Institutional Research Committee

Standard Operating Procedure

Tagore Medical College and Hospital
(Affiliated to The Tamilnadu Dr. MGR Medical University)
Rathinamangam, Chennai - 600127
INDIA

Standard Operating Procedure

for

Institutional Research Committee
(IRC)

Central Research Laboratoy

Tagore Medical College and Hospital

(Affiliated to The Tamilnadu Dr. MGR Medical University, Chennai)

Rathinamangalam

Chennai – 600 127

INDIA

Standard Operating Procedure of Institutional Research Committee (IRC)

1. Purpose

- The purpose of developing Standard Operating Procedure (SOP) of the Institutional Research Committee (IRC) at Tagore Medical College and Hospital is to give a clear idea to faculty members and undergraduate students about its proposal processing pathway.
- Further this brochure presents comprehensive information on the functions related to research activities of the college.
- The aim is to coordinate and report in the prescribed format on research related activities of departments within the Faculty, whilst measures are put in place to support research by means of mentorship and training courses.
- A strategic objective of the IRC is the building of research capacity to increase both the quality and quantity of academic research, in order to make the college as one of the leading research organization.
- ***Only those proposals that are approved by the IRC can be applied to Institutional Ethical Committee (IEC). (Ref.No.706/TMCH/Circular/2017 Dated: 26-04-2017 and Ref.No. 74/pharmacology Dated: 26-09-2016)***
- ***Only those proposals that are approved by IRC can be shown as ongoing projects by a department. All the ongoing projects should accompany the approval number of IRC.***

2. Mission statement

- To foster, facilitate and coordinate research activities of the college among the faculty members and undergraduate students.
- To produce standard quality research papers in reputed journals of high impact factor.
- To develop research projects with the aim of obtaining external research funds.

3. Detailed objective of the committee

The following are the detailed objectives of the committee:

- Formulation of research strategy
- Review of research projects
- Enhancement of the research culture among the Faculty
- Monitoring the progress of research programmes
- To help the researchers to identify appropriate support/funding organisations
- Coordination of submissions of such projects to external organisations
- To document all the research activities of the college
- Solving the authorship disputes if any
- Organising of research colloquiums for students and faculty members

4. Composition

The committee consist of members from various clinical, pre and para clinical departments, who have the qualification and experience to review and evaluate the scientific aspects of research projects. The number of members is restricted to five. The coordinator of the

committee will convene and chair the committee in all the meetings. In his absence a senior among the members will chair the meeting. The Dean will be the ex-officio member of the committee.

5. Term of appointment

Term of office by IRC members is open-ended. Should a member wish to resign from the committee, they should inform the coordinator in writing of their intention, allowing at least 1 month from the date of receipt of their letter of resignation in which to find a replacement.

Disqualification of a member from the IRC is at the discretion of the coordinator, with the approval by the IRC. Grounds for disqualification include, but are not confined to, failure to attend the required number of scheduled meetings, disruptive behaviour at meetings, undeclared conflicts of interest, breach of the code of confidentiality and canvassing of other committee members. Members will be informed of their disqualification in writing by the coordinator.

6. Meeting Schedules

The meetings are flexible and can be convened at any time depending on the number of projects submitted or to discuss any agenda related to research.

7. Quorum requirements

The quorum for IRC meeting is five members. Out of five members at least four members should be present in the meeting. Apart from the members, the research committee can invite subject experts from the college to review any proposal which needs the expertise.

The coordinator will keep a record of attendance, indicating which members were present for the meeting. IRC members are expected to attend the majority of scheduled meetings each year.

Whenever possible the meeting should reach decisions by consensus. If a consensus is not achievable, a formal vote should be taken. All members have the right to vote including the Chair.

8. Agenda

The Coordinator prepares a draft agenda for each IRC meeting for consideration and approval by the IRC. The agenda for each meeting will include:

- The date, time and venue of the meeting
- Minutes of the previous IRC meeting
- Matters arising at the previous meeting(s) that the IRC specifically asked to be considered again
- Proposals for review to be considered at the meeting, including the names of the lead reviewers
- Any other business

9. Confidentiality of proceedings

IRC meetings and proposal reviews must be completely confidential. Any breaches of confidentiality by members will result in termination of their membership.

10. Minutes

The minutes of the meeting shall contain a record of the following:

- The members present and absent
- The submission of written comments by members
- A summary of the main issues considered.

- The decision of the IRC on the applications
- In the case of an approval, any special approval conditions or additional advice to be given to the applicant
- In the case of a rejection, a list of reasons for the decision
- In the case of a conditional opinion, the additional information requested by the IRC and the arrangements for considering this information and issuing the final opinion of the IRC.

11. Responsibilities of coordinator

The responsibilities of the IRC Coordinator are as follows:

- Preparing and issuing the schedule of IRC meetings
- Preparing the draft agenda for review/approval by the IRC
- Prior review of the applications to ensure their completeness
- Assigning lead reviewers
- Distributing the agenda and papers
- Inviting Principal investigators for the presentation of proposals
- Preparing the venue
- Recording apologies for absence prior to the meeting
- Recording attendance
- Advising the meeting as necessary on compliance with Standard Operating Procedures
- Making a written record of the meeting
- Preparing the minutes of the meeting for review and approval at the following meeting
- Notifying applicants of decisions taken at the meeting and taking other follow up action as necessary
- Archiving the records of publications, completed projects and ongoing projects of the college.

12. Guidelines to submit the research proposal

The investigators are advised to develop their proposals as per the format given in the **Annexure I**.

The Principal investigator (PI) should prepare the research proposal as per the format and should submit one hard copy along with a covering letter (Annexure II) and check list (Annexure III) to the following:

The Coordinator
Institutional Research Committee (IRC)
Central Research Laboratory
Tagore Medical College and Hospital
Chennai – 600 127
Intercom- 209
Mail ID: irc@tagoremch.com

The PI should also send their research proposal as a soft copy to irc@tagoremch.com

13. Presentation of Research Proposal in the meeting

The PI should present his/her proposal as a power point presentation on the day of meeting. The venue, date, time and duration of presentation will be intimated to the PI through the E. mail provided by them. The presentation should be prepared in the power point template provided by the committee.

14. Possible IRC decisions

Approval

The applicant may begin the research/submit the proposal to Institutional Ethical committee for ethical clearance whichever is applicable.

Provisional Approval

Provisional approval may be granted, subject to recommended revisions to the proposal or answers to questions posed to the applicant. In this case the Principal Investigator should submit a cover letter (along with a modified submission and supplemental information if requested), highlighting any changes in line with IRC recommendations/queries. These modified submissions may be reviewed by the coordinator, and he may grant approval subject to the affirmation of the Committee at its next meeting.

Deferral

A deferred research proposal must be reviewed and re-submitted to the Committee as a new proposal.

Approval Declined

Proposals may be rejected by the Committee. This may occur if the protocol has been deferred several times and/or the Committee feels that the proposed research is not justified and/or poses severe scientific errors with fictitious protocol. A rejection should be supported by clearly defined reasons. The Committee may or may not, as it feels appropriate, invite resubmission of a substantially altered proposal for reconsideration.

15. Plagiarism

All the research proposals will be subjected to plagiarism tool. Hence the PIs are requested to check their proposals thoroughly for any intentional and unintentional resemblance to any articles online.

