

### GENERAL INFORMATION

Journal of Surgical Innovation and Education (J Surg Innov Educ, JSIE; pISSN 3022-9065/eISSN 3022-9073) is the official journal of the Korean Surgical Skill Study Group. Launched on June 30, 2024, with its inaugural issue as volume 1, number 1, JSIE is published biannually in English on the last day of June and December. JSIE is a peer-reviewed scientific journal dedicated to the advancement of surgical education and the dissemination of innovative surgical techniques. The journal's goal is to serve as an indispensable resource for surgeons, trainees, and healthcare professionals seeking to embrace innovation and refine their surgical practice in all surgical disciplines.

- Promote the development of innovative surgical procedures and technology.
- Ensure more effective transfer of surgery-related details and knowledge.
- Provide an immersive learning experience through high-definition surgical video demonstrations.
- Bridge the gap between traditional surgical education and the evolving demands of modern surgical practices.

JSIE publishes Original Articles, Review Articles, Short Communications, Letters to the Editor, and Editorials. This journal follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<https://www.icmje.org/>) in cases not described otherwise below.

### MANUSCRIPT PREPARATION

#### 1. Reporting Guidelines for Specific Study Designs

Research reports frequently omit important information. Therefore, reporting guidelines have been developed for several study designs that some journals may ask authors to follow. JSIE encourages authors to consult the reporting guidelines relevant to their specific re-

search design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/home/>) and the United States National Institutes of Health/National Library of Medicine ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

#### 2. Article Types

The journal welcomes high-quality papers, and the following article types are considered for publication:

##### A. Original Articles

- Clinical Trials
- Observational Studies (cohort, case-control)
- Innovative Technology/Procedure (including video)
  - Papers in this category describe new technologies/procedures and their evaluation. Any such manuscript must report data on the benefits, efficacy, and/or safety of the technology, regardless of whether it is experimental or clinical.
- How I Do It (include video)
- Dynamic Educational Manuscripts (video tutorial)
- Reviews (including systematic reviews and meta-analyses)

##### B. Case Reports

##### C. Short Communications

##### D. Letters to the Editor

##### E. Editorials

All manuscripts submitted to JSIE must be original, not published elsewhere, except in abstract form, and should not be under consideration for publication elsewhere.

JSIE will consider manuscripts prepared according to the instructions below. Other types are also negotiable with the Editorial Board.

#### 3. Organization of the Manuscript

##### A. General Requirements and Manuscript Structure

Manuscripts should be composed in clear and concise English. Authors are encouraged to strive for clarity, brevity, and precision in both information

and language.

The main body and tables should be formatted as an MS Word file (.doc, .docx). Figures must be in .jpg, .gif, .tiff, or .pdf files. Use 12-point Calibri, Arial, or Times New Roman, double-spaced, with 3.0 cm margins on all four sides. Avoid using bold, italic, or underlining within the text, except for exceptional circumstances when this is necessary for clarity. Abbreviations should be generally avoided (except for units of measurement). When used, they should be defined the first time that they appear in the manuscript. Units of measurement must conform to the International System (SI) of Units, with the following abbreviations: year(s), yr; month(s), mo; day(s), day; hours, hr; minutes, min; second(s), sec; grams, g; liters, L; meters, m; sample size, n; degrees of freedom, df; standard error of the mean, SEM; standard deviation, SD; probability, p.

All original article manuscripts except for “How I Do It”, “Dynamic Educational Manuscripts”, and “Reviews” should be prepared as follows:

## a. Title Page

- Article type
- Full title of the manuscript. The title should be as brief as possible. A running title should also be included, not exceeding 40 characters.
- List of authors: The first and last names of each author should be given, along with their highest academic degree. Authors should fulfill the International Committee of Medical Journal Editors (ICMJE) authorship criteria (<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). All authors are recommended to provide an ORCID (Open Researcher and Contributor ID; to obtain an ORCID, authors can register at the ORCID web site: <https://orcid.org>).
- Authors’ affiliations: The department and institutional affiliation for each author should be given.
- The name, address, telephone, and email of the author to whom correspondence being addressed should be provided.
- Funding information specific to this paper. For each

source of funding, both the research funder and the grant number (if available) should be given.

