutes, and must have built-in audio. The supplementary content file for each submitted paper should not exceed a total size of 10 MB.

3. JOURNAL POLICIES AND ETHICAL CONSIDERATIONS

Colombian Journal of Anesthesiology adheres all guidelines of the Committee of Publication Ethics (COPE).

3.1 Originality

All submitted manuscripts must be the work of the authors identified and must not have been published previously or be under consideration in another journal. Editors will subject manuscripts submitted for publication to a plagiarism detection software test. Manuscripts referring to material that has appeared or is in the process of being published in abridged or preliminary form in other publications will not be considered. Redundant or duplicate publications will be assessed within the context of the indications provided by the ICMJE.

The ICMJE has provided details about

what is and is not a duplicate or redundant publication. In case of doubt (in particular, regarding material you have published on a website), we ask you to continue with the process of submitting your manuscript but attaching a copy of the previously published paper or the paper submitted for consideration by other journals. Authors must attach to their article a letter mentioning any paper already published relating to the same patients or subjects to whom the current paper refers.

3.2 Authorship and changes in authorship

All individuals designated as authors must meet the ICMJE authorship criteria, and all qualifying authors must be listed. Each author must have participated sufficiently in the paper to assume public responsibility for appropriate portions of the content.

One or more of the authors must assume responsibility for the completeness of the paper, from conception to publication. Credits for authorship should be based on 1) substantial contributions to the conception and design, or data collection or data analysis and interpretation for the paper; 2) writing or critical review to confirm that the intellectual content is important; 3) final approval of the version for publication; and 4) acceptance of responsibility for all aspects of the paper and assurance of having researched and resolved questions related to the accuracy or completeness of any part of the paper. All the conditions described in items 1, 2, 3 and 4 must be met. Per se, funding, data collection or supervision activities of the research group do not justify authorship. All individuals who have contributed to the paper, but not as authors, should be mentioned in the Acknowledgements section.

Any change related to authorship or to contributions such as additions, deletions or reorganization of authors, after submission of the manuscript for consideration, must be approved in writing by all authors (including the added or

withdrawn author) and submitted to the Editorial Office for final consideration. Requests for changes in authorship must come directly from the corresponding author and be submitted to the Editorial Office of the Journal.

All requests must state the reason for the name change and refer to the written permission of all authors.

3.3. Peer review policy

Peer review is a vital part of the process of publishing a scientific article. It does not only endorse the scientific work but also promotes correctness and improves quality; in fact, it often improves publication odds. The Colombian Journal of Anesthesiology applies a stringent peer review policy.

The Journal uses a double-blind review process. The identities of the authors and thematic and/or methodological reviewers are kept in anonymity throughout the entire review and evaluation process. The editor will usually conduct an initial evaluation of the article to ensure suitability in accordance with the objectives of the Journal and to determine compliance with the requirements for submission.

When the result of this process is positive, the manuscript will then be sent to a minimum of two independent expert thematic reviewers (peer review) to assess the scientific quality of the paper. Peer reviewers are usually local, regional or international experts in the subject matter. This process will take place through the submission platform, leading to communication, as soon as possible, of the decisions made by the editorial team as a consensus of reviewer and editor opinions.

At the end of the submission process, the editorial team, led by the editor, will decide whether to accept or reject the article and will also make a decision regarding suggestions for the authors. Given the above, it is very important

to write the first page (also known as page 1) in a separate form, including full information of the authors and their institutional affiliations, as well as all relevant information such as conflict of interest, appreciation and contact information: e-mail, postal address and telephone number. This information is an integral part of the submission described herein for authors. It is understood that, at least during this phase, names of institutions or authors must not be mentioned in the body of the manuscript.

For more information regarding the origin and importance of this process, reading the following articles is recommended:

Miller DR y Donati F. Peer review policies and the Canadian Journal of Anesthesia: an update for authors and readers. *Can J Anesth.* 2007;54(1). <https://doi.org/10.1007/BF03021892>

3.4 Copyright

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- Proper credit is given to the source, indicating if any change was made.
- The material is not used for commercial ends.
- No material that has been transformed or created from the original is distributed.

3.6 Content ownership, plagiarism, and authorizations

All figures presented must be the exclusive property of authors. In the case of figures that do not meet this requirement, authors must request direct authorization. Authors are responsible for obtaining this authorization. Credits must be included in the key of all authorized printed figures.

These requirements apply in the following cases:

- Previously published materials, such as adapted figures and tables or direct citations of over 50 words, require the permission of the copyright holder (usually the original publisher).
- Unpublished data (i.e., from a conversation or manuscript in preparation) require the authorization of the relevant researcher.
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3.12 Article processing charges and publication fees

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