Ways to Avoid Plagiarism

- **Paraphrase** – When you find information that is perfect for your research paper, read it and put it into your own words. Make sure that you do not copy verbatim more than two words in a row from the text you have found. If you do use more than two words together, you will have to use quotation marks. We will get into quoting properly soon.
- **Cite** - Citing is one of the effective ways to avoid plagiarism. This usually entails the addition of the author(s) and the date of the publication or by numbering either as superscript or in square brackets. Citing is really that simple. Not citing properly can constitute plagiarism.
- **Quoting** - When quoting a source, use the quote exactly the way it appears. No one wants to be misquoted. Quoting must be done correctly to avoid plagiarism allegations. Don't forget to cite the quote.
- **Citing Your Own Material** - If some of the material you are using for your research paper was used by you in your current class, a previous one, or anywhere else you must cite yourself. Treat the text the same as you would if someone else wrote it. It may sound odd, but using material you have used before is called self-plagiarism, and it is not acceptable.
- **Referencing** - One of the most important ways to avoid plagiarism is including a reference page or page of works cited at the end of your research paper. Again, this page must meet the document formatting guidelines as given in the Annexure I.

This information is very specific and includes the author(s), date of publication, title, and source.

References:

http://en.writecheck.com/ways-to-avoid-plagiarism/

https://www.enago.com/academy/how-to-avoid-plagiarism-in-research-papers/

The PIs can access the following web link to submit their proposal for plagiarism check offered by google scholar.

http://plagiarisma.net/scholar.php

Alternatively the PIs can utilize the plagiarism software of central research laboratory of the college to check for plagiarism of their research project.

Any research proposal with plagiarism of above 25% will be rejected without any review.

16. Review of Standard Operating Procedure

The IRC will annually review and make any needed revisions to the Committee's SOP. The review will be documented in writing.

Annexure I

Format of research proposal

1. Title of the research proposal:

(Note: It should be concise and descriptive.)

2. Name and designation with E mail ID and Phone number of:

   I. Principal investigator (PI):

   II. Co-investigator(s)/Project guide:

3. Introduction (Upto 500 words)

The proposal should have an "Introduction' section which states the 'need' for the present study.

Explain the issue you are examining and why it is significant.

- Describe the general area to be studied
- Explain why this area is important to the general area under study

The introduction should also contain a brief review of literature which should contain a description of what has already known about this area and short discussion of why the background studies are not sufficient.

- Summarize what is already known about the field. Include a summary of the basic background information on the topic gleaned from your literature review (you can include information from the book and class, but the bulk should be outside sources)
- Discuss several critical studies that have already been done in this area (***citation in the form of numbers has be put in square brackets***).
- Point out why these background studies are insufficient. In other words, what question(s) do they leave unresolved that you would like to study?

- Choose (at least) one of these questions you might like to pursue yourself. (Make sure you do not choose too many questions)

4. Objectives (Upto 100 words)

Should specify what kind of knowledge the study is expected to obtain. It should give a clear notion of what is to be described, determined, identified, compared or confirmed. Hypothesis may be stated and objectives should be specific, to the point and achievable.

5. Methodology (upto 800 words)

Should describe all the procedures that will be used to achieve the objectives and justify the study design including any techniques and procedures to be used. This may include: type of study and study design, study population, sample size and selection criteria, Proposed intervention (if applicable), Data collection procedures and instruments used, quality control, confidentiality, plan of analysis/ statistical tools.

6. Significance and conclusion (Upto 100 words)

Discuss, in general, how your proposed research would lead to a significant improvement over the original studies, and how it would benefit the field.

7. References

Include all references in Vancouver style.

Note: If the study is questionnaire based, the PI should also submit the proforma questionnaire to the IRC along with the research proposal.

Annexure II

Format of Cover letter

From

The name of PI
Designation

To

The Coordinator
Institutional Research Committee
Central Research Laboratory
Tagore Medical College and Hospital
Chennai – 600127

Sir,

Sub: Submission of research proposal for approval –Reg.

I am herewith attached a copy of research proposal entitled "----------
----------" for the approval of Institutional research committee in the forthcoming meeting.

Thanking You

Yours faithfully

Enclosure:

(Note: A soft copy of the proposal (in PDF format) should be sent to E.mail: irc@tagoremch.com)

(Note: *The students should submit the cover letter along with the proposal forwarded by the research guide.)*

Annexure III

Check list

(To be signed by principal investigator and attached to the proposal)

S.No	Check list	Put √ mark wherever it is applicable
1.	Title of the project	
2.	Name, E mail ID and phone number of principal investigator	
3.	Name, E mail ID and phone number of project supervisor (applicable to students)	
4.	Introduction with a brief review of literature	
5.	Objective of the study	
6.	Methodology	
7.	Significance and conclusion	
8.	References in Vancouver style	
9.	References are citied in the text in square brackets	
10.	Covering letter duly signed by PI attached	
11.	Questionnaire attached (in case of questionnaire based study)	

Signature of PI

(PI should can take a Xerox copy of this page and use it)

Annexure IV

Vancouver style of citations

Examples

Book reference:

If a chapter contribution

Pagel JF, Pegram GV. The role for the primary care physician in sleep medicine. In: Pagel JF, Pandi-Perumal SR, editors. Primary care sleep medicine. 2nd ed. New York: Springer; 2014.

Book [print]
Single Author

Hull J, Forton J, Thompson A. Paediatric respiratory medicine. Oxford: Oxford University Press; 2015.

Book [print] 2-6 authors

Eckerman AK, Dowd T, Chong E, Nixon L, Gray R, Johnson S. Binan goonj: bridging cultures in Aboriginal health. 3rd ed. Chatswood, NSW: Elsevier Australia; 2010.

Book [print] More than 6 authors

Johnson C, Anderson SR, Dallimore J, Winser S, Warrell D, Imray C, et al. Oxford handbook of expedition and wilderness medicine. Oxford: Oxford University Press; 2015.

Edited book

McLatchie GR, Borley NR, Chikwe J, editors. Oxford handbook of clinical surgery. Oxford: Oxford University Press; 2013.

eBook Accessed From a Library-Subscribed Database or From the Internet

Fischer T, Langanke M, Marschall P, Michl S. Individualized medicine ethical, economical and historical perspectives [Internet]. Cham: Springer International Publishing; 2015 [cited 2015 Jul 14]. Available from: Ebook Library

Langford S. Transporting your patient: guidelines for organizing and preparing patients for transfer by air [Internet]. Jandakot (WA): Royal Flying Doctor Service; 2015 [cited 2015 Jun 23]. Available from:

http://healthprofessionals.flyingdoctor.org.au/DownloadDocument.ashx?DocumentID=132

Journal articles

Journal article

Carmody J, Traynor V, Steele A. Dementia, decision aids and general practice. Aust Fam Physician. 2015;44(5):307-10.

More than 6 authors

Liaw S, Hasan I, Wade, V, Canalese R, Kelaher M, Lau P, et al. Improving cultural respect to improve Aboriginal health in general practice: a multi-perspective pragmatic study. Aust Fam Physician. 2015;44(6):387-92.

Issue with a supplement

Bonda C, Sharma P, LaFaver K. Clinical reasoning: a 28 year old woman with lower extremity spasticity and microcytic anemia. Neurology. 2015;85(2) Suppl:e11-4.

Volume with a supplement

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. Headache. 2002;42 Suppl 2:S93-9.

Webpage

Heart Foundation (AU). Dads and carers [Internet]. Deakin, ACT (Australia): Heart Foundation (AU); 2015 [cited 2015 Jun 30]. Available from: http://www.heartfoundation.org.au/healthy-eating/mums-united/about-mums-united/Pages/Dads-and-Carers.aspx

World Health Organization. Drinking water [Internet]. Geneva: World Health Organization; 2015 Jun [cited 2015 Jul 20]. Available from: http://www.who.int/mediacentre/factsheets/fs391/en/

Annexure V

Types of research study

1. Observational study

In an **observational study** investigators observe subjects and measure variables of interest without assigning treatments to the subjects. The treatment that each subject receives is determined beyond the control of the investigator

Observational studies can be prospective or retrospective.

A *prospective study* is a study design that studies subjects going forward in time. That is, researchers group subjects based on their exposure (to either risk or protective factors) and follow the impact of the exposure over time. In other words, investigators recruit subjects and gather study data going forward (as opposed to looking back at past events).

