



Education and Training Author Guidelines

8/10/2017

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ABOUT AEM E&T

Academic Emergency Medicine Education and Training (AEM E&T) is the official educational journal of the Society for Academic Emergency Medicine (SAEM). AEM E&T publishes peer-reviewed information relevant to education and training in emergency medicine, including (but not limited to):

- **Original Contributions** : manuscripts addressing a new question or problem in emergency medicine education and training; scholarship of discovery, integration and application relevant to emergency medicine; and reviews
- **Brief Contributions** : reports less than 1,500 words of original/novel educational scholarship relevant to emergency medicine education and training
- **New Ideas in B-E-D-side Teaching** : educational case reports
- **Education Case Conference** : diagnosis and discussion of a problem commonly encountered between teacher and learner or as part of faculty development

- **Commentary and Perspectives** : commentary, letters to the editor, perspectives, or opinions covering timely or important topics related to educational theory or advances that are relevant to emergency medicine
- **Innovations Report**: describe novel strategies for addressing common educational problems
- **Book Media Review**
- **Canvas/Transitions** : poetry, essays, creative photographs, original artwork, personal narratives; writings about transitions for med student/resident/fellow /attending/researcher

Academic Emergency Medicine Education and Training (AEM E&T) publishes quarterly, online only.

MANUSCRIPT SUBMISSION

AEM E&T submission requirements correspond with the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals](http://www.icmje.org/recommendations/) (<http://www.icmje.org/recommendations/>). Use of generally accepted guidelines for reporting the study is highly recommended; some of these are available at the [Equator Network website](http://www.equator-network.org/) (<http://www.equator-network.org/>).

AEM E&T uses a web-based manuscript submission and peer-review system. Authors should submit their manuscripts, with figures and tables, electronically at the [AEM E&T submission website](https://mc.manuscriptcentral.com/aemet) (<https://mc.manuscriptcentral.com/aemet>) When submitting a manuscript to the online system, authors must provide an electronic version of the manuscript. For this purpose, original source files, not PDF files, are preferred. Submissions must include:

- One copy of the complete title page
- 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
- A completed AEM E&T cover page, including the author contributions section, available for download at the website. We invite authors to optionally submit a cover letter addressed to “Editors, AEM E&T” that explains why the authors believe the work should be published in AEM E&T, with specific reference to how the authors believe the work will benefit education and training in emergency medicine. Financial conflict of interest must be disclosed on the ScholarOne website at the time of submission, and with the exact same (verbatim) disclosures listed on the bottom of the title page.
- Financial conflict of interest must be disclosed on the ScholarOne website at the time of submission, and with the exact same (verbatim) disclosures listed on the bottom of the title page.

Authors experiencing any difficulty during the submission process or requiring any assistance, should contact the editorial office at one of the e-mail addresses listed at the end of these Author Guidelines. Authors will receive a confirmation email within 24 hours of submission. Contact the editorial office if you do not receive the email. All correspondence, including the editor's decision and request for revisions, will be by e-mail.

Correspondence and questions regarding the status of review should be directed to the AEM E&T 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 AEM E&T and may not be published elsewhere in whole or in part without permission from the publisher (Wiley-Blackwell).

FIRST AUTHOR PHOTOS

A head shot photo of the manuscript's first author must now be submitted at revision, even if the paper is eventually rejected. Should the paper be accepted and published, the photo will be used on the home page of SAEM's new website, which will launch in early 2017. The online content will feature the author photo alongside a link to the manuscript. The first author photo should be a jpeg, 72 pixels per inch, minimum width of 480 pixels.

REVISIONS

Authors submitting a revision should upload two versions of the revised manuscript: 1) a clean copy of the paper (with continuous line numbering, please); and 2) a track-changes version of the paper. Both of these files should be

designated as file type “Main Document” in the online system, to ensure that they are incorporated into the PDF file to be used for review.

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.

