
The Journal of Emergency Medicine

INSTRUCTIONS FOR CONTRIBUTORS

GUIDE FOR AUTHORS

The Official Journal of the American Academy of Emergency Medicine.

AIMS & SCOPE

The *Journal of Emergency Medicine* is an international, peer-reviewed publication featuring original contributions of interest to both the academic and practicing emergency physician. A bimonthly journal, *JEM* publishes research papers and clinical studies as well as articles focusing on the training of emergency physicians and on the practice of emergency medicine. The *Journal* features the following sections:

- **Original Contributions**
- **Clinical Communications: Pediatric, Adult, OB/GYN**
- **Selected Topics:** Toxicology, Prehospital Care, Aeromedical Emergencies, The Difficult Airway, Disaster Medicine, Cardiology Commentary, Emergency Radiology, Critical Care, Sports Medicine, Wound Care
- **Ultrasound in Emergency Medicine**
- **Best Clinical Practice**
- **Techniques and Procedures**
- **Technical Tips**
- **Clinical Laboratory in Emergency Medicine**
- **Pharmacology in Emergency Medicine**
- **Trauma Reports**
- **Case Presentations of the Harvard Emergency Medicine Residencies**
- **Visual Diagnosis in Emergency Medicine**
- **Medical Classics**
- **Editorial(s)**
- **Letters to the Editor**
- **Education**
- **Administration of Emergency Medicine**
- **Evidence-Based Medicine**
- **International Emergency Medicine**
- **Computers in Emergency Medicine**
- **Public Health in Emergency Medicine**
- **Violence: Recognition, Management, and Prevention**
- **Ethics of Emergency Medicine**
- **Humanities and Medicine**
- **American Academy of Emergency Medicine**
- **Medical Student Forum**
- **Brief Reports**
- **Clinical Reviews in Emergency Medicine**
- **Abstracts**
- **Books and Other Media Reviews**
- **Calendar of Events**
- **Classifieds**

MANUSCRIPT SUBMISSION

Manuscripts are accepted for consideration with the understanding that they have not been published elsewhere except in abstract form and are not currently under review elsewhere. All manuscripts must be submitted to *The Journal of Emergency Medicine (JEM)* via our online manuscript and peer review system at <http://ees.elsevier.com/jem/>.

Manuscripts must be accompanied by

- cover letter** including the name, address, phone number, and e-mail address of the author to whom correspondence should be sent;
- written permission** of author(s) and publisher(s) to use any published material (figures, tables, or quotations of more than 100 words). Please put this in the Cover Letter file or in multiple Cover Letter files if applicable; and
- releases** signed by patient(s) or guardian(s) for any recognizable patient photographs (if releases are unavailable, the subjects' eyes will be masked to prevent identification).
- Cover Sheet Containing Author Details** which should include:
 - title of the article (80 spaces maximum);
 - authors' full names (first name, middle initial, surname) with degrees;

- affiliations (the name of department (if any), institution, city, and state or country where the work was done) indicating which authors are associated with which affiliations
- acknowledgments of grant support and of individuals who were of direct help in the preparation of the study;
- disclosures of potential conflicts of interest, see paragraph below;
- statement whether Institutional Review Board approval or exemption was obtained;
- name and address of the author to whom reprint requests are to be sent;
- running title (not more than 30 spaces).

When submitting a paper for publication in *JEM*, authors are **required to disclose** any financial arrangements which may be interpreted as having the potential to bias the outcome of the study. Disclosure information will be held in confidence by the Editors and will not be considered as a factor in the review of the paper. If the paper is accepted for publication, the Editor will require specific disclosure and will then decide, with the author, the most appropriate means for publishing the disclosure. Please place any disclosure information in the **Cover Sheet Containing Author Details** file.

The editorial office has instituted an **administrative screening process** of articles submitted through the Elsevier Editorial System (EES). This initial screening mainly checks submissions for proper format but not the content of manuscripts. **Manuscripts not adhering to the required format will be returned to the authors for correction before being passed on for peer review.**

Upon acceptance of a manuscript for publication, a copyright transfer will be sent to the author(s). This transfer must be signed, dated, and returned to the Editor-in-Chief.

