

字型:Times New Roman，字體大小:除了題目(title)用 14，每個段落的標題都是 12

Short Communications or Technical Notes

Impact of a Medical English Writing Program on participants' knowledge, attitudes, and practices

作者排法

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必須有 running title, 50 個字母內

Running head: Impact of a Medical English Writing Program

每一個段落(如果有的話) 獨立一頁

These reports should be concise presentations of preliminary experimental results or technical aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application.

總字數 1,000-1,500 個字，不含這一頁及 Reference

整篇行距:兩倍行高(double space)

Abstract 總字數不超過 500 個字

Qualitative and quantitative evaluation to ascertain whether a Medical English Writing Program (MEWP) can enhance professional development in terms of individual English writing skills. This study evaluated a MEWP, assessing its impact on participants' satisfaction, knowledge, attitude, skills, and practices...

Keywords: (3-5 個) Medical English Writing Program, English for Specific Purposes, English for Medical Purposes, healthcare institutes, English writing.

Introduction 引用為中括弧。句尾-置句點前。

With the internationalization of education [1, 2], English for Specific Purposes (ESP), including English for Medical Purposes (EMP), is being used increasingly. The introduction of a Medical English Writing Program (MEWP) and the development of English writing programs at Changhua Christian Hospital (CCH) have created momentum in English writing and research for our participants and the community. The positive results of Chen's study provide healthcare institutes (HCIs) with a reference regarding MEWPs globally [3], and could address shortcomings of previous studies that lacked sufficient pre-test and post-test analysis, used questionnaires that lacked validity, and employed inadequate evaluation methods [3,4]. Knowledge affects participants' attitudes; many participants in the CCH MEWP realized that they needed to strengthen their knowledge of English writing, and participants in previous studies did so with admirable learning attitudes [3]. In addition, periodic refresher MEWP courses should be provided in order to keep participants' English writing knowledge up to date and their skills sharp [4]. CCH held this 2016 MEWP (2016 CCH MEWP) for a second consecutive year to provide an intensive opportunity for healthcare workers to develop the skills necessary for English writing. This paper describes the framework and structure of the MEWP, as well as the elegant methodology used to analyze the learning outcomes after the 2016 MEWP.....

Funding: This work was supported by Changhua Christian Hospital (CCH grant 104-CCH-IRP-001, CCH grant 105-CCH-IRP-001).

Acknowledgments

This program would not have been possible without the integrated teamwork of many people...

Reference 不要超過 25 個 文獻盡量附上 doi 碼

References 寫法如投稿規則說明 instruction for authors 6.5!

重點整理如下	
a.	本 reference 採 Vancouver Style=authors' surnames and initials 、 article title 、 abbreviated journal name 、 year 、 volume and inclusive page number 舉例: Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98
b.	作者群只取到第 3 個，第 4 個後一律以 et al. 表示。 舉例: Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98
c.	如果有 doi 盡量找 doi,如果真的沒有，要從 website 參考，必須提供 author information 、 article title 、 website address and the date you accessed the information. 舉例: America Association of Oral and Maxillofacial Surgeons. Wisdom teech. Rosemont, IL:AAOMS,2008. Available at http://www.aaoms.org/wisdom_teech.php . Accessed November 15,2008.
d.	每個 reference 後面要加 doi 舉例: Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98

圖表簡述如下，不過，請再看一下投稿規則

圖除了放在 manuscript 內，投稿時還要與 manuscript 分開一起當附件上傳，像這樣：

稿件全文：[\(N\)CJM_213_Spontaneous retroperitoneal hematoma: An uncommon but occasionally fatal vascular entity_V0.docx](#)

補充檔案：(圖檔) [\(N\)CJM_213_figure 1_V0.docx](#)

(圖檔) [\(N\)CJM_213_figure 2_V0.docx](#)

(圖檔) [\(N\)CJM_213_figure 3_V0.docx](#)

摘錄如下

Figures-ex

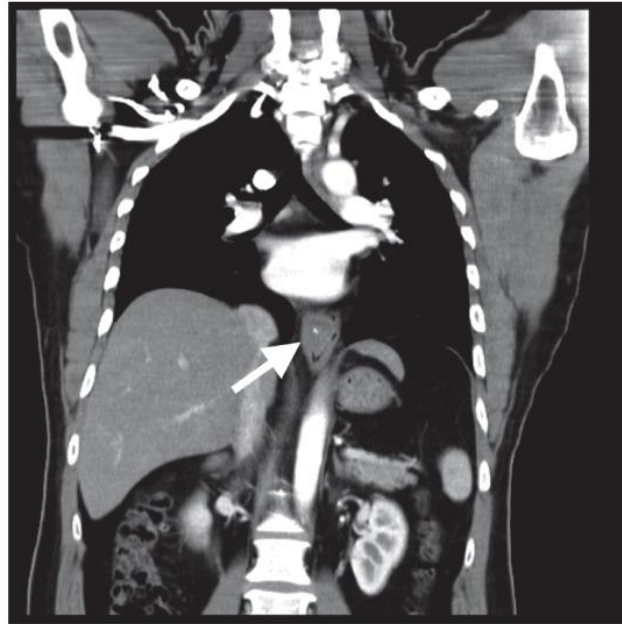


Figure 3. Chest computed tomography revealed a hemangioma in the low esophagus (arrow).

