



AMERICAN OSTEOPATHIC COLLEGE
OF ANESTHESIOLOGISTS

**Scientific Paper Requirements
And Suggested Format(s)**

Residents shall prepare a scientific paper which is an **Original Contribution** or **Case Study/Report**. Original contributions will document original clinical or applied research. Case reports will document unusual clinical presentations with new, recognized or rarely reported features. The length of the paper shall be a minimum of 1500 words, double-spaced (all text including references and table/figures legends), paginated, with references required for all materials derived from the work of others. The paper shall be submitted on or before the completion of the third year of residency training (OGME-3). Each resident must prepare his/her own paper and no resident may submit the same paper individually or in conjunction with other residents as co-authors.

The resident must submit an outline for the research project during the second year of residency training (OGME-2) and obtain the program director's approval on the project. The completed research project must be submitted to the Evaluating Committee of the AOCA in a publishable format (Listed below). In all instances, the projects must include a [Title Page](#) , as well as a [Program Director's Page](#) completed and approved by the program director.

Original Contribution

- I. Title
 - A. Concise but descriptive/informative
- II. Abstract
 - A. Usually consists of four (4) paragraphs
 - a. Background
 - b. Methods
 - c. Results
 - d. Conclusions
- III. Text
 - A. Introduction
 - a. Purpose of article
 - b. Rationale for the study
 - c. Pertinent references
 - d. Brief review of subject, not extensive
 - B. Methods
 - a. Describe topic selection
 - b. Identify methods, apparatus and procedures in reasonable detail
 - c. References to establish methods
 - d. Describe methods that are not well known, provide references
 - e. Describe new or modified methods, evaluate their limitations
 - f. Identify drugs and chemicals with generic name, dose and route of administration
 - C. Results
 - a. Present in logical sequence as text, tables, illustrations
 - b. Emphasize important observations
 - c. Structure of "results" should parallel the structure of "methods"
 - D. Discussion
 - a. Structure should follow that of "results" and "methods"
 - b. Succinct

- c. Emphasize new and important aspects of study and conclusions that follow from them
- d. State limitations of study, how they temper conclusion
- e. Relate observations to other relevant studies
- f. Do not repeat data presented in “results” except as required to keep “discussion” clear
- g. Link conclusions with goals of study at end. Avoid unqualified statements and conclusions not completely supported by data.

IV. References

- A. Number references consecutively in order they are mentioned in the text

Case Study/Report

I. Title-concise but descriptive/informative

II. Abstract: Brief description of content, purpose and outcome of your article.

III. Introduction

Consists of a paragraph stating why the case is worth reporting. How does the case meet criteria (unique disease or syndrome, unexpected casual relationship between two or more clinical conditions and unexpected favorable or adverse effect of treatment.

It may be educational, i.e. review know etiologic factors, patient profile presentation and course as well as standard therapies and their effectiveness.

IV. History: derived from subjective data such as follows and consists of a narrative of the important features of the case.

A. Chief Complaint

1. Biographic Information

- a. Age
- b. Race
- c. Sex
- d. Occupation
- e. Chief Complaint
- f. Its course, frequency and duration

2. Present Illness/Details of Complaint

- a. Date of onset, duration, course of or frequency of the complaint
- b. Mode of onset (setting and circumstances)
- c. Type of pain, sensation of dysfunction
- d. The anatomical location of complaint
- e. Quality, character or severity of complaint
- f. What makes worse or better?
- g. Other complaints
- h. Treatments of the problem

B. Comprehensive Health History (Pertinent to the chief complaint in case study)

- 1. Past Medical History/Allergies
- 2. Surgical History
- 3. Medications
- 4. Social History/Habits
- 5. Family History

C. Review of Systems (Pertinent to the chief complaint in the case study)

- 1. Skin, hair and nails
- 2. HEENT

3. Endocrine
 4. Lymphatic
 5. Respiratory
 6. Cardiovascular
 7. Hematological
 8. GI System
 9. GU System
 10. Menstrual/Obstetrical
 11. Musculoskeletal/Osteopathic Function
 12. Neurological system
 13. Psychiatric
- V. Examination and Assessment: Narrative based on objective findings such as physical examination, special studies including lab, x-ray, MRI, CT and Consultation reports.
- A. Introductory paragraph which includes some pertinent observations derived from examination and assessment.
 - B. Subsequent paragraphs include other pertinent findings unique to this case study.
 - C. Formulate problem list, synthesize data collected, offer clinical impressions.
- VI. Treatment: Narrative summarizing therapeutic treatment
- A. Plan/Therapeutic Program
 - B. Patient's clinical course
 - C. Complications
- VII. Discussion and Conclusion: Salient features of the case, support or contradiction of previous knowledge, significance of conclusions regarding similar cases, hypotheses regarding mechanisms and what further studies may be warranted?
- VIII. References: All citations should be listed in the same order they occurred in your case study in the style a journal article would accept. (JAOA, ASA, JAMA, ASRA, etc)