## b. Abstract

- The abstract should be structured (Background, Methods, Results, and Conclusions) and should not exceed 300 words.
- Up to six keywords from the MeSH (Medical Subject Heading) of Index Medicus should be given, separated by a semicolon.
- Abstracts for “How I Do It” and “Dynamic Educational Manuscripts” do not need to follow this structure; a free-form format is acceptable.

## c. Main Text

The main text should be organized in the following order: Introduction, Materials and Methods, Results, Discussion, Disclosure, Acknowledgments, References, and Figure legends. The position of figures and tables should be indicated in the text. Tables and Figures should be prepared separately. The text should not exceed 3,500 words (excluding abstract, references, tables, figures, and legends to figures and illustrations), and there should be no more than seven tables and figures in total, if possible.

- Introduction: Briefly describe the purpose(s) of the investigation, including relevant background information.
- Materials and Methods: Describe the research plan, materials or subjects, and methods used. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail to enable a reader to recreate the experiment as precisely as possible. When quoting specific materials, equipment, or proprietary drugs, the name of the manufacturer must be given in parentheses. Generic names should be used instead of commercial names. Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age,

sex, or ethnicity is not always known at the time of study design, researchers should aim for the inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

- Results: Results should be presented in logical sequence in the text, tables, and illustrations, and repetitive presentation of the same data in different forms should be avoided. Any data mentioned in the Methods must be presented in the Results section.
- Discussion: The results should be interpreted for readers. Emphasize new and important observations. Do not merely repeat the contents of the Results. Explain the meaning of the observations, along with relevant limitations. The answer to the purpose of the research should be connected to the results.
- Disclosures: Disclosures are required for each author, and every conflict of interest must be clearly disclosed.
- Acknowledgments: Individuals who contributed to the research but not significantly enough to be credited as authors can be acknowledged in this section.
- Author Contribution: Enter all author contributions in the submission system during submission.

To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation,

data curation), as well as at least one of the writing contributions (original draft preparation, review, and editing). Authors may also satisfy the other remaining contributions; however, these alone will not qualify them for authorship.

Contributions will be published with the final article, and they should accurately reflect contributions to the work. The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions prior to manuscript submission.

- References: In the text, references should be cited with Arabic numerals in brackets, numbered in the order cited. In the References section, the references should be numbered and listed in order of appearance in the text. All references should be presented in English, including the author, title, and the name of the journal. In the References section, journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). Journal titles that are not listed in the Catalog should follow the ISO abbreviation as described in Access to the LTWA (List of Title Word Abbreviations; <https://www.issn.org/services/online-services/access-to-the-ltwa>). If there are six or fewer authors, all the authors should be recorded, and if there are seven or more authors, “et al.” should be placed after the first six authors. Please see the following recommended citation style:

The References follow the NLM Style Guide for Authors, Editors, and Publishers (<https://www.ncbi.nlm.nih.gov/books/NBK7256/>) if not specified below.

In principle, the number of references is limited to 50 for original articles. Exceptions can be made only with the agreement of the Editor.

- Journal articles

1. Jung S, Lee HS. Robotic transabdominal preperitoneal repair for bilateral obturator hernia: a video vignette. J Minim Invasive

Surg. 2024;27:40-43.

2. Yang HJ, Lee H, Kim TJ, Jung DH, Choi KD, Ahn JY, et al. A modified eCura system to stratify the risk of lymph node metastasis in undifferentiated-type early gastric cancer after endoscopic resection. *J Gastric Cancer*. 2024 Jan 10 [Epub]. DOI: 10.5230/jgc.2024.24.e13

- Books and book chapters

3. White ME, Choyke PL. Duplex sonography. Springer; 1988.
4. White ME, Choyke PL. Duplex sonography of the abdomen. In: Grant EG, White EM, editors. Duplex sonography. Springer; 1988. p. 129-190.