Figure-
說明

General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables as described in Section 6.6.

Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files at the correct resolution (see Section 6.7.2 below). The files should be named according to the figure number and format, e.g., “Figure 1.tif”, “Figure 2.jpg”.

Formats

- Regardless of the application used, when your electronic artwork is finalized, please “save as” or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below): EPS: Vector drawings. Embed the font or save the text as “graphics”.

	<ul style="list-style-type: none"> •TIFF: Color or grayscale photographs (halftones) - always use a minimum of 300 dpi. •TIFF: Bitmapped line drawings - use a minimum of 1,000 dpi. •TIFF: Combination of bitmapped line/half-tone (color or grayscale) - a minimum of 600 dpi. •DOC, XLS or PPT: If your electronic artwork is created in any of these Microsoft Office applications, please supply “as is”. <p>Please do not:</p> <ul style="list-style-type: none"> •Supply files that do not meet the resolution requirements detailed above; •Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low; •Submit graphics that are disproportionately large for the content. <p>A detailed guide on electronic artwork is available at http://www.ipress.tw/J0070</p>																																																
Table-ex	<p>Table 2. Hazard ratios for the development of depression in the overall migraine population and in subgroups of gender and age</p> <table border="1"> <thead> <tr> <th>Gender and age</th> <th>Migraine group major depression/total (%)</th> <th>Comparison group major depression/total (%)</th> <th>HR (95% CI)</th> </tr> </thead> <tbody> <tr> <td colspan="4">Female</td> </tr> <tr> <td>Age < 40</td> <td>45/673 (6.7)</td> <td>41/2,019 (2.0)</td> <td>3.4 (2.2–5.2)</td> </tr> <tr> <td>Age ≥ 40</td> <td>55/628 (8.8)</td> <td>39/1,884 (2.1)</td> <td>4.4 (2.9–6.7)</td> </tr> <tr> <td>Total</td> <td>100/1,301 (7.7)</td> <td>80/3,903 (2.0)</td> <td>3.9 (2.9–5.2)</td> </tr> <tr> <td colspan="4">Male</td> </tr> <tr> <td>Age < 40</td> <td>12/262 (4.6)</td> <td>9/786 (1.1)</td> <td>4.1 (1.7–9.6)</td> </tr> <tr> <td>Age ≥ 40</td> <td>9/222 (4.1)</td> <td>9/666 (1.4)</td> <td>3.1 (1.2–7.7)</td> </tr> <tr> <td>Total</td> <td>21/484 (4.3)</td> <td>18/1,452 (1.2)</td> <td>3.6 (1.9–6.7)</td> </tr> <tr> <td>Age < 40</td> <td>57/935 (6.1)</td> <td>50/2,805 (1.8)</td> <td>3.5 (2.4–5.1)</td> </tr> <tr> <td>Age ≥ 40</td> <td>64/850 (7.5)</td> <td>48/2,550 (1.9)</td> <td>4.1 (2.9–6.0)</td> </tr> <tr> <td>Overall</td> <td>121/1,785 (6.8)</td> <td>98/5,355 (1.8)</td> <td>3.8 (2.9–5.0)</td> </tr> </tbody> </table> <p>CI: confidence interval; HR: hazard ratio.</p>	Gender and age	Migraine group major depression/total (%)	Comparison group major depression/total (%)	HR (95% CI)	Female				Age < 40	45/673 (6.7)	41/2,019 (2.0)	3.4 (2.2–5.2)	Age ≥ 40	55/628 (8.8)	39/1,884 (2.1)	4.4 (2.9–6.7)	Total	100/1,301 (7.7)	80/3,903 (2.0)	3.9 (2.9–5.2)	Male				Age < 40	12/262 (4.6)	9/786 (1.1)	4.1 (1.7–9.6)	Age ≥ 40	9/222 (4.1)	9/666 (1.4)	3.1 (1.2–7.7)	Total	21/484 (4.3)	18/1,452 (1.2)	3.6 (1.9–6.7)	Age < 40	57/935 (6.1)	50/2,805 (1.8)	3.5 (2.4–5.1)	Age ≥ 40	64/850 (7.5)	48/2,550 (1.9)	4.1 (2.9–6.0)	Overall	121/1,785 (6.8)	98/5,355 (1.8)	3.8 (2.9–5.0)
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