[Original article] (Publication types are listed in Table 1, available at <https://www.e-emj.org/authors/authors.php>)

Below is an example of a randomized controlled study. It follows the CONSORT reporting guideline, available at https://www.consort-statement.org/.

**Title Write the title in lowercase characters except for the first word’s first character and any proper nouns, which should be capitalized. If the study involves human participants, include the country name in the title. The study design must be specified after a colon.**

Ji Yeon Byun1, Sun Huh2\*

1Department of Dermatology, Ewha Womans University Mokdong Hospital, Seoul, Korea;

2Department of Parasitology and Institute of Medical Education, College of Medicine, Hallym University, Chuncheon, Korea

\* Corresponding e-mail: xxxx@hallym.ac.kr (It is strongly recommended to use the author’s institutional e-mail rather than an e-mail address from a commercial company. An e-mail address from a commercial company can be added as secondary e-mail with a semicolon to separate the e-mail addresses.)

Word count of abstract: 250 (maximum)

Word count of main text: 3,000 (maximum)

Number of references: 40 (maximum)

Number of tables and figures: 10 (maximum)

The word count limits are negotiable with the editor.
(The recommended word count, number of references, tables, and figures for manuscripts submitted to the journal according to publication type are presented in Table 1, available at https://www.e-emj.org/authors/authors.php. Submissions beyond the suggested limitations should be negotiated with the editorial board.)

**Abstract**

Purpose: The aim of the study should be precisely described. It is recommended to add the hypothesis and/or research questions.

Methods: The type of research design, study population, study period, measurement tools or instruments, and statistical analysis should be described. Additionally, details on the randomization process, allocation concealment, and blinding methods should be provided.

Results: The main results should be described according to the CONSORT guidelines for randomized clinical trial.

Conclusion: The conclusion should present an answer to the purpose, hypothesis, or research questions.

Clinical registry number: Add clinical registry number and the institute name of clinical registration

Key words: Randomized controlled studies; Educational measurement; Program evaluation; Republic of Korea; Research design

(It is mandatory to use **MeSH** terms through MeSH on Demand, available at: [https://www.nlm.nih.gov/mesh/MeSHonDemand.html](https://www.nlm.nih.gov/mesh/MeSHonDemand.html%29)). The use of other terms is negotiable with the editorial board. Number of keywords is maximum 6, including country tag in case of human population study.

**Introduction**

Background/rationale

Explain the scientific background and rationale for the investigation being reported: what is known, what is unknown and important to know; what is the specific topic addressed in the manuscript; and why addressing that particular topic is important

Objectives

Specific objectives, including any pre-specified hypotheses or research questions, should be described in one paragraph.

**Methods**

Ethics statement

If the study involves human participants or human-originated materials, Institutional Review Board (IRB) approval must be obtained, including the approval number, and informed consent from participants is required. If IRB approval is waived, justification must be provided. Ethical considerations regarding participant safety and data protection should be clearly stated. For clinical trials, the clinical registration number must be provided at the time of submission.

Study design

The study design should be clearly described as a randomized controlled trial (RCT). The description should follow the CONSORT (Consolidated Standards of Reporting Trials) guidelines, available at: <https://www.consort-statement.org/>.

Setting

Describe the relevant setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection. Any clinical interventions may be described in this section.

Participants

Give the eligibility criteria and the sources and methods of participant selection. The research subjects should also be precisely described (e.g., age, sex, region, school, country, date and duration of the intervention, occupation, etc.). The reason for the inclusion or selection of subjects should be explained. If a certain group is excluded, it should also be explained.

Outcomes

Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed.

Any changes to trial outcomes after the trial commenced, with reasons

Data sources/ measurement

For each variable of interest, give the sources of data and details of the measurement methods. Questionnaires in non-English languages may also be published as a supplement. If a measurement tool was used, the validity and reliability of the tool should be presented. If a measurement tool developed by other researchers was used, provide a proper citation of the tool and provide permission only if the tool is not freely available to the public. This permission letter should be uploaded during the submission process.