- Online sources

5. World Health Organization (WHO). World health statistics 2021: a visual summary [Internet]. WHO; 2021 [cited 2021 Feb 1]. Available from: <https://www.who.int/data/stories/world-health-statistics-2021-a-visual-summary>

- Tables: Present tables in consecutive order of their appearance in the main body, followed by table captions. Avoid explaining content in the tables that is already visible in figures. Ensure that the contents are presented clearly and concisely in English, allowing readers to understand the table without needing to refer to the main body. Include footnotes below the tables and define all abbreviations that are not standard in this field in footnotes. Indicate footnotes in tables in superscripts as a), b), c). Statistical values, such as standard error of the mean (SEM), should be presented. Omit vertical and horizontal lines in the tables.
- Figures: Figures include graphs or images. Authors are required to provide save each image in a separate file with either uncompressed TIFF, GIF, JPEG, or EPS format. When citing separate figures, supply captions such as "Figure 1A" and "Figure 1B." JSIE encourages authors to use col-

or to increase the clarity of figures. Provide brief and easy-to-read footnotes. The minimum resolution required is 300 dpi (dots per inch) or 3 million pixels, as per the Guidelines for Digital Art (<http://art.cadmus.com/da/guidelines.jsp>). To cite figures that have been previously published, a written consent is required, and a copy of the permission letter(s) must be attached. Figure legends should be typed double-spaced on a separate sheet at the end of the manuscript. Symbols, arrows, and letters should be used to indicate parts of illustrations. Each figure should be referred to in the text consecutively and should be numbered according in order of citation. All images must be correctly exposed, sharply focused, and prepared in files of 300 dpi or more.

- Videos: Video clips related to surgery and advanced surgical techniques can be submitted for placement on the Journal website. The video may be up to 15 minutes in duration with a maximum file size of 2 gigabytes. Video exceeding 2 gigabytes should be sent via email ([support@m2-pi.com](mailto:support@m2-pi.com)). The available video formats are Windows Media Player (.wmv), MPEG (.mpg, .mpeg), Audio Video Interleave (.avi), and QuickTime (.mov). Free video editing assistance will be provided for submitted videos. There should be no audio narration in the videos, except for Dynamic Educational Manuscripts. Only written scripts (subtitles) should be used.

## B. How I Do It

Manuscripts for "How I Do It" should be organized in the following order: Title page, Abstract, Introduction, Case Presentation, Discussion, Disclosure, Acknowledgements, References, and Figure legends. The title page and abstract should meet the general requirements outlined in the section above. The position of figures and tables should be indicated in the text. Tables and Figures should be prepared separately. These should be presented as briefly as possible. Succinct articles are more likely to be accepted for publication. Manuscript should be no more than 1,000 words, with a maximum of 10 references and 5 tables/figures in total (i.e.,

the total number of tables and figures and tables should not exceed 5). The title page should be the first page. The Case Presentation section should not include any detailed information that can be used to identify the patient. Only a brief clinical information should be included that is relevant to the technique or procedure described in the paper. When using specific patient information and photos the Release Form for Photographs of Identifiable Patients or consent from the patient(s) and IRB approval might be required. All information that may reveal the patient identification or the hospital, including the date, must be omitted from images. Video clips that are presented in manuscripts should not exceed 15 minutes and must meet the requirements of video materials in the “Dynamic Educational Manuscripts” category, except for audio narration.

## C. Dynamic Educational Manuscripts (video tutorials)

Dynamic manuscripts are submitted as video articles accompanied by regular text abstracts, which will play when the hyperlink is selected. A dynamic manuscript is recommended as a way for authors to demonstrate the details of surgical skill or technology with a video and explanation.

- Examples of this category could include: live demonstration or an intraoperative segment of the details of a surgical procedure/technology, a narrated educational lecture in any field of surgery, a surgical endoscopic procedure, a bed-side procedure, or a physical examination.
- References: Include no more than ten references below the chapter summary. Ensure all references follow the guideline stated in the Reference section above.
- Requirements:
  - The video file resolution aspect ratio must be preferably 16:9 or alternatively 4:3.
  - Video clips should not exceed 15 minutes in total.
  - A high-quality audio narration in English must accompany the video. (Only for Dynamic Educational Manuscript)
  - The maximum size for all files (including videos) in the submission is 2 gigabytes.