LANGUAGE EDITING

Authors whose primary language is not English may take advantage of [Wiley English Language Editing Services](http://authorservices.wiley.com/bauthor/english_language.asp) (http://authorservices.wiley.com/bauthor/english_language.asp.)

Please note: Editing assistance in no way guarantees publication. Standard peer review processes will be followed for all such papers.

DUPLICATED MATERIAL

Written permission from the copyright holder for reproduction of figures and tables taken from other publications must be provided at the time of manuscript acceptance. The sources of reproduced material must be acknowledged in the manuscript.

PEER REVIEW

AEM E&T uses a blinded peer review process with multiple statistical and topic reviewers to evaluate submitted manuscripts. All papers involving surveys are screened by one of two editorial board members with formal training in survey science; well over half are declined at this screening phase due to weak methodology. Authors considering performing survey projects and submitting survey manuscript should review the following commentary, which discusses some of the key features of survey methodology: Mello MJ, Merchant RC, Clark MA. Surveying emergency medicine. *Acad Emerg Med* 2013;20(4):409-12. 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 review by the editor, who may ask for more information or additional revisions, or even reverse a previous 'accept' decision. 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. Substantial edits may not be made at the proofs stage of production.

PREPARATION GUIDELINES

The editor determines the category in which each manuscript will be published.

Original Contributions and Brief Contributions

Original Contributions and Brief Contributions submissions should contain the following sections. Number the pages consecutively, and include the running title as a header.

1. *Title Page.* The title should not exceed 20 words. Do not use abbreviations. We prefer that titles use active tense. Editors reserve the right to alter titles. List the full names, graduate 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; and a short running title. If an author's affiliation has changed since the work was completed, 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. Identify financial support of the investigation or manuscript development.

At the bottom of the Title Page, and if necessary on a second page, list for each author any potential financial conflicts of interest within the past 3 years that could be seen as having an influence on the research. These include any payments or tangible gifts (including equipment and/or grants) to the author or an author's family, an author's business, or the author's employing institution. Conflicts of interest also include financial interest products or intellectual property which may be competitive with the subject matter of the submitted paper. Authors need not make distinctions about degree of conflict; instead, authors must disclose all financial relationships that could be considered relevant by someone knowledgeable in the subject matter of the work. The corresponding author is responsible for gathering up-to-date and accurate financial conflict of interest information from each author at the time of submission and updating these statements, if necessary, at the time of publication. Journal personnel will investigate reports of undeclared conflicts of interest as possible misconduct in accordance with guidelines and cases provided by the [Committee on Publication Ethics](http://publicationethics.org/resources/code-conduct) (<http://publicationethics.org/resources/code-conduct>) with consideration of position statements and editorials from the [World Association of Medical Editors](http://www.wame.org) (<http://www.wame.org>).

Instructions:

At the bottom of the Title Page, please list each author's initials, followed by a declaration of the potential conflict. Please name the following information: 1. The funding source; 2. who received the funds (the author, a family member, or the author's employer); and 3) the reason for the funds (e.g., salary support, fees for consulting, paid participation in a speaker's bureau, paid participation in an advisory panel, grant funding for research, grant funding for educational activities, contracts, patents, stock ownership, or other).

Examples:

The following examples serve as guides to report conflicts of interest:

- a. No conflict of interest
[Author initials] reports no conflict of interest.
- b. Consulting for commercial interests, including advisory board work
[Author initials] has received funding personally from [Company Name] for consulting.
- c. Grant money for commercial research
[Author initials] reports grant money to [Institution name] to conduct research conceived and sponsored by [Company Name].
- d. Grant money for investigator initiated research
[Author initials] reports grant money to [Institution Name] to conduct research conceived and written by [Author Name] from [Institution Name].
- e. Founder or owner of a start-up company or proprietary interest or stock or ownership in a company with an interest for or against the subject matter
- f. [Author initials] owns stock in a company [Company Name] that produces a product relevant to the subject material.
- g. Patent or other intellectual property
[Author initials] is the inventor on a patent [patent or filing number] that is filed or issued by the United States Patent and Trademark Office relevant to the material in this paper.
- h. Payment for writing independent of grant funding
[Author Name] received payment from [Entity Name] for writing part of this manuscript.
- i. Employment
[Author initials] is employed by [Company Name], which manufactures a product related to the subject matter.
- j. Multiple conflicts
[Author initials]'s institution has received grant funding from the National Institutes of Health for investigator-initiated research. [Author initials] institution, [Employer Name] has received contract funding from [Company] for industry-initiated research and has received contract funding from [Company Name] for investigator-initiated research.