STYLE

Sources: Manuscripts are to be prepared according to the *CBE Style Manual* (5th ed.) by Council of Biology Editors, Inc. (Council of Biology Editors, Inc., Bethesda, MD 20814 USA; 1983). *Dorland's Illustrated Medical Dictionary* (WB Saunders, Philadelphia) should be used for spelling of medical terms, and Webster's *Ninth New International or New Collegiate* dictionaries (G. and C. Merriam Co., Springfield, MO) for spelling and hyphenation of nonmedical terms. For further information on general style (grammar, capitalization, and so on), see *A Manual of Style* (The University of Chicago Press, Chicago).

Numbers: Use numerals for all units of measure and time; and for all numbers greater than ten. Spell out the numbers one through ten only for general usage (e.g., "we considered only two possibilities"). Spell out numbers beginning a sentence.

Abbreviations: No abbreviations should appear in the article title. Please define all abbreviations on first usage in the Abstract and again on first usage in the main body of the text and use abbreviation thereafter. Only standard abbreviations, as recommended in *Medical Style and Format* by Huth, may be used without definition.

MANUSCRIPT PREPARATION

All new manuscripts must be submitted to *JEM* online at <http://ees.elsevier.com/jem/>. Complete instructions are available on the website. If authors experience any difficulty during the submission process or require any assistance, please contact authorsupport@elsevier.com.

Use double spacing throughout the manuscript, including the abstract and reference section. Use font size 12.

Please provide continuous line numbering for the entire manuscript. (In Word, go to File/Page Setup/Layout tab/Line Numbering/Add line numbering/Continuous).

Authors' names and institutions should not appear within the manuscript file or on the figures/tables so that author anonymity may be maintained during the peer review process.

Please be sure that when submitting revisions of manuscripts during the peer review process the above guidelines are followed.

Text Basics:

- Be sure that all references are cited in numerical order in the text.
- All tables and figures must be cited in the text, numbered according to the order in which they appear.
- Data appearing in tables or figures should be summarized, not duplicated, in the text. All data cited in the text should be checked carefully against the corresponding data in the tables to ensure that they correspond
- For drugs and chemicals, the generic name should be used at first mention and preferably thereafter.
- Trade names may appear in parentheses and should be capitalized.
- Patients' names, initials, or hospital numbers should not be used.
- Please use North American spelling conventions, ie do not use the vowel combination "ae" or "oe" in medical terms.
- It is preferable to set the "language" (under "Tools") for your document to English (U.S.)
- Every effort should be made to avoid medical jargon (such as "high index of suspicion," instead suggest an alternate like be vigilant or high level of suspicion, clinically suspicious, etc.)
- Use the term emergency physician, not emergency medicine physician, and emergency department (ED) rather than emergency room (ER).
- Please eliminate the term "and/or" throughout the manuscript and use "or" instead. In this context, "or" implies "and" and is cleaner and more concise.
- The preferred term is "dysrhythmia", not "arrhythmia"
- Please spell out "examination" rather than "exam"
- Temperatures should be given in Celsius; Fahrenheit equivalents may follow in parentheses
- Please use "ECG" instead of "EKG"
- Please spell out "laboratory" rather than "lab"
- Any ambiguous symbols (e.g., the letter O versus numeral 0, the letter I versus the numeral 1) should be identified.

STRUCTURED ABSTRACT AND KEYWORDS:

- The title of the article should be followed by a **structured abstract of no more than 250 words**.
- For any **study of interventional design (research study)**, please include the following sections in the abstract: *Background; Objectives; Methods* (with optional subheadings of Design, Patients, or Setting); *Results; and Conclusion*.
- For any **paper involving a case report**, please include the following headings in the abstract: *Background; Case Report; and "Why should an emergency physician be aware of this?"*
- For **Techniques and Procedures**, Abstract should have separate headings for *Background, Discussion and Conclusions*.
- For **Clinical Reviews**, Abstract should have separate headings for *Background, Objective of the Review, Discussion and Conclusions*.
- **Ethics** submissions, Abstract should have separate headings for: *Background, case report* (if applicable), and *Discussion*
- Following the abstract, please list five keywords for indexing.
- **Visual Diagnosis, Letters to the Editor, Medical Classics, and Humanities and Medicine** sections should not include an abstract.

