Academic Emergency Medicine
Instructions for Authors

Academic Emergency Medicine is the official journal of the Society for Academic Emergency Medicine (SAEM). AEM publishes peer-reviewed information relevant to the practice, educational advancement, and investigation of emergency care, including (but not limited to): Basic Investigations (laboratory science, basic science studies, and volunteer human (i.e., non-patient) studies), Clinical Investigations (clinical trials, observational cohort studies, and other human subject studies), Educational Advances (educational research, curriculum planning and development, and procedural skill training and assessment), Clinical Practice (innovative diagnostics and therapeutics, concept papers, clinical controversies, economic or policy research, and health services research), Commentaries (solicited editorial statements, editorials related to the content of the current issue, and unsolicited opinion pieces not related to the content of the current issue), Special Contributions (methodology papers, advanced statistics or research concept papers, SAEM policy papers, and narrative or systematic reviews, Bench to Bedside, Ethics Seminars), Brief Reports (pilot studies and methodologic development), Correspondence (letters related to previously published research articles), Media Reviews (solicited book, software, and other media reviews), Resident Portfolios (reflections and introspection of EM residents), Reflections (humanistic essays or photographs), and Dynamic Emergency Medicine (videos to illustrate unusual findings on emergency diagnostic imaging, to teach new techniques, or to provide verbal and visual instruction or information).

MANUSCRIPT SUBMISSION
AEM submission requirements correspond with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (http://www.icmje.org/index.html).

AEM utilizes a Web-based manuscript submission and peer-review system. Authors should submit their manuscripts, with figures and tables, electronically at the AEM online submission Web site, http://ees.elsevier.com/acaeme. Complete instructions are available at the Web site. When submitting a manuscript to the online system, authors must provide an electronic version of their manuscript. For this purpose original source files, not PDF files, are preferred. Submissions must include:

- One copy of the manuscript.
- One blinded copy of the manuscript in which all authors, institutions, and other identifiers from the title page, methods, and elsewhere throughout the manuscript have been deleted.
- All figures and tables (please read our “Special Notes on Figures and Tables” at http://ees.elsevier.com/acaeme).

Once the uploading is complete, the system automatically generates an electronic (PDF) proof. All correspondence, including the Editor’s decision and request for revisions, will be by e-mail.

If authors experience any difficulty during the submission process or require any assistance, they should contact the editorial office at the phone number listed below. If authors do not receive an e-mail confirmation of submission within 24 hours, it may be an indication that the manuscript has not been received by the editorial office.

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Correspondence and questions regarding the status of review should be directed to the AEM office and include the assigned manuscript number and its title. Manuscripts under consideration by another publication and/or materials previously published elsewhere by the authors will not be considered. Copies of similar manuscripts currently under review or previously published elsewhere must be provided.

Accepted manuscripts become the permanent property of Academic Emergency Medicine and may not be published elsewhere in whole or in part without permission from the publisher (Elsevier).

MANUSCRIPT PREPARATION
Writing should conform to accepted English usage and syntax. Avoid the use of slang and medical jargon. All abbreviations should be defined the first time used in the manuscript; obscure abbreviations should be avoided. Measurements should be given in standard international units and generic drug names should be used unless the trade name is relevant.

DUPlicated MATERIAL
Written permission from the authors and publishers for reproduction of figures and tables taken from other publications must be provided at the time of manuscript acceptance. Permission must be obtained for both print and electronic versions of the material to be reproduced. The sources of reproduced material must be acknowledged in the manuscript.

PEER REVIEW
AEM uses a blinded peer-review process with multiple statistical and topic reviewers to evaluate submitted manuscripts. Submitted manuscripts are assigned to the appropriate Associate Editor, who assigns primary reviewers, collates raw reviews of the manuscript, and develops a consensus review. The consensus review describes the major concerns that arose during the primary review of the paper. The consensus review and a decision regarding the manuscript are sent to the author.

EDITING
Acceptance of the manuscript for publication is contingent upon completion of the editing process. This includes copyediting and a final Editor’s review, which may occasionally ask for more information. Every author is responsible for all statements published in the article, including the revisions made in the editing process. After typesetting, the proofs will be e-mailed to the corresponding author for routing to co-authors and final approval.