In a *retrospective study*, investigators study subjects and occurrences that have already happened (by looking back at data, records, or self-reports) and the exposure and outcome have both occurred.

Types of observational studies

The four main types of observational studies are

1. Cross-sectional
2. Case-control
3. Cohort, and
4. Case reports.

A *cross-sectional study* looks at a population at a single point in time. The researchers take a measurements (e.g., of a health condition or problem and a factor they believe to be related) at a single point in time. There is no review of past circumstances, knowledge of whether the exposure came before the outcome, or observation of change over time.

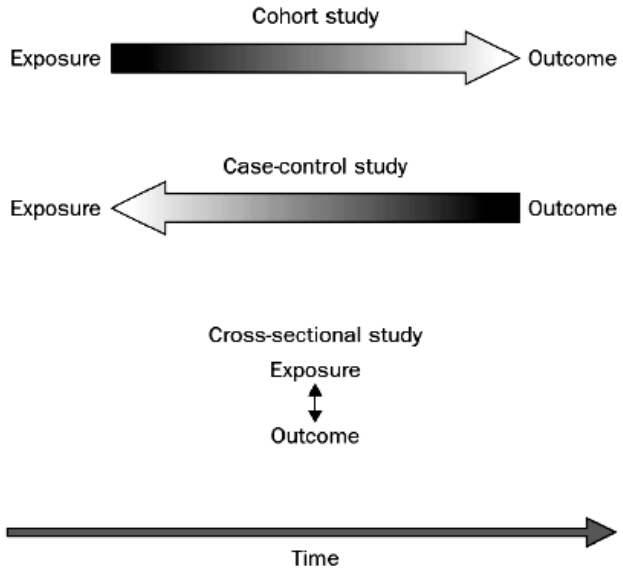
A *case-control study* typically examines multiple exposures in relation to an outcome; subjects are defined as cases and controls, and exposure histories are compared.

In this study, subjects are identified and enrolled as either having, or not having, a given outcome (eg. disease). Researchers then look back into subjects' history (usually by reviewing records or relying on subject' recall) to learn about their exposure status. Because researchers are reviewing events that happened in the past, case-control studies are retrospective studies. Generally, researchers enroll two to four times more controls than cases.

A *cohort study* typically examines multiple health effects of an exposure; subjects are defined according to their exposure levels and followed over time for outcome occurrence. A cohort study is a longitudinal study.

The study subjects (cohorts) are identified and enrolled as either being *exposed* or not (to an agent of interest). They are then followed to determine whether they develop the associated outcome.

Cohort studies can be prospective or retrospective. Prospective studies recruit subjects based on exposure status and follow them to observe the health outcomes of the exposure. Retrospective studies begin after outcome occurrence has already taken place, but look back at effects of an exposure on an outcome and still classify subjects based on their exposure status.



Case reports

A **case report** is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence.

2. Experimental study

These are studies in which the participants undergo some kind of intervention in order to evaluate its impact. An intervention could include a medical or surgical intervention, a new drug, or an intervention to change lifestyle. Because they are the most methodologically rigorous design, experiments are the default choice for providing evidence for best practice in patient management, so this discussion will begin with them. The experimental researcher has control over the intervention, its timing, and dose or intensity. In its simplest form, an experimental study to test the effect of a treatment will follow these steps:

1. The researcher formally states the hypothesis to be tested

2. The researcher selects people eligible for the treatment

3. The sample is divided into two groups

4. One group (the experimental, or intervention group) is given the intervention while the other (the control group) is not

5. Outcomes of interest are recorded over time, and the results compared between the two groups.

Randomized controlled trials

The most common experimental design in medical research is the randomized controlled trial (RCT). An RCT is a true experiment in that the investigator controls the exposure and, in its simplest form, assigns subjects randomly to the experimental or control group (which may receive no treatment, the conventional treatment, or a placebo- *n inactive pill or other treatment that has no real effect on a person's condition*). Both groups are followed and assessed in a rigorous comparison of their rates of morbidity, mortality, adverse events, functional health status, and quality of life. RCTs need not be limited to two groups; a number of different treatment regimens may be compared at once. RCTs are most

commonly used in therapeutic trials but can also be used in trials of prevention. They are often conducted across many centre.

The steps in an RCT are:

1. State the hypothesis in quantitative and operational terms

2. Select the participants. This step includes calculating the required sample size, setting inclusion and exclusion criteria, and obtaining informed consent

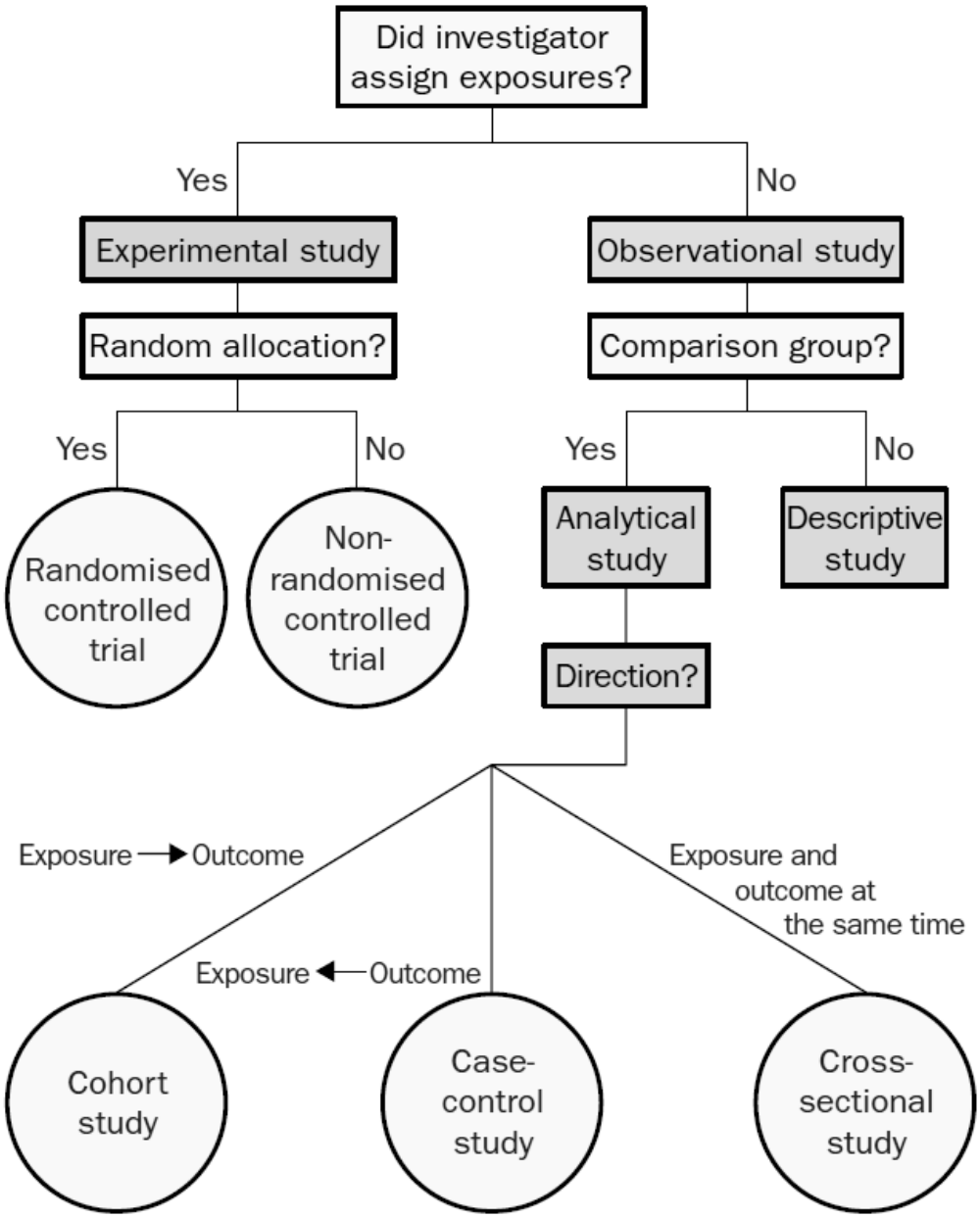
3. Allocate participants randomly to either the treatment or control group. Randomization removes allocation bias, increases the chances that any confounding factors will be distributed evenly between both groups, and it allows the valid use of statistical tests. Note that there may be more than one intervention group, for example, receiving different doses of the experimental medication