REQUIRED FORMAT FOR MANUSCRIPT TEXT

Please refer to the Section Explanations to determine which article type to select in EES (in other words, which section to submit a manuscript to). Please note that the following sections are for **invited manuscripts only**: Difficult Airway, Cardiology Commentary, Best Clinical Practice, Technical Tips, Trauma Reports, Harvard Case Presentations, Evidence Based Medicine, and Abstracts.

Manuscripts should be organized in one of the following formats:

- For **interventional studies**: *Introduction, Materials and Methods, Results, Discussion, Limitations* (should be the last paragraph of the Discussion as a separate subheading) and *Conclusions*
- For any **paper involving a case report**: Headings for *Introduction, Case Report, Discussion, and Why should an emergency physician be aware of this?* Other descriptive headings and subheadings may be used if appropriate.
- **Techniques and Procedures** submissions should have separate sections for *Introduction, Discussion, and Conclusions*. Discussion should include all other subheadings (i.e., *Technique*, etc.)
- **Clinical Reviews** submissions should have separate sections for *Introduction, Discussion, and Conclusions*. Discussion should include all other subheadings. Please include an Article Summary

(see below and change question #2 to: What does this **review** attempt to show?)

- **Ethics** submissions: Body of manuscript needs sections; *Introduction, Case Report* (if applicable) and, *Discussion* (with sub-sections) and *Conclusion*.
- **Visual Diagnosis** submissions need only have sections for; *Introduction, Case Report, and Discussion*, and should not have an abstract.
- **Letters to the Editor and Reply to the Letter to the Editor** that refer to a specific article in the *Journal* must include the original citation in the reference section. Begin all Letters with the phrase; *To the Editor*,

All research studies

- Require Institutional Review Board (IRB) or Human Subjects committee approval. A statement of IRB approval or exemption in the manuscript is required.
- The methods, apparatus (including manufacturer's name and address), and procedures should be identified in sufficient detail to allow other investigators to reproduce the results.
- For experiments in which humans were studied, indicate whether the procedures followed were in accord with the standards of the Committee on Human Experimentation of the institution in which the experiments were done or in accord with the Helsinki Declaration of 1975.
- For experiments on animals, indicate whether the institution's or the National Research Council's guide for the care and use of laboratory animals was followed.

References: Authors are responsible for the accuracy and completeness of the references.

- Type references double spaced and number them consecutively in the order in which they are first mentioned in the text, **not alphabetically**.
- Identify references in the text, tables, and legends by Arabic numerals in parentheses.
- References cited only in tables or figure legends should be numbered in accordance with a sequence established by the first mention in the text of the particular table or figure.
- References should be given for all discussions of previous studies and for all nonstandard methods used.

For **journal articles** the following information should be included:

- all author names (if more than 6 authors, list the first 3 authors and et al.), surnames followed by initials without periods
- title of the article with the same spellings and accent marks as in the original
- journal title abbreviated as it appears in the *Index Medicus* or spelled out if it is not listed there
- date of publication
- volume number
- inclusive page numbers

For **books**, be sure to include

- chapter title
- chapter authors
- editors of the book
- title of the book (including volume and edition number)
- publisher's name and city
- year of publication
- appropriate page numbers

For a **website** be sure to include:

- author and editor names (if available)
- title of the page (if available)
- the company or organization who posted the webpage
- the Web address for the page (called a URL)
- the last date you looked at the page

Examples of the correct format are as follows:

Dunford JV, Castillo EM, Chan TC, et al. Impact of the San Diego Serial Inebriate Program on Use of Emergency Medical Resources. *Ann of Emerg Med.* 2006;47:328-336.

Goldfrank LR, Kirkstein R. Toxicologic emergencies: a handbook in problem solving. New York: Appleton-Century-Crofts; 1978:43-7.

The General Laws of Massachusetts. Part I Administration of the Government. Title XVII. Public Welfare. Chapter 123. Mental Health. Section 35. Commitment of alcoholics or substance abusers. <http://www.mass.gov/legis/laws/mgl/123-35.htm>. Last accessed 07/01/2008.

“Unpublished observations” and “personal communications” should *not* appear in the references, but should be inserted in parentheses in the text. Information obtained from manuscripts that have been submitted for publication but not yet accepted should be cited in parentheses in the text: include authors and manuscript title followed by “submitted for publication.” Manuscripts that have been accepted for publication but have not yet been published may appear in the reference list: include the authors, manuscript title, and name of journal followed by “in press” in brackets.