Bias

Discuss the impact of potential biases and remedies put in place to address them.

Study size

Provide a theoretical and/or statistical justification for the sample size used in the study. Explain how an a priori sample size calculation or post hoc power analysis was performed. The a priori sample size calculation or post hoc power analysis should be based on the primary endpoint. Note that a power analysis based on the primary endpoint will not necessarily apply to any secondary measures.

Randomization:

1. Sequence generation: Specify the method used to generate the random allocation sequence, including software and any stratification or blocking methods applied. Specify the type of randomization (e.g., simple, stratified, blocked) and details of any restrictions (e.g., blocking and block size).
2. Allocation concealment mechanism: Explain how the random allocation sequence was concealed (e.g., sequentially numbered, opaque, sealed envelopes) and describe steps taken to prevent selection bias.
3. Implementation: Specify who generated the allocation sequence, who enrolled participants, and who assigned them to interventions.

Blinding

1. Specify whether blinding (masking) was implemented.
2. Identify which parties were blinded (e.g., participants, care providers, outcome assessors).
3. Describe the method used to ensure blinding and assess its effectiveness.

Statistical methods

The statistical methods should be described in sufficient detail to allow the reviewers and any other reader to replicate the analysis. If reviewers want to analyze the data to confirm the results, the raw data will be requested by the editorial office. The computer program used should be specified, including the company and version. The city and the country of the company are included in parentheses. It is encouraged to provide statistical results that reflect the measurement error or uncertainty, such as confidence intervals, in addition to the P-value.

**Results**

Participant flow

A flow diagram is recommended. Give the demographic characteristics of the study participants.

Main results

The main results should be described logically according to the methods. All raw data must be submitted at the time of manuscript submission, cited in the main text, and labeled with a descriptive title. Briefly describe the core results when data are provided in tables or figures. In the results, audio or video files are also welcomed. Extra supplementary material can be added.

The table(s) and figure(s) should serve the purpose of presenting the results succinctly and efficiently. The content of the tables should not be duplicated in the figures. Add tables in the main text. The table title should contain a precise description so that readers can understand the table content without reading the main text. For table footnotes, use alphabetical superscripts a), b), c). The P-value should be written as a capital letter using a Roman character.

If the main results cannot be presented within a total word count of 3,000, attach the full data as a supplement.

**Discussion**

Key results

Briefly summarize the main findings.

Interpretation

Give a cautious overall interpretation of results considering objectives, limitations, a multiplicity of analyses, results from similar studies, and other relevant evidence. Do not present findings that were not described in the results section.

Comparison with previous studies

Please do not repeatedly present the results of previous relevant studies; instead, concisely state any points of discordance or concordance.

Limitations

Discuss the limitations of the study, taking into account sources of potential bias or imprecision. Discuss both the direction and magnitude of any potential bias.

Generalizability

Discuss the generalizability (external validity) of the study results. Consider the extent to which the results can be beneficial to patients or health care providers around the world.

**Suggestions**

Suggest areas for further study and/or implications for education and practice.

**Conclusion**

Deduce the conclusion from the results, avoiding statements not described in the methods or results. If there were research hypotheses or questions in the introduction section, they should be answered.

**ORCID**

An ORCID number is essential for all authors. Full information should be added to the authors’ ORCID. Without full information, the manuscript will not be considered for review. No chance for resubmission will be provided to authors.

**Example:**
Ji Yeon Byun: https://orcid.org/0000-0003-4519-9474
Sun Huh: <https://orcid.org/0000-0002-8559-8640>

**Authors’ contributions**

Please describe all of the following:

Conceptualization: SH (ideas; formulation or evolution of overarching research goals and aims.)

Data curation: JYB (management activities to annotate [produce metadata], scrub data, and maintain research data including software code, where it is necessary for interpreting the data itself for initial use and later re-use.)