4. Administer the intervention. This is preferably done in a blinded fashion; so that the patient does not know which group he is in. Ideally, the researcher (and certainly the person intervening and monitoring the patient's response) should also not know which group a given patient is in (this is called a *double-blind experiment*). This helps to remove the influence of the patient's and the clinician's expectations of the treatments, which could bias their assessment of outcomes

5. At a pre-determined time, the outcomes are monitored (e.g., physiological or biochemical parameters, morbidity, mortality, adverse events, functional health status, or quality of life) and compared between the intervention and control groups using statistical analyses. This indicates whether any differences in event rates observed in the two groups are greater than could have occurred by chance alone. Sometimes, those who are analysing the data and interpreting the results do not know which group received which treatment until the analysis is complete. This would be called a triple blind experiment.

Controlled Clinical Trial (CCT)

This is similar to an RCT, except that subjects are not randomly assigned to the treatment or control groups. This increases the chance for "bias"–that is, that people with similar qualities ended up in each of the groups which could influence the final results.



Algorithm for classification of types of Clinical research

Annexure VI

Authorship criteria for a research article

Who is an author?

The International Committee on Medical Journal Editor (ICMJE) recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged.

Corresponding author

The corresponding author is the one individual who takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication.

Non-author contributors

Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading. The gift authorship should be avoided.

Because acknowledgment may imply endorsement by acknowledged individuals of a study's data and conclusions, the corresponding author obtain written permission to be acknowledged from all acknowledged individuals.

Order of authors

The ICMJE guidelines state that the order of authorship should be a joint decision of the coauthors. Authors should be prepared to explain the order in which authors are listed. Wherever possible, make these decisions before starting to write up the project.

Annexure VII

h-index

The h-index is a factor determining both the quantity and the quality of a scientist's research output.

The h-index can be calculated automatically in Web of Science and Scopus or manually in other databases that provide citation information (e.g. SciFinder, PsychINFO, Google Scholar). The index is based on a list of publications ranked in descending order by the number of citations these publications received. The value of h is equal to the number of papers (N) in the list that have N or more citations. Before you can calculate your h-index, you will need a complete publication list.

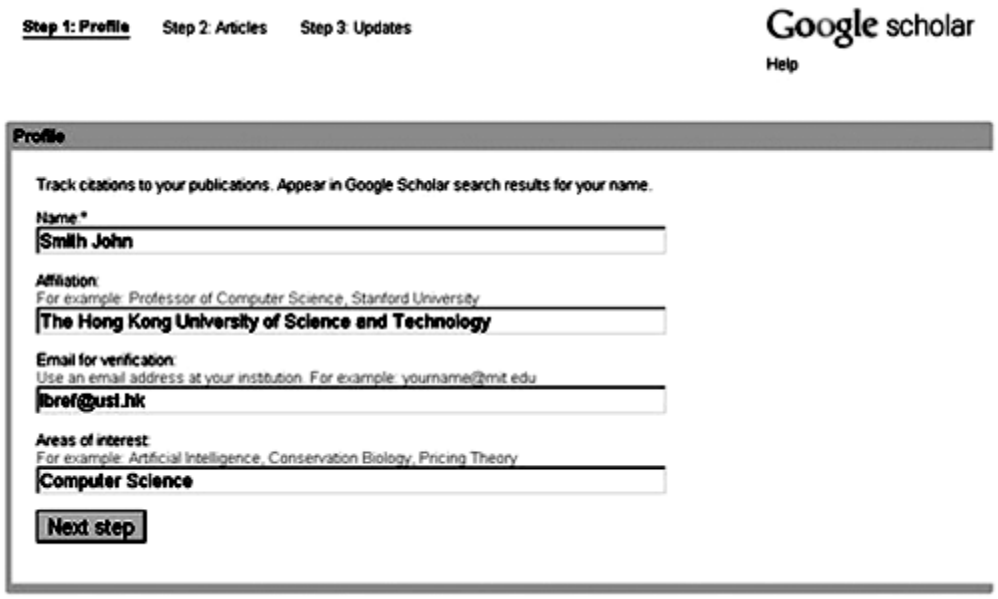
Calculation of h-index through google scholar

To find h-index through google scholar one has to create author profile by registering in google scholar.

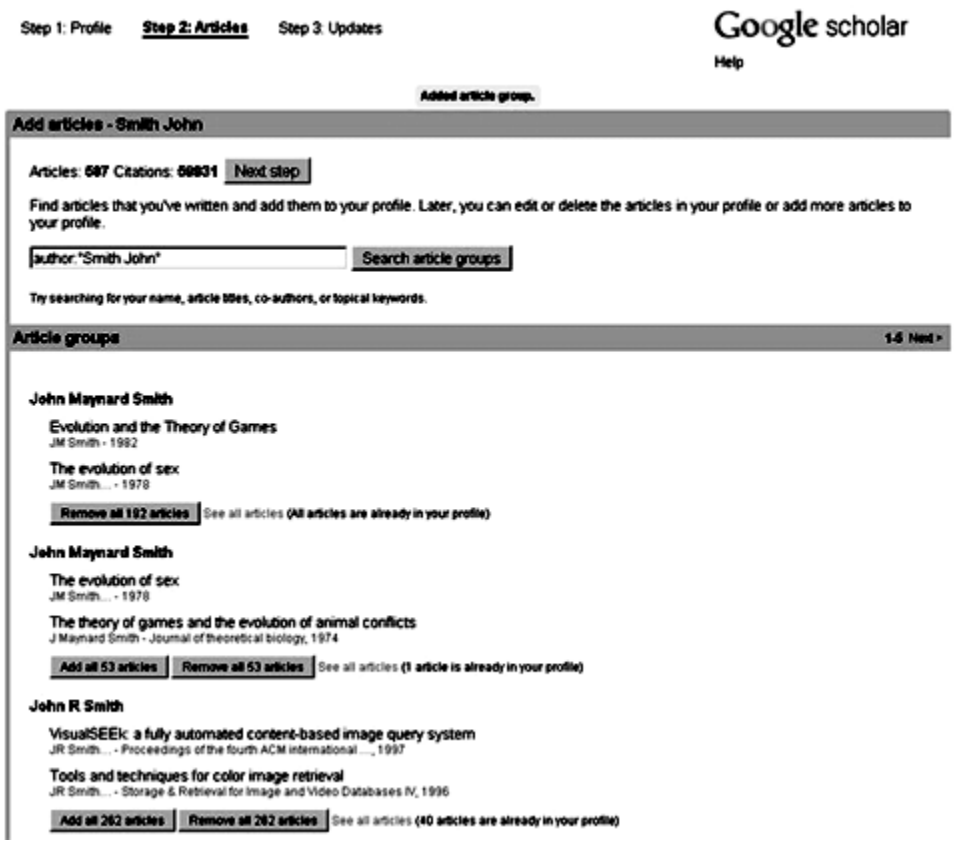
The following are the steps involved in the creation of author profile