- Please submit a detailed chapter summary with time stamps and titles for key points in your video content.

Ex) 00:00:01 Introduction

00:00:10 Case summary

00:00:26 History of present illness

- Do not use any soundtrack.
- Annotation of anatomic structures or a brief explanation is encouraged.

## D. Review Articles

Review articles provide concise reviews of subjects important to medical researchers and can be written by an invited medical expert. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

These have the same format as original articles, but the details may be more flexible depending on the content. The length of the manuscript should not exceed 5,000 words, 100 references, and no more than seven tables and figures in total, if possible. The abstract should not exceed 300 words and must be written as one unstructured paragraph.

## E. Case Reports

Manuscripts for “Case Reports” should follow the same format and submission requirements as those for “How I Do It,” including organization, word limits, references, and figure/table restrictions. The required sections are: Title page, Abstract, Introduction, Case Presentation, Discussion, Disclosure, Acknowledgements, References, and Figure Legends. However, unlike “How I Do It,” video clips are not required and should not be submitted for Case Reports. All patient-identifiable information must be omitted or anonymized, and appropriate consent and IRB approval may be required for clinical images or details.

## F. Short Communications

A Short Communication generally takes one of the following forms: A substantial re-analysis of a previously published article in JSIE or in another

journal; a brief report on the comments and discussion of a previously published article about the surgical techniques described in the "How I Do It" or "Dynamic Educational Manuscript" types; an article that may not cover "standard research" but that is of general interest to the broad readership of JSIE; a brief report of research findings adequate for the journal's scope and of particular interest to the community.

An abstract is required in an unstructured format. The word count of the main text should not exceed 1,000, and the total number of references is recommended to be equal to or less than 10. A submission in this category may be edited for clarity or length and may be subject to peer review at the editors' discretion.

#### G. Letters to the Editor

Any opinion or inquiry on a published paper can be addressed to the Editorial Board. An abstract is not required. A title page, main text, and references are required. The total number of references is recommended to be equal to or less than 5. The word count of the main text should be equal to or less than 1,500.

#### H. Editorials

An Editorial is usually invited by the Editorial Board. An abstract is not necessary. Title page, main text, and references are required. The total number of references is recommended to be equal to or less than 10. The word count of the main text should be equal to or less than 1,500.

## MANUSCRIPT SUBMISSION AND PEER REVIEW

### 1. Online Submission

Submission is processed online, via the electronic manuscript management system, <https://submit.jsiejournal.org>. Authors are required to attach the manuscript file, copyright form, and checklists. Every document, including the manuscript and tables, must be prepared in MS

Word.

Questions regarding manuscript submission may be sent to the JSIE Editorial Office.

- Tel: 070-8691-1704, 1705

- E-mail: 2008surgeryedu@gmail.com

### 2. Peer Review Process

Each manuscript is reviewed by at least two independent reviewers. The reviewers of the journal are recruited from various specialties related to the topic. To ensure fair reviews, the process is double-blinded. Authors are required to complete revisions requested by the editors within 4 weeks. If the revised version is not submitted within 4 weeks, the submission will be considered as withdrawn by the author.

### 3. Cover Letter

The cover letter should inform the editor that neither the submitted material nor portions have been published previously or are under consideration for publication elsewhere. The authors should also explain why the submitted manuscript should be reviewed and considered for publication for JSIE.

### 4. Feedback after Publication

If authors or readers find any errors, or contents that should be revised, a request can be made to the Editorial Board. The Editorial Board may consider an erratum, corrigendum, or retraction. If a reader submits an opinion on a published article in the form of a letter to the editor, it will be forwarded to the authors. The authors are then able to respond to the reader's letter. Both the letters to the editor and the authors' replies may also be published.

### 5. Article Processing Charge

There are no author submission fees or other publication-related charges. All costs for the publication process are supported by the Publisher except for English editing service. JSIE is a platinum open-access journal that does not charge author fees.