Case of title sentences written with articles (maximum 15 words), times new roman 14, bold, english

Author[1], Author [2], Author [3] ,etc

1) Affiliation including city and country of the first author
2) Affiliation including city and country of the second author
3) etc

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ABSTRACT

Consists of IMRAD (Introduction, Method, Result, and Discussion). Introduction consists of background and aim of the study. Discussion is followed with conclusion. The Abstract should give a succinct account of the study or contents in 200-250 words, with rare exceptions granted by the Editor. The Results section should contain primary outcomes with relevant statistics. Effect sizes and confidence intervals should be included in addition to P values or confidence intervals. Exact P values should be included, unless the P value is <0.001. References are not included inthis section. Avoid use of nonstandard abbreviations in the Abstract.

Keyword: 5 to 8 keywords should be included on the title page of all manuscripts under the heading Keywords. They should be in alphabetical order.

INTRODUCTION

The recommended structure for this section is background to the subject, what is known/ unknown about it, hypothesis and aim of your study. As a rule, the Introduction should be covered in a maximum of 1.5 pages spaced. The introduction should give a concise account of the background of the problem and the objectives of the investigation. It should state what is known about the problem to be studied at the time the study was started. Previous work with a direct bearing on the present problem should be quoted. The final paragraph should clearly state the primary and, if applicable, secondary aims of the study

METHODS AND SUBJECT

The Methods section should give a clear but concise description of how the study was conducted. Subjects covered in this should include: Ethics approval / licence (including date and administering institution), Patient population, Inclusion / exclusion criteria, Conduct of the study, Measurements and data handling, Primary and secondary endpoints, Sample size calculation and Statistical analyses.

RESULTS AND DISCUSSION

Results

Results should be presented in a logical order related to the aims and design of the study with appropriate statistical reporting and any pertinent negative findings. Description of experimental results should be concise. It is often useful to present the results in the order described in the Methods section. Data should not be repeated unnecessarily in text, tables and figures.

Discussion
This is an important part of the manuscript but it should not be too long, usually no more than three pages. The Discussion should normally follow the pattern below: State main findings - This does not mean a repetition of all the results with their statistics. It should provide a concise overview of the study. Do not repeat data already presented in the Results, figures and tables. Relation to previous studies - This section should relate directly to the statements made in the Introduction and qualify your findings in relation to previous studies of the subject. Mention any important uncertainties in the methods of measurement. It is quite reasonable to suggest possible explanations for your findings and any differences from previous studies, but the 'missing parts' of such reasoning must be acknowledged. Additions to knowledge of the subject - Summarise previous sections by pulling together the implications of your main findings, studies by other workers and their combined contribution to our knowledge of the subject. Weaknesses and strengths in study - This is the most important part of the Discussion. Acknowledge any limitations of your study at this point. Examples here could include the generalisability of the patient population, patients lost to follow-up, limitations of analytical test etc. Authors are advised to be honest but succinct in this section. It is also reasonable to comment briefly on the particular strengths of the study, especially in comparison to comparable studies. Future studies - Identify future studies that would address some of the potential explanations and limitations discussed earlier.

CONCLUSION
The original contribution to knowledge from the present study should be stated.

ACKNOWLEDGEMENTS
Collate acknowledgements in a separate section at the end of the article before the references and do not on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.). The contributors, who do not meet the criteria for authorship, as determined by the ICMJE recommendation (https://www.icmje.org/). Acknowledgement section is written in brief and concise manner to express gratitude on others whom may have aided in the writing of the manuscript without writing the titles of each individual.

DECLARATION OF INTERESTS
Each manuscript must contain a declaration of interests from ALL authors. This should include all possible interests in the past five years. This is obviously most common in studies involving new equipment or drugs, but other areas such as advisory bodies are also relevant. For example: 'Dr A has received an honorarium from Company X. Dr B has received a travel grant from Company Y. Prof C is a member of the national advisory committee on Z.' You are required to declare all authors' interests at the time of submitting your manuscript by completing and uploading the conflict of interest form, available to download here in Word or PDF format, along with your manuscript. Failure to do so will lead to delays in the processing of the manuscript. Please make sure that information from all authors has been included before uploading, even if there are no interests to be declared. A form must be submitted even if there is no conflict of interest. The corresponding author of an article acts as guarantor and must ensure that this criterion is fulfilled and a full conflicts of interest statement is supplied to the Journal. If there are no interests to declare then please state: 'The authors declare that they have no conflict of interest' (if there are multiple authors) or 'The author declares that they have no conflicts of interest' (if it is a single-authored paper). Simply stating 'None' or 'None declared' is not sufficient.