Setting up your profile

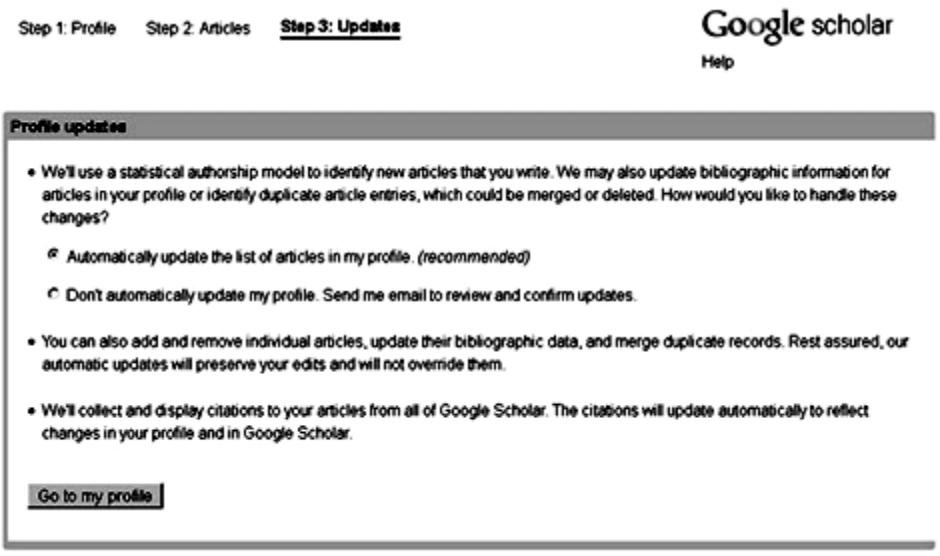
1. Log on to **scholar.google.com** with institutional E. mail ID and click the "My Citations" link at the top of the page to get your account setup started.
2. On the first screen, add your affiliation information and Institutional email address so Google Scholar can confirm your account. Add keywords that are relevant to your research interests so others can find you when browsing a subject area. Provide a link to your faculty page.
3. Click "Next Step," and--that's it! Your basic profile is done. Now, let's add some publications to it.



1. On the next page, you'll see groups of articles written by people with names similar to yours. Click "Add all articles" next to each article group that is yours, or "See all articles" to add specific articles from that group. If you don't see your articles in these groups, click "Search articles" to do a regular Google Scholar search, and then add your articles one at a time. NOTE: You may have to search for multiple versions of your name, for example John A Smith and JA Smith or using your maiden name, in order to find all of your articles in Google Scholar.

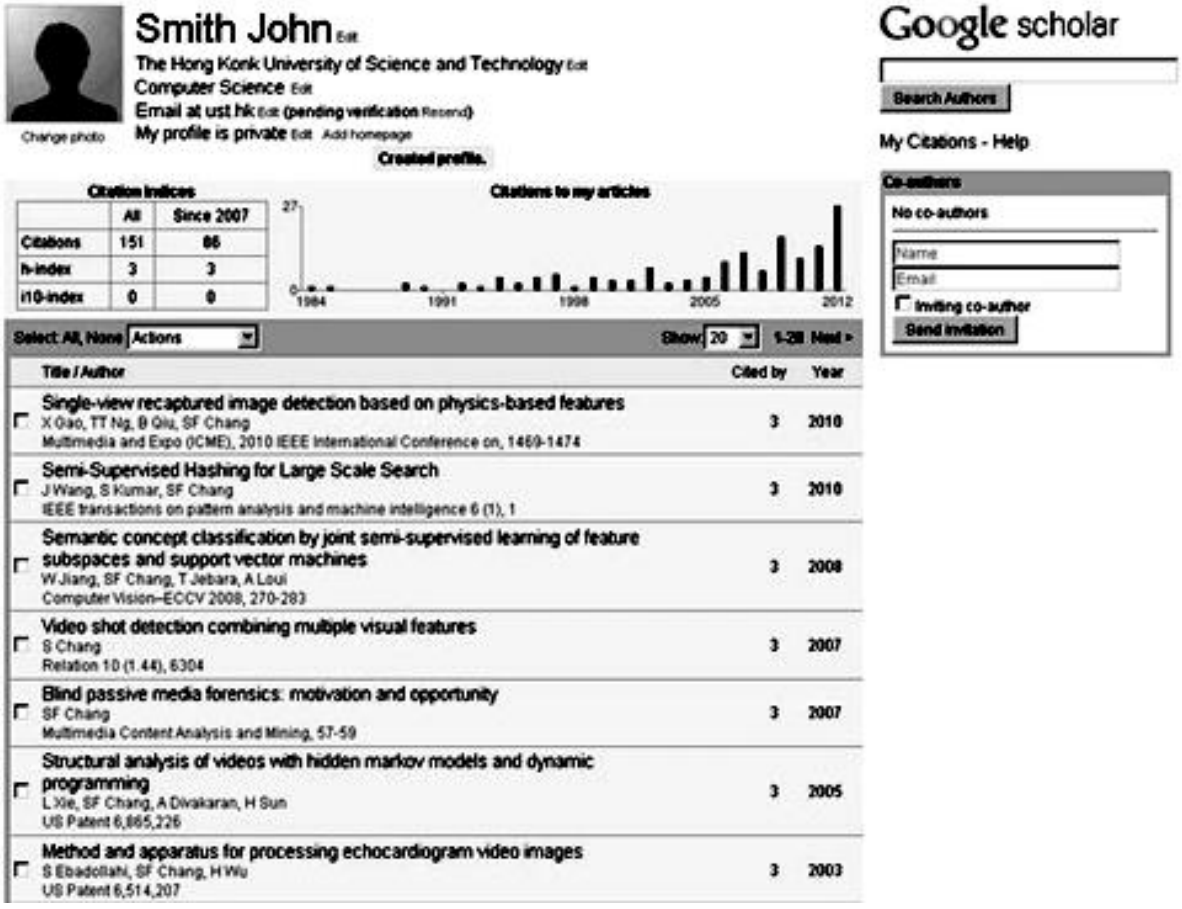


2. Once you're done with adding articles, it will ask you what to do when the article data changes in Google Scholar. You can either have the updates applied to your profile automatically, or you can choose to review them beforehand. In either case, you can always go to your profile and make changes by hand.



3. Finally, you will see your profile. You can upload your professional looking photo,

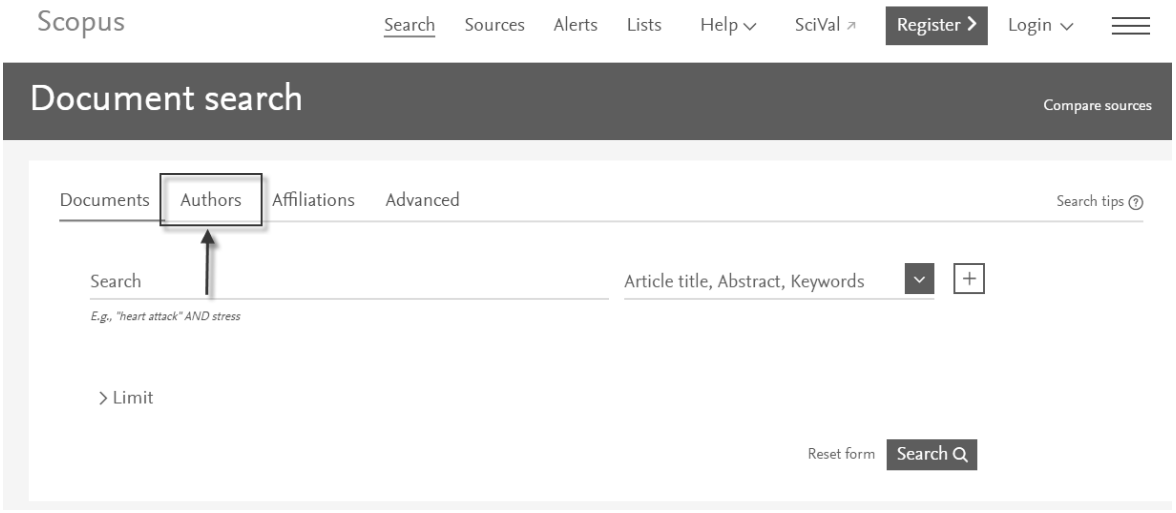
4.



