

Manuscript Preparation

Read the manuscript preparation guidelines carefully, download the template by clicking here, and follow the examples.

Study Preregistration and Analysis Plans

Study preregistration involves registering the study project, variables, and treatment conditions. Including an analysis plan involves specifying the sequence of analyses or the statistical model that will be reported. Thus, the preregistration of the analysis plan replaces study preregistration and highlights the distinction between confirmatory research and exploratory research.

Review articles and clinical trials submitted for publication will only be published if the research conducted was preregistered. During submission, authors must inform where to access the preregistration.

Below we list the Checklists for the most frequent designs of articles received by the journal:

Authors should verify if their article follows the appropriate standard for the research subject/study type. Approval and publication of the article are conditional upon verification of adherence to the standards. Therefore, we ask that you use the Checklist according to the type of study conducted:

CONSORT – for controlled and randomized clinical trials (<http://www.consort-statement.org/checklists/view/32-consort/66-title>)

CONSORT CLUSTER – extension for cluster randomized trials (<http://www.consort-statement.org/extensions?ContentWidgetId=554>)

TREND – for non-randomized evaluations; the article must address public health (<http://www.cdc.gov/trendstatement/>)

STARD – for diagnostic accuracy studies (http://www.stard-statement.org/checklist_maintext.htm)

STROBE – for observational epidemiological studies (cohort, case-control, or cross-sectional) (<http://www.strobe-statement.org/>)

MOOSE – for meta-analyses of observational epidemiological studies (<http://www.consort-statement.org/checklists/view/32-consort/66-title>)

PRISMA – for systematic reviews and meta-analyses (<http://prisma-statement.org/prismastatement/checklist.aspx>)

PRISMA ScR – for scoping or integrative reviews (<http://www.prisma-statement.org/Extensions/ScopingReviews>)

COREQ – for qualitative studies (<http://www.equator-network.org/reporting-guidelines/coreq/>)

Articles must be typed in .doc, .txt, or .rtf format, Arial font, size 12, 1.5 line spacing.

Title and Short Title

The article must contain a full title and a short title in Portuguese and English. For articles in Spanish, titles must be written in Spanish and English. Articles submitted in English must have titles in English and Portuguese.

The submitted article must have four titles:

One Title (in English), another in Portuguese, plus a Short Title in English and Portuguese in the manuscript header.

In ScholarOne (Step 1 - Author-Supplied Data > Title), the main long title filled in must necessarily be written in English.

A good title allows the identification of the article's theme.

Abstract

Articles must be accompanied by an abstract of minimum 150 and maximum 250 words.

Articles submitted in English must have an abstract in Portuguese, in addition to the abstract in English.

For original articles, abstracts must be structured, highlighting objective, method, result, and conclusion with the most relevant information. For other categories, the abstract format can be narrative, but with the same information. It must not contain citations.

Keywords

Indicate, in the specific field, three to six terms that identify the content of the work, using Health Sciences Descriptors - DeCS - from Bireme (available at <http://www.bireme.br/decs>).

Article Body

The word count for the article is up to 4,000, encompassing Introduction; Method; Results; Discussion; Conclusion; and Acknowledgments.

It must be typed in .doc, .txt, or .rtf format, Arial font, size 12, 1.5 line spacing; left-aligned, A-4 page size.

Introduction

Must contain the objective and justification of the work; its importance, scope, gaps, controversies, and other data considered relevant by the author.

Method

Must inform the sample source, sampling process, data on the research instrument, and analysis strategy used. In studies involving human beings, there must be reference to the existence of an Informed Consent Form presented to participants after approval by the Ethics Committee of the institution where the project was developed.

Results

Must be presented synthetically and clearly, and present tables or figures prepared to be self-explanatory, informing statistical significance, when applicable. Avoid repeating data from the text. The maximum number of tables and/or figures is 5 (five).

Images, figures, graphs, and maps made in software (such as SPSS, BioStat, Stata, Statistica, R, Mplus, etc.) will be accepted; however, they must be edited later according to the final review requests and translated into English.

Discussion

Must explore the results, present the author's interpretation/reflection based on observations recorded in current literature and the implications/developments for knowledge on the subject. Difficulties and limitations of the study can be recorded in this item.

Conclusion

Present relevant conclusions regarding the work's objectives, and indicate ways to continue the study.

References

Maximum of 35 references for original articles and 50 for review articles.

We request that at least 50% of the references be from publications dated within the last 5 years and that they be standardized according to the Vancouver style. This is a mandatory rule of the RBGG, subject to exclusion of the article from our systems.