Methodology/formal analysis/validation: JYB, SH (development or design of methodology; creation of models, application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data, verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs)

Project administration: SH

Funding acquisition: SH

Writing – original draft: JYB

Writing – review & editing: JYB, SH (all authors should participate in this role)

**Conflict of interest**

Sun Huh has been the Editor of the Ewha Medical Journal since 2023. Ji Yeon Byun has worked as an Associate Editor of the journal since 2018. However, they were not involved in the peer reviewer selection, evaluation, or decision process of this article. Otherwise, no other potential conflicts of interest relevant to this article were reported. (If any authors are editorial board members, they should state this explicitly.)

**OR**

No potential conflict of interest relevant to this article was reported.

**Funding**

This work was supported by the Hallym University (FundRef ID: 10.13039/501100002632) research fund (HRF-G-2015-4). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

**If no funding was received, write**: None

**Data availability**

(Please upload data files to the submission system. For studies involving data analysis, authors must submit raw data or generated data files at the time of manuscript submission. Manuscripts without the required dataset will not be reviewed or considered for publication. The dataset must be cited within the main text, and each file must have a descriptive title.)

**Example:**
Dataset 1. Rawdata of the reported case.

Dataset 2. Imaging data referenced in the case study.

**If no data file is available, write:** Not applicable

**Acknowledgments**

Ms. Choon-Hyang Seong, Research Assistant, Department of Parasitology, College of Medicine, Hallym University, Korea, helped us to check the format of manuscripts and to collect the necessary data.

(For any person mentioned in the acknowledgments, the job title, affiliation, and role in the study should be indicated. The person mentioned should provide written permission. Please upload the permission letter file via the e-submission system. Expressing appreciation to group members is not allowed.)

**If there are no acknowledgments, write**: None

**Supplementary materials**

(Please upload supplementary files to the submission system. Each supplementary file must be cited within the main text and have a descriptive title.)

**Example:**
Supplement 1. Video recording of process.

**If no supplementary material is available, write**: None

**References**

References should be formatted according to the NLM (National Library of Medicine) citation style. DOI numbers must be included for all references that have one. If a DOI is unavailable, provide the most stable alternative source (e.g., PubMed, publisher’s website).

[Journal] Describe all authors’ names regardless of the number of authors. There should be no issue number. Titles should be written in lowercase characters, except for the first character of the first word and any proper nouns. The journal title should be presented using the ISO abbreviation.

[Article with article number without page number]

1. Byun JY. How a medical journal can survive the freezing era of article production in Korea, and highlights in this issue of the Ewha Medical Journal. Ewha Med J 2025;48:e17. <https://doi.org/10.3352/jeehp.2020.17.12>

[Article with page number]

2. Han MA, Kim HR, Yoon SE, Park SM, Kim B, Kim SH, Kim SY. How authors select covariates in the multivariate analysis of cancer studies in 10 oncology journals in Korea: a descriptive study. Sci Ed 2024;11:26-32. <https://doi.org/10.6087/kcse.327>

[Books]
· Entire book

3. *Physician Assistant Education Association.* *By the numbers: program report 34: data from the 2018 program survey.* Washington (DC): Physician Assistant Education Association; 2019. 48 p. <https://doi.org/10.17538/PR34.2019>.

· Book chapter

4. Levine RE. Peer evaluation in team-based learning. In: Michaelsen LK, Parmelee DX, McMahon KK, Levine RE, editors. Team-based learning for health professions education: a guide to using small groups for improving learning. Sterling (VA): Stylus Publishing LLC.; 2008. p.103-116.

[Internet web sites]

5. Holmboe ES, Edgar L, Hamstra S. The milestones guidebook [Internet]. Chicago (IL): Accreditation Council for Graduate Medical Education; 2016 [cited 2020 Jan 6]. Available from: https://www.acgme.org/Portals/0/MilestonesGuidebook.pdf

**Legends for figures**

Fig. 1. The legends should contain a precise description so that the figure can be understood by readers without reading the main text.