The Free Clinic Research Collective Policies & Author Guidelines

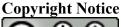
Focus and Scope

The Free Clinic Research Collective (FCRC) is a peer-reviewed, open-access journal that publishes original work on all aspects of student-run free clinics. Aimed at a broad audience of medical students and healthcare professionals, the FCRC embraces the transformative power of student-run free clinics in both medical education and care for the underserved. The FCRC acknowledges the diverse viewpoints, interests, and knowledge base of members of the medical community and encourages submissions on a wide range of topics relevant to free clinics. These may touch on (but are certainly not limited to) policy, vulnerable populations, access and medical or psychosocial issues at the point of care. The overall mission of the FCRC is to establish a national platform facilitating communication about student-run free clinics in order to: 1) strengthen the representation and efficacy of these devoted projects, and 2) promote a humanistic philosophy of care among future and current healthcare professionals. For further information, feel free to contact the current MSPress FCRC Editor-in-Chief (freeclinic@themspress.org).

Peer Review Process

Each piece of the FCRC undergoes a rigorous editorial procedure. Each submission is personally reviewed by one editor as well as the Free Clinic Editor-in-Chief. At least two peer reviewers analyze each article, ensuring quality and relevancy. We ensure a blind peerreview. Email correspondence is crucial for the revision and copy edit process. Please allow one month for a decision to be made on submissions. Accepted works are published under a Creative Commons Attribution License via Open Journal Systems.

To submit your work to the journal, apply to be a reviewer, or subscribe as a reader, enter the "Register" section of the journal's website.





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Section Policies

- **Research article:** presents original findings, rather than results from published sources. Primary research articles on a variety of aspects of student-run free clinics are welcomed. Pieces should be 2,000-3,000 words in length, including the bibliography, with tables and figures welcomed. Data must be accumulated from original work and submitted as raw data to enable proper graphic design manipulation. Please prepare manuscripts under the *AMA Manual of Style*, 10th edition. Consult <u>The MSPress AMA citation guide</u> for more information.
- **Brief communication:** succinct format used to report noteworthy features of an institution's student-run free clinic. The hope is that this shared information would be beneficial to free clinic leaders across multiple institutions. Suggested topics include but are certainly not limited to: free clinic operations/organization, procedures/protocols, special programs, new resources/tools, volunteer recruitment and retention, follow-up rates, fundraising, community engagement, publicity, patient education, public health improvement, and health disparities awareness. Each brief communication should begin with an abstract that is no longer than 5 sentences. Pieces should not exceed 1,500 words, including the abstract.
- **Reflective/narrative essay:** focuses on the author's own personal experience of volunteering at a studentrun free clinic. Thoughtful reflections on a personal experience, which has shaped the author's sense of humanistic care, would be given particular emphasis. Pieces should not exceed 3,000 words and may be much shorter.
- **Viewpoint article:** opinion piece used to present an insightful slant on any topic related to student-run free clinics. Differing from a reflective/narrative essay, the viewpoint article is not a reflection of an author's own personal experience but rather a scholarly discussion that offers a fresh and intriguing perspective on a selected topic. Pieces should not exceed 3,000 words and may be much shorter.
- Correspondence: format that presents readers with the opportunity to provide commentary or to add additional information to a previously published article in the FCRC. The aim of the correspondences is to allow for an open dialogue, thereby promoting intercommunication and collegiality. If a correspondence is accepted for publication, a copy would be sent to the author of the original article to allow for the opportunity of a brief reply. A correspondence, as well as a brief reply from the original author, should be no longer than 1,000 words and may be much shorter. The correspondence and the brief reply from the original author are *not* peer-reviewed.

Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

- 1. The submission has not been previously published, nor is it currently under consideration by another journal. That being said, we publish within a Creative Commons Attribution- Non-Commercial License and, as such, allow authors to republish pieces of their work once published in The Free Clinic Research Collective, provided they attribute original publication to The Free Clinic Research Collective.
- 2. The submission file is in OpenOffice or Microsoft Word.
- 3. The submission type is clearly indicated (i.e. primary research article, brief communication, reflective/narrative essay, viewpoint article, or correspondence).
- 4. The submission is formatted according to the American Medical Association Manual of Style. Consult <u>the MSPress AMA citation guide</u> for bibliography support.
- 5. The text is single-spaced, uses a 12-point font and employs italics rather than underlining (except with URL addresses). All illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.
- 6. All data sets are included in a raw version, enabling The MSPress graphic design team to create suitable graphs/tables/charts if accepted for publication.
- 7. The file does not include the author's name, ensuring a blind peer review.

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