Identification of references in the text, tables, and figures must be done using superscript Arabic numerals, corresponding to their respective number in the reference list. References must be listed in the order they are first mentioned in the text (not in alphabetical order). All works cited in the text must appear in the references.

Authors are responsible for the accuracy of the references, as well as for their correct citation in the text.

Images, figures, tables, charts, or drawings must have font size: 10, centered, single line spacing, with information on the event/collection location and Year of the event. The maximum number of tables and figures combined is five. The maximum size for a table is one page.

Graphs must have font size: 11, centered, indicating in their title the phenomenon studied, the theoretical variables used, the event/collection location information, and year of the event. In the body of the text, there must be no repetition of values already present in the

graphs/tables.

They must be submitted and produced in Excel or Word format but in an editable form, in grayscale or black, with respective legends and numbering.

Acknowledgments

Acknowledgments can be recorded to institutions or individuals who provided effective collaboration for the work, but who do not fit the authorship and co-authorship criteria adopted by the International Committee of Medical Journal Editors. A paragraph of up to five lines.

Artificial Intelligence (AI)

Some authorized forms for using AI by the RBGG:

- Assistance in Writing and Revising articles
- Assistance in Structuring articles and abstracts

Human verification: All AI-generated content must be critically reviewed by the authors.

We recommend that any contributions from other sources be clearly attributed. Authors who use AI-assisted technologies as components of their research study or as any type of aid must mention this in the cover letter. Detailed information must be provided in the methods section: The full prompt used in producing the work, as well as the AI tool and its version, must be disclosed. Authors must inform which excerpts were generated/written or reviewed by AI in the acknowledgments section of the manuscript.

Use of AI is NOT permitted for:

- fabricating or misrepresenting primary research data.
- searching for citations (due to false data/fabrication)
- translating excerpts/text
- AI cannot be an author/co-author and source, as it does not assume responsibility for the content (position of COPE and ICMJE).

Data or conclusions generated by AI without human verification are unacceptable.

Editors may refuse to proceed with manuscripts if AI is used inappropriately.

Citations

Similar to what already occurs with the citation of scientific literature documents (articles, books, etc.), it is important that the data, codes, and research materials underlying the article are properly cited in the text and referenced in the reference list. Citations in the text and the respective references at the end of the article acknowledge the original intellectual contributions of the respective authors of the cited content.

Link for the correct presentation of citations: https://wp.scielo.org/wp-content/uploads/guia-de-citacao-de-dados_pt.pdf

Data Availability

- Transparency of data, analytical methods (codes), and research materials.

By dataset, understand all data (whether data, codes, or materials) necessary to interpret and replicate the results presented in the article.

Authors using original data must:

- a) Include all variables, treatment conditions, and observations described in the manuscript;
- b) Provide a complete list of procedures used to collect, pre-process, clean, or generate data;
- c) Provide program codes, scripts, and other documentation sufficient to accurately reproduce all published results;
- d) Provide research materials and description of procedures necessary to perform an independent replication of the published research.

List of trusted repositories indicated by Scielo: https://wp.scielo.org/wp-content/uploads/Lista-de-Repositorios-Recomendados_pt.pdf

*Exceptions to data sharing for ethical or legal reasons must be informed upon article submission.

Research involving human beings: must follow the ethical principles for medical research involving human beings, adopted by the World Medical Assembly of Helsinki and amended in subsequent Assemblies (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>), and the legislation in force in the country where the research was developed. Research conducted in Brazil must include information regarding approval by a research ethics committee involving human beings, according to Resolutions No. 466/2012 and 510/2016 of the National Health Council. In the "Method" section, constitute the last paragraph with a clear statement of this compliance. The manuscript must be accompanied by a copy of the approval of the Ethics Committee opinion.

Clinical Trials: RBGG supports the clinical trial registration policies of the World Health Organization (WHO) and the International Committee of Medical Journal Editors (ICMJE), recognizing the importance of these initiatives for the registration and international dissemination of information on clinical studies, in open access. Therefore, only articles from clinical research that have received an identification number in one of the Clinical Trial Registries validated by the criteria established by the WHO, ICMJE, and WHO will be accepted for publication. The identification number must be recorded at the end of the abstract.

Research Funding

Cases of studies with funding should be indicated only on the identification page, informing the process number and the type of grant.

Replication

By replication or reproducibility, understand independently repeating the methodology of a research study using the same materials.

RBGG encourages the submission of replication studies, especially of studies published in this journal. For this, authors must:

- Inform in the cover letter that the manuscript is a submission of a replication study.
- If necessary, irrelevant outcome responses may be reported to demonstrate, for example, that experimental manipulations were effective or outcome variables were measured reliably and according to distributional assumptions.