Calculating an H-Index Using SCOPUS

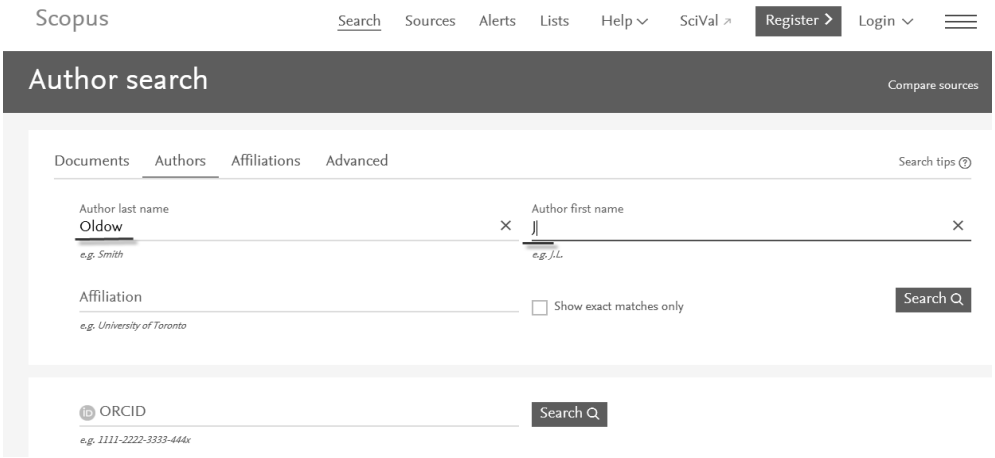
1. Connect to the **SCOPUS** database:

From the default **Document search** page, click the **Authors tab**:



2. Next, conduct a search by the author's name. You may enter the last name (with or without the first name or initials) and first initial or first and middle initials together. No special punctuation is required. Multiple initials should be separated by a space or with periods (e.g., *J.S.*).

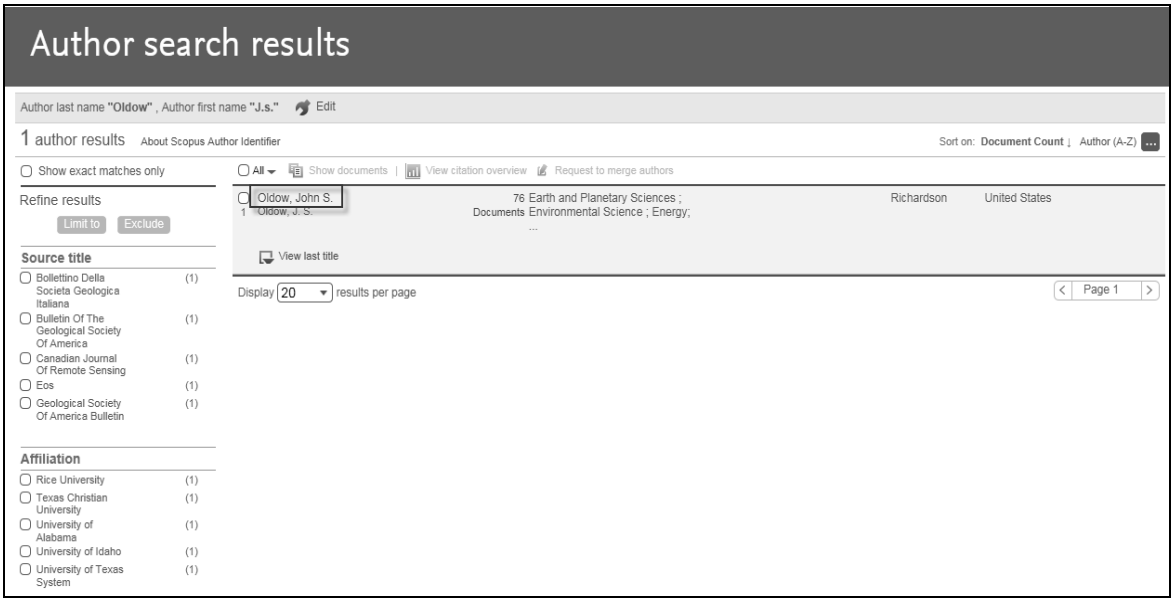
   Below is an example search on *Oldow J*. for John S. Oldow:



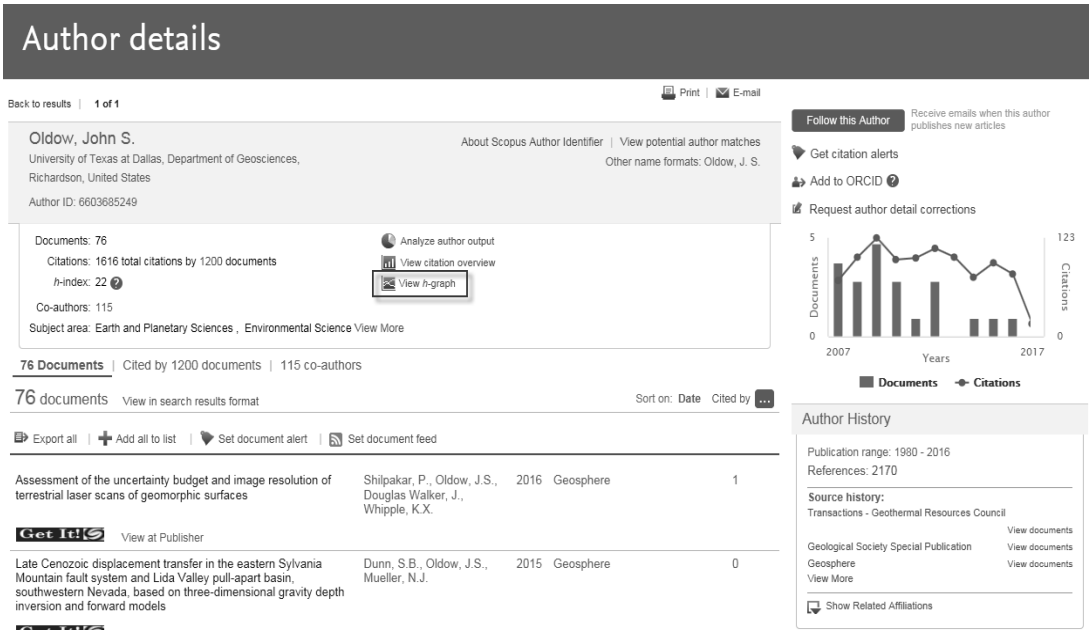
Note: there is option for adding an organizational affiliation or searching separately by ORCID (https://orcid.org/).