**Policy on ghost writing. AEM E&T does not publish work that is written by a ghost writer, which is generally defined as an individual who was paid to write the paper and is not represented as an author on the Title Page.*

2. Study Group Authorship 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.
3. Abstract. The abstract should contain no more than 300 words. Original research submissions require a structured abstract that defines the objectives, methods, results, and conclusions. The abstract should not include references, figures, tables, or graphs.
4. Introduction. The introduction should briefly describe the study question, its scope and relevance to emergency medicine education and training, and the hypothesis and/or objectives of the investigation. The reader should have a very clear understanding of exactly what the study question or objective is after reading the introduction section
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, the names of statistical tests, and software used). The role of funding organizations and sponsors in the conduct and reporting of the study should be included here. When equipment is used in a study, provide in parentheses the model number, name, and location of the manufacturer. If citing an in-press paper for the description of methods (i.e. when referencing methods used in a prior study, which is currently in press), please upload a copy of the in-press paper for the editor and reviewers. This in-press material will be handled with appropriate confidentiality. Research involving human subjects or animals must meet local legal and institutional requirements and generally accepted ethical principles such as those set out in the Nuremberg Code, the Belmont Report, or the Declaration of Helsinki. (See Biros MH, Hauswald M, Baren J. Procedural versus practical ethics. Acad Emerg Med 2010;17:989-990 for more information.) Manuscripts reporting data involving human subjects must indicate a positive review by an Institutional Review Board (IRB) or equivalent. This requirement includes studies that qualify for IRB expedited status. Most institutions require IRB review of studies that qualify for exempt status and that this determination be made by the IRB, not by the authors. The methods section of the manuscript must explicitly state that IRB approval was obtained, that the IRB determined the study was exempt, or that the study did not involve human subjects (e.g. publicly available and previously de-identified information from national data sets, or other studies not meeting the definition of human subjects research as set forth in US Code of Federal Regulations, Title 45, Part 46. Additional information available at www.hhs.gov/ohrp/policy/cdebiol.html). The methods section should also indicate the type of consent used (written, verbal, or waived), and confirm that consent was obtained from all subjects (unless waived by the IRB).
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 should not be presented again. In addition to the data collected in the study, the results should also indicate the success of protocol implementation (e.g., was blinding successful, was there a high inter-rater 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. There is no need to restate the results in the first paragraph of the discussion; instead, simply start the discussion.
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. Citations and references should be listed in numerical order. Every reference must be cited at least once in the text. Use the NEJM reference style: all authors up to six, article title (and subtitle, if any), journal name (with no following period), year, volume number (and issue number if the journal's pages are not numbered consecutively throughout the year), and inclusive page numbers. (Examples a and b below) When there are seven or more authors, list the first three, followed by "et al." (Example c below) Book references should include: authors as above, chapter title, if any, editor, if any, title of book, city of publication, publisher, and year. Include volume and edition, specific pages, and translators where appropriate. (Example d below) Website references should include the most recent date of access. (Example e below) Personal communications and unpublished data should be cited in the body of the paper in parentheses, not listed in the references section. Manuscripts that have been accepted for publication may be listed as "in press"; manuscripts that have been submitted or are under revision but have not been accepted may not be cited as references. The use of abstracts that have not been published as full manuscripts is discouraged. Please do not capitalize each word in a reference title—only capitalize the first letter unless there is a proper noun or other word clearly needing capitalization in the title. Authors are responsible for the accuracy and

completeness of the references and text citations.