PREPARATION GUIDELINES
Original Research Submissions

1. Title Page. The title should not exceed 80 characters, including punctuation and spaces. Do not use abbreviations. Include the full names, degrees, and affiliations of all authors or members of a study group; the addresses, phone numbers, fax numbers, and e-mail addresses to which requests for reprints and author correspondence should be sent; a short running title; and up to 6 key words from the medical subjects headings of Index Medicus. If an author’s affiliation has changed since the work was done, list the new and old affiliations. If the work
described in the manuscript has been formally presented at a scientific meeting or has won a presentation award, provide the name of the organization, date, and location of the meeting.

2. Study Group Authorship and Acknowledgment Page. When authorship is attributed to a study group, all members must meet the criteria for authorship. Identify the members by responsibility or by institution on the study group authorship page. Acknowledge individuals who have provided assistance or support in the study or manuscript preparation. Identify financial support of the investigation or manuscript development. Describe any financial arrangements that may represent conflict of interest.

3. Abstract. The abstract should contain no more than 250 words. Original research submissions require a structured abstract that defines the objectives, methods, results, and conclusions. The abstract should not include references.

4. Introduction. The introduction should briefly describe the study question, its scope and relevance to emergency practice, and the hypothesis and/or objectives of the investigation.

5. Methods. The methods should include subsections with headings that detail the Study Design (include human subject or animal use committee review), Study Setting and Population, Study Protocol, Measurements or key outcome measures, and Data Analysis (include sample size determinations and other relevant information).

When equipment is used in a study, provide in parentheses the model number, name, and location of the manufacturer. Manuscripts reporting data involving human subjects investigation must indicate a positive pre-study review by an Institutional Review Board (IRB) or Ethics Board. Authors must confirm that written informed consent was obtained from all subjects or that this requirement was waived by the IRB. The requirement for IRB oversight includes studies that qualify for IRB exempt or expedited status; such status must be explicitly stated. Manuscripts reporting the results of investigations of animal subjects must indicate approval by an Animal Care, Use, and Research Committee. Authors should state that the care and handling of the animals were in accord with NIH guidelines or other internationally recognized guidelines for ethical animal research.

Statistical methods used should be defined, and any not in common use should be described in detail and/or supported by references. Reporting of randomized controlled trials must conform to the CONSORT statement (http://www.consort-statement.org) and include a flow chart describing patient progress throughout the trial. EMS studies should follow the Utstein criteria when appropriate (Ann Emerg Med 1991; 22:1–26).

6. Results. Results should be concisely stated and include the statistical analysis of the data presented. Results presented in tabular or graphic form should be referred to in the text, but the material does not need to be presented again. In addition to the data collected in the study, the results should also indicate the success of protocol implementation (i.e., was blinding successful, was there a high interrater reliability?).

7. Discussion. The discussion should put the study results in the context of current knowledge. An unbiased review and critique of previous relevant studies should be included and appropriately referenced.

8. Limitations. Discuss shortcomings and biases related to study design and execution. Highlight areas where future investigations and/or different methods of analysis might prove fruitful.

9. Conclusions. The conclusions should not simply repeat the results, but rather answer the study question. Recommendations supported by the study findings may be included.

10. References. References should be listed in numerical order. Every reference must be cited at least once in the text or in a table. References to journal articles should include, in order: a) all authors up to 7, b) title and subtitle, if any, c) journal name, d) year, e) volume number (and issue number if the journal’s pages are not numbered consecutively throughout the year), and f) inclusive page numbers. Book references should include: a) authors as above, b) chapter title, if any, c) editor, if any, d) title of book, e) city of publication, f) publisher, and g) year. Include volume and edition, specific pages, and translators where appropriate. References of personal communications should include the source and year. Website references should include the date of access, if available. Authors are responsible for accuracy and completeness of the references and text citations.

11. Tables. Tables must be referenced in the text in sequential order. Each table should be submitted on a separate page with a descriptive title. Define all abbreviations in a footnote to the table. Symbols related to the table contents (i.e., *) must also be defined in a footnote.