Tables:

- Each table should be double spaced in a separate Table file in EES
- Tables should not appear in the manuscript file, only cited in the manuscript text
- If the table must exceed one typewritten page, duplicate all headings on the second sheet. Very wide tables are difficult and expensive to typeset and should be avoided by dividing data into smaller tables
- Number tables in the order in which they are cited in the text.
- Every table should have a title, and every column in the table, including the lefthand column, should have a heading.
- Define all abbreviations and indicate the units of measurement for all values.
- Do not use internal horizontal or vertical lines to separate sections.
- Explain all empty spaces or dashes.
- If data from any other source, published or unpublished, are used, obtain permission for the use and cite the source in the legend.

Figures:

- Each figure should be placed in a separate Figure file in EES
- Figures should not appear in the manuscript file, only cited in the manuscript text
- Authors are requested to submit artwork in electronic form.
- Files should be labeled with descriptive names that do NOT include the name of the author(s).
- Please note that original files (JPEG, TIFF, etc. formats), not pdf files, are required.
- For **Visual Diagnosis submissions**, all figures are **required to have arrows** pointing to the key findings (even if it seems obvious to the authors) and figure legends should refer to these arrows.
- Complete instructions for submission of electronic artwork can be found on the *JEM* page at the Author Gateway (www.authors.elsevier.com).
- Letters, numbers, and symbols should be clear throughout, and should be large enough to remain legible when reduced for publication. Be sure that all spelling is correct, that there are no broken letters or uneven type, and that abbreviations used are consistent with those in the text. Photomicrographs must include a calibration bar of appropriate length (e.g., 1 μ mm, 0.1 mm, etc.). Symbols used in micrographs should contrast with the background.
- Four-color illustrations will be considered for publication. However, the author will be required to bear the costs of their publication in print form. If four-color art reproduction is too costly, four-color figures can appear online at no additional cost to the author, while black and white figures will be featured in print.

Figure Legends:

- All legends should be typed double spaced and numbered with Arabic numerals corresponding to the illustrations
- Figure legends should not appear with the figures but entered into the body of the manuscript text file after the references.

- When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, each should be explained clearly in the legend.
- For photomicrographs, the internal scale markers should be defined and the method of staining should be given.
- The legends should permit the figures to be understood without reference to the text.
- If the figure has been previously published, a credit line should be included.
- The preferred term is figure, not photo, image or picture.

Article Summary: The Article Summary is to be written by the authors and **required for all interventional studies and clinical reviews**. Other article types do not require an Article Summary.

In the Article Summary, please write out the following four questions (include the questions in the manuscript) and provide brief answers. Limit answers to one or two sentences for the first two questions, and no more than three key findings or three ways patient care is impacted.

- 1) Why is this topic important?
- 2) What does this study attempt to show? (change “study” to “review” for Clinical Reviews)
- 3) What are the key findings?
- 4) How is patient care impacted?

Manuscript Length:

Interventional study articles - no more than 30 double spaced manuscript pages in 12 font and normal margins including references, not including tables/figures. Maximum number of tables and figures is 10.

Case reports - no more than 20 double spaced manuscript pages in 12 font and normal margins including references; not including tables/figures.

Visual diagnosis - no more than 5 double spaced manuscript pages in 12 font and normal margins including references; not including tables/figures. Visual Diagnosis submissions are not case reports; focus on the images and why they are interesting or important. Letters to editor/Correspondence; no more than **800 words** including tables or figures, excluding references, in 12 font double spaced manuscript pages. These submissions should not be case reports; references are limited to a maximum of 2-3 citations including the article being referenced.

REVIEW AND PRODUCTION PROCESS

Manuscripts are examined by the Editor, the Associate Editor, a statistical editor if needed, and at least two reviewers including the Section Editor. Decisions of the Editor are final. The authors will remain anonymous to the reviewers. All material accepted for publication is subject to copyediting. Authors will receive page proofs of their article before publication, and should answer all queries and carefully check all editorial changes at this point. Authors are responsible for the scientific content of their articles. Offprints may be purchased using the order form that is sent with the page proofs.

Questions concerning manuscript submission should be directed to:

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