3. Results for all matches will appear at the top of the page. If there is more than one match for a given name, multiple results will be listed to help you disambiguate the author you desire. Note the **Refine results** column on the left side of the page, which allows you to limit to or exclude particular sources, organizational affiliations, city, country, or subject area. Click on the author's name:

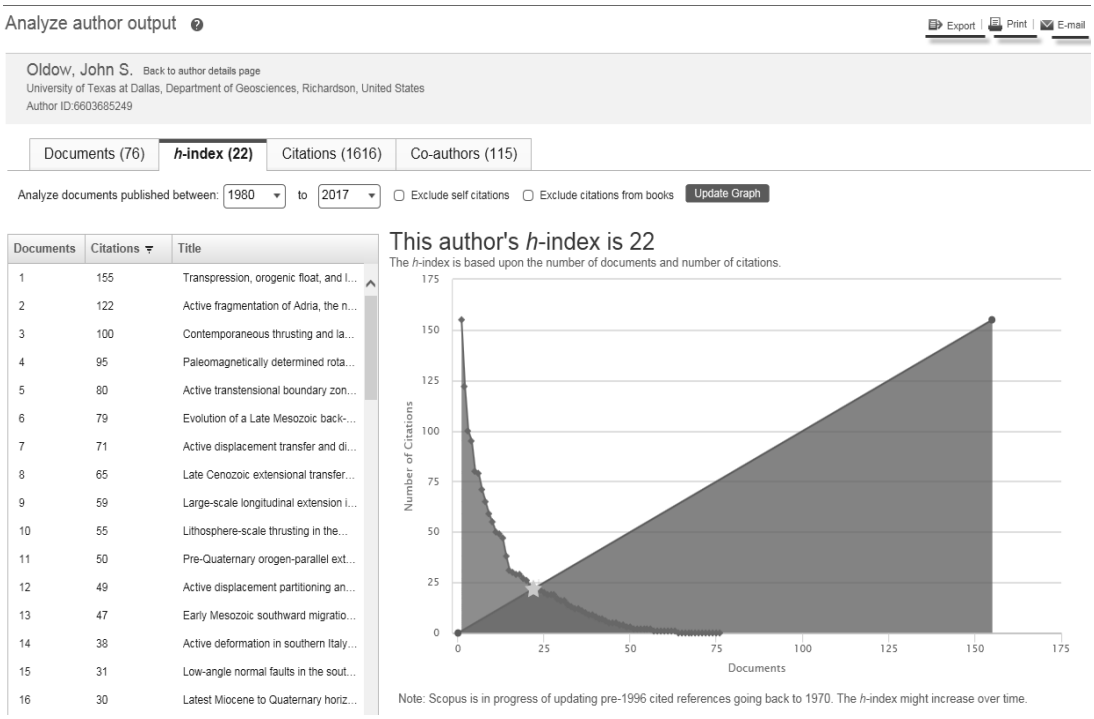
Author search results



4. On the **Author details** page, click the button called **View h-graph** to generate the h-index:



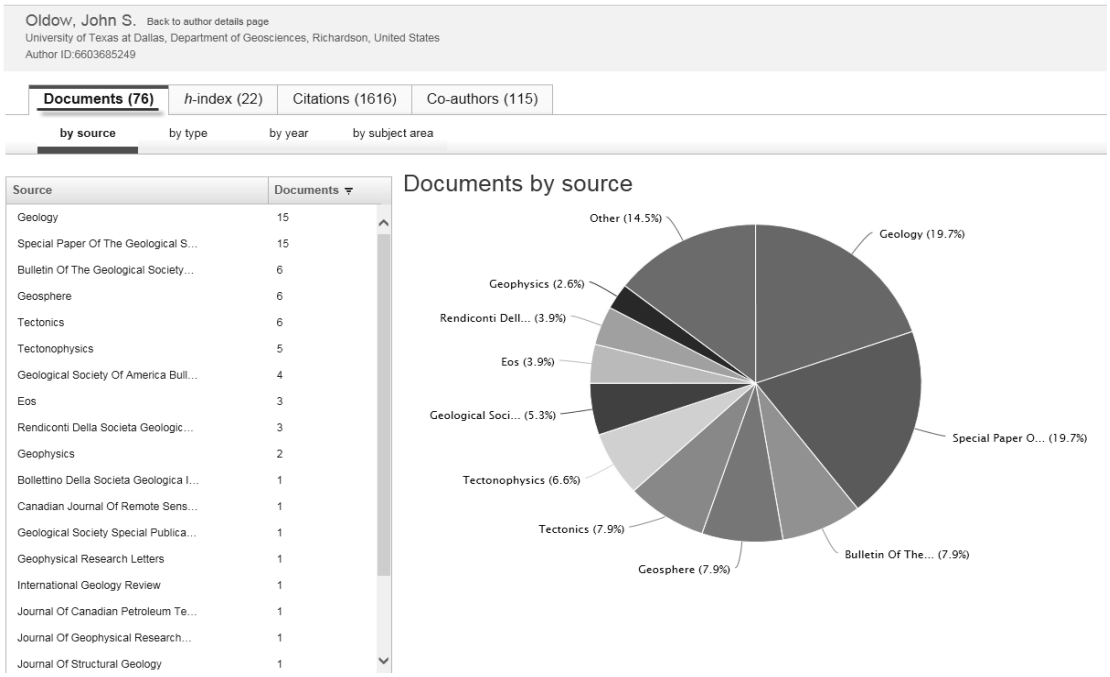
5. On the h-graph page (**Analyze author output**), you can adjust different variables and recalculate the h-index. In addition to adjusting the date range, you can exclude self-citations and/or citations from books and update the graph:



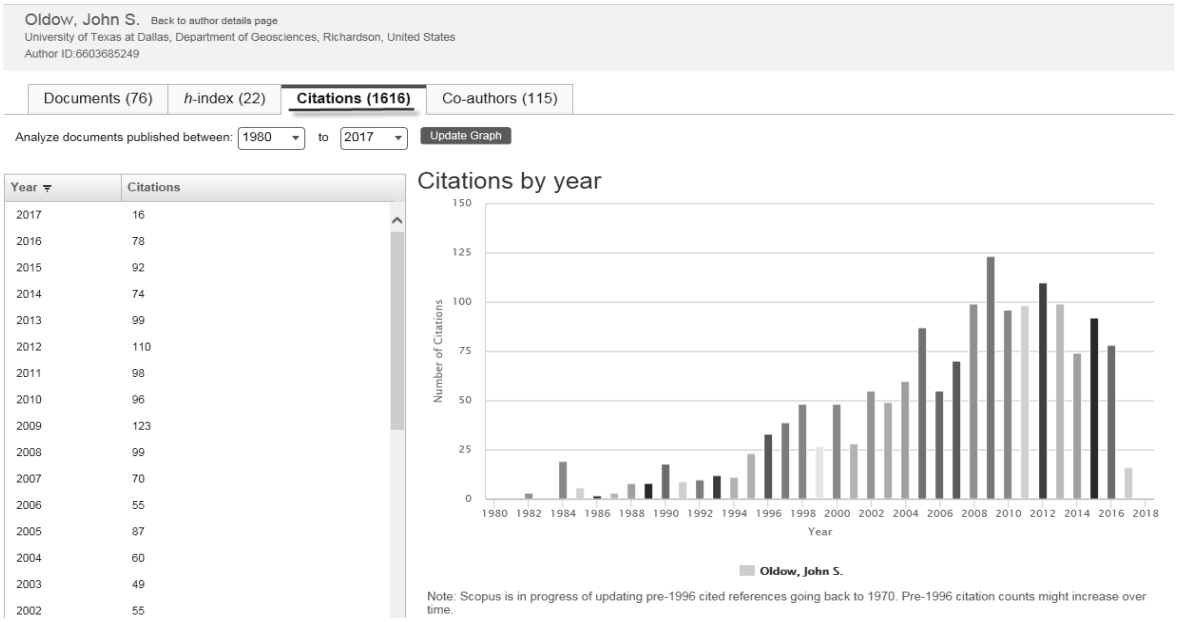
Results may be exported, reformatted for printing, or emailed through the appropriate link in the upper right corner of the page.

