

Instructions to authors

Breathe – *Continuing Medical Education for Respiratory Professionals*, an official educational journal from the European Respiratory Society (ERS) and the ERS School, publishes four issues per year. *Breathe* provides up-to-date information on topics of interest for pneumologists, general practitioners and allied health professionals in their daily practice. Articles published in *Breathe* will focus on introducing basic concepts and state-of-the-art methods, rather than on reporting scientific work in progress, and will share educational information and offer readers the opportunity to have access to expert advice and views on selected topics.

Submission of a manuscript to *Breathe* implies that if and when it is accepted for publication, the authors automatically agree to transfer copyright to the publisher. The copyright protection implies that the publisher holds the exclusive right to reproduction in any form (including publication in another language) and distribution of any of the articles in the journal. Material published in this journal may only be stored on microfilm, video discs, in an electronic database or in any other electronic format, etc., and be reproduced photographically with prior written permission of the publisher.

Submission

All manuscripts must be submitted to breathe@ersj.org.uk in word format.

Before submitting a manuscript, please read and carefully follow the instructions below. A more detailed list of house rules for *Breathe* and examples of all the articles and important points for consideration can be found at www.breathe-cme.org.

Format of articles

The format of articles to be published in *Breathe* will be different than that of "traditional" peer-reviewed scientific journals. It is critical that all material be understandable by the target audience (pneumologists in pri-

vate practice, general practitioners, allied health professionals).

Categories of articles

1. Review/Clinical update articles

Max. length of text: 5,000 words (~10 printed pages); references, figures and tables excluded.

Authors need to supply enough images to illustrate each article, at least one per printed page. References should be limited as much as possible.

For each article, authors should define clear educational aims (2–3 aims per article). Authors should identify the long-term aims of the readers and short-term aims of their articles.

Summaries or abstracts need to be short, less than 100 words and, it should refer to the educational aims of the article. Authors might wish to raise questions in summaries or abstracts.

Key points should be indicated in highlighted boxes, to emphasis the essential points that readers should remember after having read an article.

Authors can include a personal statement, or ask one of their colleagues to do so. This could be particularly important in areas of controversy. Personal statements may also be used as a stylistic tool to express a different view than the one in the main article.

Authors should encourage readers to look for additional articles (2–5 further reading references should be provided for each article). A commentary of 2–3 sentences should accompany each reference.

Authors can also include links to non-commercial websites that they wish to recommend. A commentary of 2–3 sentences on the information provided by the site cited in reference should also be provided.

Some of the words used in an article might need clarification or a definition. A

total of 5–10 words can be highlighted within each article and explained in more detail in a separate Glossary box.

Self-examination and self-evaluation

To help readers evaluate their understanding of a specific topic, authors should provide 4–5 self evaluation questions with each article. Methods to test the knowledge of readers should be designed while an article is being prepared. Evaluation of the readers' knowledge and understanding should be very closely linked to the educational aims of the article.

The following formats can be used: multiple choice questionnaires; a picture with 3–4 items to identify or qualify; a diagram with 2–4 points to assess (*i.e.* a spirometry diagram); a list of proposals to prioritise.

The correct answer(s) will be indicated with a comment and featured separately at the end of each article.

Infant lung function testing: available and useful methods

Educational aims

- 1-1 To provide an overview of which aspects of lung function can be measured in infants using currently commercially available equipment.
- 1-2 To describe the particular measurement procedures required for infant lung function testing.
- 1-3 To provide information concerning some of the in-use commercially available methods.

Summary

Lung and airway function can now be measured in infants using standardised methods, allowing for an almost an complete picture of lung function to routinely obtained in adults. Recording systems are now available from several manufacturers. The tests are done during sleep, commonly after sedation with chloral hydrate, and in a strictly standardised manner under standardised conditions. Despite the high frequency of chronic chest problems in infants and young children, facilities for measurement of lung function are lacking in many large paediatric centres worldwide. While infant lung function testing is now emerging as a clinical tool, the precise role and the value of the various tests to different clinical situations remain to be established.

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2. Case reports, Case for diagnosis

Max. length of text: 2,000 words (~4 printed pages).

Authors are encouraged to include lab results and measurements in the draft form in addition to pathology slides or X-rays images. Ideally, the case history should be separated from the interpretation and clinical course, allowing questions to be raised for the reader at different steps.

For detailed instructions about format and manuscript preparation, and the European Respiratory Society conflicts of interest policy please go to: www.breathe-cme.org

Review process and professional support for authors

In order to ensure that the Journal achieves its educational aims, all articles will be peer-reviewed and, in addition, reviewed by professionals in medical education. If authors cannot supply the different educational sections accompanying an article, they should at least provide enough indications to allow professional reviewers to edit these specific sections. Finalised articles, together with all corresponding educational sections, will be sent back to authors for approval.

