St. John Hospital and Medical Center Guidelines for Authorship[1]

The following statements summarize these Guidelines succinctly.[#]

- Each author should have participated sufficiently in the work *to take public responsibility for it*
- Authorship credit should be base only on *substantial contributions* to:
  - *conception and design*, or *analysis and interpretation* of data; and
  - *drafting the article* or *revising it critically* for *important intellectual content*; and
  - *final approval* of the version to be published.

[#] From Uniform Requirements for Manuscripts Submitted to Biomedical Journals. New Engl J Med 1991; 324:424-428.

Details of the Guidelines:

1. Each author must have participated in the study to a degree that s/he is intimately familiar with every aspect and can publicly present/defend the entire contents of the article.

2. Participation would normally have these main components:
   a) reviewing and summarizing background information;
   b) hypothesis development and study design for at least 1 critical component of the study;
   c) data collection;
   d) data analysis;
   e) data interpretation;
   f) drafting the article and revising it;
   g) final approval of version to be published (usually indicated by signature on copyright assignment form).

3. Each critical component should be attributable to at least one author.

4. Non–critical contributions (examples below) can be noted in the acknowledgement section, or within the body of the paper. Examples:
   a) chart review and abstraction;
   b) advising the patient of an ongoing study in which s/he may participate and/or referring patient to the study;
   c) providing case data that would have been obtained regardless of the study;
   d) literature searches;
   e) participation in one or two of the components outlined in 2, but not all, could be acknowledged as "advice", "critical review of study design", assistance in data collection", "critical review of manuscript", etc.

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[1] Based on Huth, EJ. Ann Int Med 104: 269, 1986.

Adopted by the Graduate Medical Education Committee 12/5/2002; effective 1/2/2003.

The targeted journal may also have guidelines that apply.

4. Non-critical contributions (examples continued below) can be noted in the acknowledgement section, or within the body of the paper.

   Technical assistance should also be acknowledged, but separately from the professional acknowledgements (in an additional paragraph). Examples include:

   a. building apparatus;
   b. computer programs which facilitate data collection/entry/analysis but are not the reason for the study;
   c. data collection (specimen gathering and description);
   d. radioimmuno-, chemiluminescent or other assay performance;
   e. typing and/or editing the manuscript;
   f. routine statistical analyses;
   g. access to and/or use of samples from specific patients, critical and/or unique reagents, assay components, equipment or software.

The first author has the responsibility to provide copies of the semi-final draft to all authors for review and comment prior to submission. S/he should pay serious attention to co-authors' remarks, incorporating appropriate changes.

Guidelines on Specific Types of Publications

Articles Reporting Clinical, Epidemiologic or Laboratory Research

Conception:	Framing a specific hypothesis to be tested.
Design:	Drafting a protocol that will include initial literature review, structure of and methods for, the data collection, data reduction and analysis and selection of statistics.
Analysis:	Assessing the precision, accuracy, and relevance of data; data reduction; statistical evaluation.
Interpretation:	Distilling the meaning of the results and reviewing the literature for supportive evidence and counter-evidence.

Participation solely in design or in data analysis or in both may represent sufficient participation to justify authorship. Recognizing a hypothesis to be tested may be considered adequate. By themselves, the following are not deemed adequate participation: providing technical help, simple referral of patients, or collection of data; in epidemiologic studies, the referral of a problem for study (without suggesting an hypothesis).

Guidelines on Specific Types of Publications (cont.)

Articles Reporting a Case-Series Analysis

Conception:	Framing the specific question(s) to be addressed.
Design:	Defining the characteristics of the cases to be analyzed, appropriate matches, and the scope of the literature to be considered as supportive/counter evidence.
Analysis:	Critical assessment and statistical analysis.
Interpretation:	Structuring and presenting the analysis; distilling the meaning of the results and reviewing the literature for supportive evidence and counter-evidence.

Locating and abstracting case data (chart review) or literature do not by themselves represent adequate participation. Providing case data that would have been obtained even if the case-series analysis was not being carried out is also not sufficient participation.

Individual Case Reports

Conception:	Recognizing and defining the case characteristics which appear to justify further study and an eventual report.
Design:	Deciding on and securing additional case data and evidence from relevant literature that support the conception.
Analysis and Interpretation:	Critical assessment and selection of case data and literature evidence.

Providing case data (such as laboratory values, routine tests, imaging studies) does not by itself represent adequate participation. Just the referral of the patient (case) to the person(s) responsible for conception does not justify authorship.

Review Articles, Editorials, and Similar Articles

Conception:	Framing the specific question(s) to be addressed.
Design:	Defining the characteristics of the literature to be reviewed.
Analysis and Interpretation:	Selection of evidence and counter-evidence through critical assessment. .

Locating and abstracting the literature are not by themselves participation that justifies authorship.

ADDITIONAL NOTES

1. Evaluation of the Contribution. It is always best to discuss whether an individual's contribution would constitute authorship BEFORE the study is actually done. This decision could change; and individual's contribution could grow, or shrink, during the performance of the work. Prior to the first draft, the first author should reevaluate each individual's contribution and discuss any change in status with the appropriate contributors. ***Every author will be held responsible by the journal, the funding agency, and the scientific community for the authenticity and accurateness of the report.*** Degree of involvement should be considered without regard to educational degree or title. Should the first author or other participant have any question about whether an individual's contribution qualifies for authorship, they may wish to informally approach a member of the GME Research Committee.

2. Order. First author is the person who spearheaded the project and wrote the manuscript. Thereafter, order will be determined by degree of participation, as judged by the first author. The senior investigator is often listed last.

3. Timeliness of Publication. Every effort will be made to have a draft manuscript submitted prior to completion of the residency or fellowship. However, occasions will arise where this is not the case. After completion of data collection and analysis (which could be after a resident/fellow/staff member has physically left), the person spearheading a project will have *one (1) calendar year* to produce a first draft. If no draft is forthcoming, the staff member who would have been second author will email/write to the individual noting the time elapsed and stating that if a draft does not appear within 30 working days, the author of the letter will become first author and write the manuscript. Degree of involvement will determine subsequent order of authorship. Residents/fellows will leave their original data books and all other relevant material with their research mentor; they may take Xerox copies. Senior staff will leave a Xerox copy of their data with an appropriate co-investigator. This will insure that a St. John Hospital and Medical Center staff member has access to the data and could write the manuscript.

4. Flexibility. These are *guidelines*, not rules. At the discretion of the first author, an individual may be included as co-author who would not meet the criteria of participation in more than one component of guideline 2. It is *critical* in such a case that the individual be provided with a copy of the manuscript prior to publication, so that they can assure themselves that their contribution has been properly represented.

5. Disputes. Should conflicts arise which cannot be resolved between the contending parties, the relevant facts should be presented to the GME Research Committee.

Adopted by the Graduate Medical Education (GME) Committee 12/5/2002 to take effect 1/2/2003, revised 2017.