Additional Features:

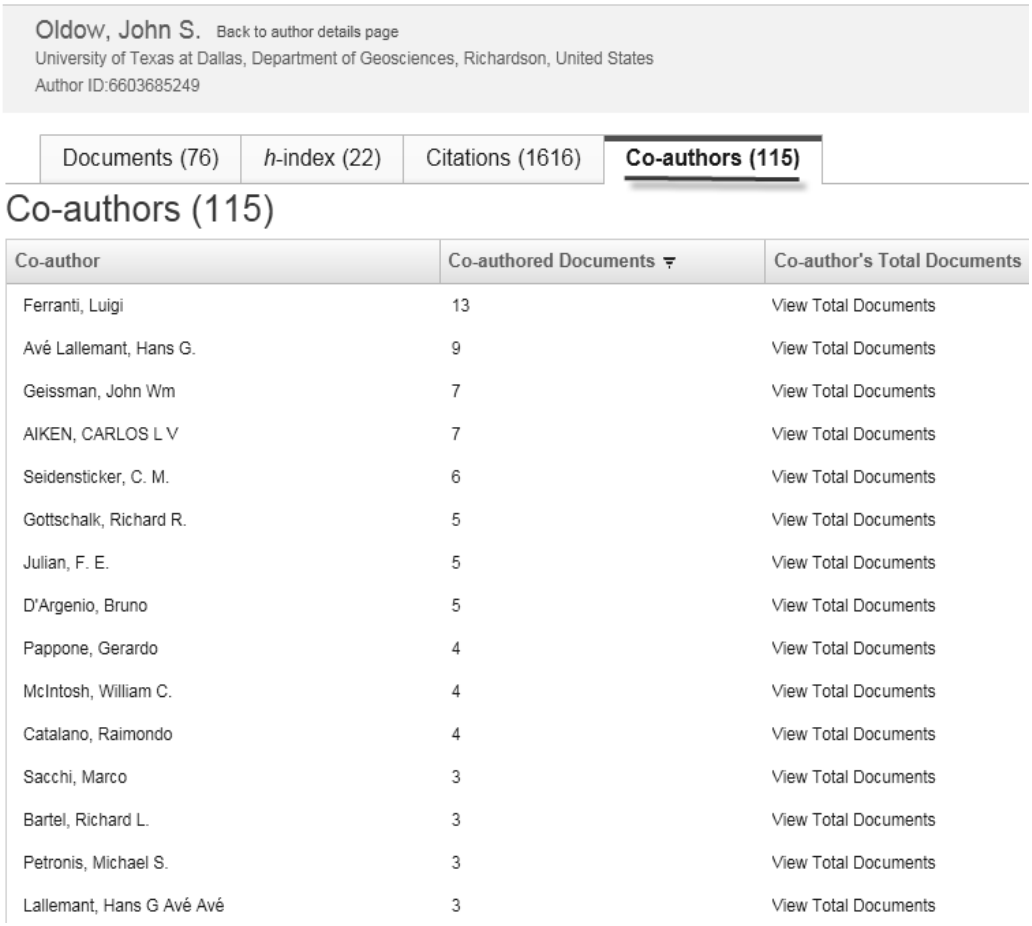
6. The **Documents tab** allows easy visualization of the author's publications by source, subject, year, and more.



7. The **Citations tab** allows easy visualization of how many times the author has been cited each year. Publication coverage spans from 1996 to present. Pre-1996 references back to 1970 are gradually being added.



8. Finally, you can click the **Co-authors tab** to get a table of the author's fellow collaborators and links to their documents:



Oldow, John S. Back to author details page
University of Texas at Dallas, Department of Geosciences, Richardson, United States
Author ID:6603685249

Documents (76) | *h*-index (22) | Citations (1616) | **Co-authors (115)**

Co-authors (115)

Co-author	Co-authored Documents	Co-author's Total Documents
Ferranti, Luigi	13	View Total Documents
Avé Lallemant, Hans G.	9	View Total Documents
Geissman, John Wm	7	View Total Documents
AIKEN, CARLOS L V	7	View Total Documents
Seidensticker, C. M.	6	View Total Documents
Gottschalk, Richard R.	5	View Total Documents
Julian, F. E.	5	View Total Documents
D'Argenio, Bruno	5	View Total Documents
Pappone, Gerardo	4	View Total Documents
McIntosh, William C.	4	View Total Documents
Catalano, Raimondo	4	View Total Documents
Sacchi, Marco	3	View Total Documents
Bartel, Richard L.	3	View Total Documents
Petronis, Michael S.	3	View Total Documents
Lallemant, Hans G Avé Avé	3	View Total Documents

Annexure VIII

What is indexed journal?

Indexation of a journal is considered a reflection of its quality. Indexed journals are considered to be of higher scientific quality as compared to non-indexed journals. Indexation of medical journals has become a debatable issue. For a long-time Index Medicus has been the most comprehensive index of medical scientific journal articles. It is being in publication since 1879. Over the years, many other popular indexation services have developed. These include MedLine, PubMed, EMBASE, SCOPUS, EBSCO Publishing's Electronic Databases, SCIRUS among others. There are various regional and national versions of Index Medicus such as African Index Medicus.

A related and equally controversial issue is that of impact factor (IF). IF is used as a proxy for the relative importance of a journal within its field. IF is awarded to the journals indexed in Thomson Reuters Journal Citation Reports. IF has been criticised for manipulation and incorrect application. There are multiple factors that could bias the calculation of the IF. These include coverage and language preference of the database, procedures used to collect citations, algorithm used to calculate the IF, citation distribution of journals, online availability of publications, negative citations, preference of journal publishers for articles of a certain type, publication lag, citing behaviour across subjects, and possibility of exertion of influence from journal editors. Interestingly, IF is not available for all indexed journals. In fact, not all journals indexed even in Index Medicus/MedLine/PubMed are indexed in the Thomson Reuters Journal Citation Reports. Similarly, not all journals indexed in Thomson Reuters Journal Citation Reports and consequently have an IF are listed in Index Medicus/PubMed/MedLine.

This brings us to the question which indexation is best and most valid? How to compare the quality of articles published in journals indexed with different indexation services? These questions are of particular relevance for two main reasons. First, importance of publications is being increasingly recognised by the academic institutions. MCI guidelines also recommend indexed publications for teaching faculty in medical colleges. Consequently many more authors would be publishing than ever before. Selection of high quality journal becomes a difficult decision for the authors as there is no clarity on the issue. Should one aim at only the journals indexed in Index Medicus/MedLine/PubMed? Is it appropriate to make submissions to journals having a high impact factor although they are not indexed with Index Medicus/MedLine/PubMed?

Second, recently many more indexation services have come up. These include Caspur, DOAJ, Expanded Academic ASAP, Genamics Journal Seek, Hinari, Index Copernicus, Open J Gate, Primo Central, Pro Quest, SCOLOAR, SIIC databases, Summon by Serial Solutions, Ulrich's International Periodical Directory.

To conclude, its wise enough to select the journals based on authors' requirements.

Important indexing organisations

The **Science** Citation Index (**SCI**) is a citation index originally produced by the Institute for Scientific Information (ISI) and created by Eugene Garfield. It was officially launched in 1964. It is now owned by Clarivate Analytics (previously the Intellectual Property and **Science** business of Thomson Reuters).

The Institute for Scientific Information (**ISI**) was founded by Eugene Garfield in 1960. It was acquired by Thomson Scientific & Healthcare in 1992, and became known as Thomson **ISI**. The **ISI** also publishes the annual **Journal** Citation Reports which list an impact factor for each of the **journals** that it tracks.

Scopus is the largest abstract and citation database of peer-reviewed literature: scientific **journals**, books and conference proceedings. Delivers a comprehensive overview of the world's research output in the fields of science, technology, medicine, social sciences, arts and humanities.

Web of Science (WoS, previously known as **Web** of Knowledge) is an online subscription-based scientific citation indexing service maintained by Thomson Reuters that provides a comprehensive citation search.

Annexure IX

List of members

The following are the members of the IRC as per the circular Ref.No.706/TMCH/Circular/2017 Dated: 26-04-2017.

S. No.	Name and designation	Role in the committee
1	Dr. I. Kannan Associate Professor of Microbiology	Coordinator
2.	Dr. G. Ganitha Associate Professor of OBG	Member
3.	Dr. S. Manikandan, Associate Professor of Physiology	Member
4.	Dr. S. Jamuna Rani, Associate Professor of Pathology	Member
5.	Dr. R. Pradeep, Assistant Professor of Psychiatry	Member

The Dean, Tagore Medical College and Hospital will be the ex-officio member of the committee.

Apart from the members, the committee can invite subject experts for the review of the proposals.