12. Figures and Figure Legends. Figures must be referenced in the text in sequential order. Figures should clarify and augment the text. Put figure legends on a separate page.

The ability to reproduce figures and photographs in color is limited, and at the discretion of the Editor. In some circumstances, color figures and photographs may be published if the author has accepted responsibility for additional publication costs.

Non-research Educational Advances, Non-research Clinical Practice, and Special Contributions

These submissions should include a non-structured abstract, an introduction, discussion, and conclusions or a summary statement.

Brief Reports

Brief Reports related to research efforts should be formatted as in the general methods listed above. However, brief reports should not exceed 1,500 words, and should contain no more than 10 references and no more than 1 table or figure. The title page, study group, authorship, and acknowledgment page should follow the format listed above. A blinded copy is required. Case reports will not be considered.

Ethics Seminars/Profiles in Patient Safety

Ethics Seminars and Profiles in Patient Safety should include a brief case presentation, a discussion of relevant principles and concepts related to the case, and a discussion of their application. Discussion of innovative concepts, new observations, and analysis of approaches to solving dilemmas are encouraged. A comprehensive review of the subject is not required. Citations are encouraged, but are limited to 15.

Bench to Bedside

Articles for this series should include a brief abstract describing the purpose of the article and a brief overview of the topic. The usual instructions regarding structured methods section do not apply, but the manuscript should include a section that specifically discusses the topic from the perspective of its role in emergency medicine research and clinical practice. Other guidelines for format and style are consistent with those listed in the general instructions for authors.
INSTRUCTIONS FOR AUTHORS

Commentaries
In most circumstances, Commentaries are solicited and the author will be provided with appropriate information. Unsolicited opinion pieces or editorials are occasionally published, and submissions should include a title page and acknowledgment page, similar to that described above. Unsolicited submissions should be limited to 10 double-spaced pages and include no more than 10 appropriate references in the format required by AEM.

Correspondence
All letters that comment on a published work must be received within six weeks of the date of the related publication (e.g., May 15th for an article in the April issue). An editorial decision regarding acceptance of the letter will be made after the author of the related work has had the opportunity to review the letter and comment. Letters regarding current issues in emergency medicine, but not related to a published work, are also encouraged. Research studies will not be accepted as correspondence. Letters should not exceed 500 words, and should have no more than five references. No tables or graphs should accompany letters to the editor. Contributions must otherwise conform to the relevant manuscript submission instructions. The editors reserve the right to limit the length of letters, and the number of letters published on a given subject. In general, after publication of letters and the author reply (if any), further letters on the same subject will not be considered.

Reflections
The general instructions for authors listed above should be applied for any text submitted. In most circumstances, photographs will be accepted only in black and white. Each photo should be titled, and should contain a brief legend. If the photo includes identifiable patients, health care providers, or other individuals, permission must be obtained to publish them in the journal. Reflections are published on a space available basis.

Dynamic Emergency Medicine
Each submission must be accompanied by a brief written description of the video contents. High-quality still images will be published in the paper journal and will link to the video in the electronic journal. Videos should not exceed four minutes in length and will undergo peer review. Information on preferred formats is as follows (in all cases, the highest possible quality is required): 1) preferred format: MPEG -1 or -2 (.mpg extension); 2) also acceptable: Apple Quick Time (.mov) and Microsoft Audio/Video interface format (.avi). Please submit through the Elsevier website as any other submission. Upload the video portion as “supplemental material.”

CPC
CPC cases are solicited from all participants of the Annual CPC Competition sponsored by ACEP, CORD, EMRA, and SAEM. Contact the editorial office for more information.

Resident Portfolios
Manuscripts of reflections and introspection of experiences encountered by EM residents during their training are invited. Submissions should be no more than 5 pages, 15 references, and may include one table or figure. Patient and colleague confidentiality must be assured. An abstract that places the experience into a professional development context and a “take home” point are required. Portfolios may undergo invited commentary from individuals with expertise in the identified area of discussion. These commentaries will be a maximum of two pages and will focus on “learning points.” Primary authors must be EM residents or reflect an experience encountered in the residency training environment by an EM graduate.

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