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It is essential to acknowledge all sources of financial assistance, and any potential material benefit expected from publication of the work. Also, please describe the role of the study sponsor, if any, in study design, collection, analysis and interpretation of data, writing the report, and the decision to submit the report for publication.

REFERENCES

References must be numbered consecutively in the order in which they are first mentioned in the text (Vancouver style). References in text, tables and legends should be identified by Arabic numbers appearing in the text in superscript, for example 5 or 5-7 or 5, 16 for unrelated references. If the authors of the given reference exceeded 6 authors, the seventh author and beyond are termed et al. The number of references must not exceed 20 references and published in the last 10 years at most. The main source of references are from journals, with 20% at most contain references from textbooks.

Original Article minimum 20 references, **Review articles** minimum 40 references, **Case reports** minimum 15 references.

Example :

1. Preston R, Gratani M, Owens K, Roche P, Zimanyi M & Aduli BM. Exploring the Impact of Assessment on Medical Students' Learning. Assessment & Evaluation in Higher Education, 2020; 45(1): p109-24.
2. Norcini J, Anderson MB, Bollela V, et al. Consensus framework for good assessment. Medical Teacher. 2018; 2. doi: 10.1080/0142159X.2018.1500016J.
3. Kulasegaram K, Rangachari PK. Beyond "formative" assessments to enrich student learning. Advanced Physiology Education Journal. 2018; 42(1):p5–14. doi:10.1152/advan.00122.
4. Wiliam D. What is assessment for learning?. Studies in Educational Evaluation. 2011. Elsevier, 37: 3–14. doi:10.1016/j.stueduc.2011.03.001
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7. Green ML, Jeremy J. Moeller & Spak JM. Test-enhanced learning in health professions education: A systematic review: BEME Guide No. 48, Medical Teacher. 2018; 40:4, 337-350, doi: 10.1080/0142159X.2018.1430354

Table 1. Incidence of presbycusis in Ear Nose Throat Polyclinic, Dustira Hospital in 2017-2018

	Total Ear Complaints		Presbycusis		Not Presbycusis	
	N	%	n	%	N	%
Year						
2017	5016	55,7	106	45,5	4910	56,0
2018	3981	44,3	127	54,5	3854	44,0
Total	8997	100,0	233	100,0	8764	100,0

author. Each figure must be given a number according to the order of appearance in the manuscript. The manuscript must not exceed 6 figures in total. If tables are present in the manuscript, the combined amount of both must not exceed 6.

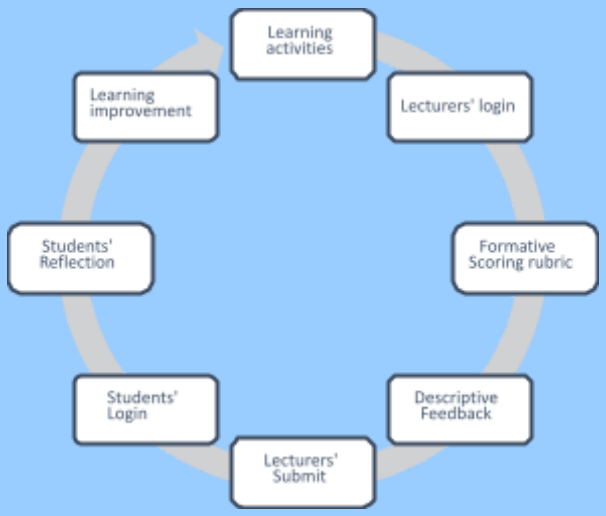


Figure 1. The implication of the Self-Regulated Learning cycle in OFAs development

Graphs Graphs of quantitative data should be presented as dot plots for small data sets, with the mean and appropriate error bars indicated; or as box and whisker plots, with values defined in the legend (the bounds of the boxes, the lines within the boxes, the whiskers, and any outlying values).

Images Submissions that contain cropped gels/blots are required to submit a supplementary file that contains the entire unedited gel for all cropped gels in the submission. Each gel should be annotated as "Full unedited gel for Figure X," and the authors should highlight which lanes of the unedited gel correspond to those shown in the cropped images within the manuscript. This file can be provided as Supplemental Data and will be published as full uncut blot data if the submission is ultimately accepted.