- a. Promes SB, Wagner MJ. Starting a clinical competency committee. *J Grad Med Ed* 2014;6(1)163-64.
- b. Chou CL, Promes SB, Souza KH, Topp KS, O'Sullivan PS. Twelve tips for facilitating successful teleconferences. *Med Teach* 2012;34(6):445-9.
- c. Schott M, Kedia R, Promes SB, et al. *West J Emerg Med* 2015;16(6):871-6.
- d. Mohr NM, Moreno-Walton L, Smith-Coggins, R, et al. Generational Differences in Emergency Medicine. In Strauss R and Mayer R, eds. *Emergency Department Management*. NY, NY: McGraw Hill, 2014.
- e. Coaching Program. Dallas, TX: Council of Emergency Medicine Residency Directors, 2016. (Accessed on July 25, 2016 at <http://www.cordem.org/i4a/pages/index.cfm?pageid=3652>)

11. **Tables.** Tables should be created using the table tool in MS Word. 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 (e.g., *) must also be defined in a footnote.
12. **Figures and 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. Figures should be prepared to 1 column (86 mm) or two column width (177 mm) for the journal. They should have a minimum resolution of 300 dpi for photos/images and at least 600 dpi for images with lines or text. Figures can be either BW (1 bit), greyscale (8 bit) or RGB (8 bit color). JPEG images are not recommended. We can accept TIFF, EPS, and PDF files. We also can accept images embedded in Word files, but they must still meet the requirements of file width and resolution quoted above before embedding. If compressed, use high-quality compress option while saving the image. If you are using Visio to create your charts or line diagrams, it is recommended that you save the file in EMF format and supply it separately along with your manuscript document. Figure reproduction cannot improve on the quality of the originals. Any special instructions about sizing, placement, or color should be clearly noted. Symbols, arrows, or letters used to identify parts of the illustration must be explained clearly in the legend. If a figure has been previously published, the legend must acknowledge the original source.
13. **Supplemental material.** Authors may provide a supplemental file in PDF format. The supplemental file can contain more than one item, including figures, tables, or additional methods. Each item should be labeled and identified in the main manuscript by this label (e.g., "see Figure 1S in the supplement" or "see Table 1S in the supplement).. Supplemental material is not subjected to copyediting.

New Ideas in B-E-D-side Teaching

These are educational case reports. These may be single center reports which do not contain robust evaluation data. Authors are invited to describe innovations and techniques in bedside teaching that may include a focus on instructional methods, team and/or patient involvement, procedural teaching, and the art of clinical medicine. Submissions should follow the structure **B-E-D** as described below. Tips that may be generalizable to other clinical settings are most desirable.

1. **Background.** Provide relevant background information and literature review that led to the development of the bedside teaching tip.
2. **Explanation:** Explain the technique in detail, including the roles of all persons involved (teacher, learner, patient, other team members, etc.).
3. **Description:** Describe the outcomes realized by implementing the technique. These may include (but are not limited to) change in learner engagement, patient satisfaction, reduction of medical error, improved teamwork, etc.

See section entitled "Original Contributions and Brief Contributions" for specific guidelines for tables, figures and references.

Education Case Conference

Education Case Conference (ECC) articles describe the logical systematic evaluation and diagnosis of a problem commonly encountered between a teacher and a learner or one dealing with faculty development in the emergency medicine. Cases can involve learners at all levels. The manuscript format should consist of the following format: case presentation, discussion of the possible solutions, solution chosen, outcome and lessons learned (when applicable).

Educational Downloads

The Educational Downloads section is designed as a regular feature to make the journal's education content accessible and applicable to frontline educators. It is intended to promote a general understanding of important issues that affect teaching and learning in emergency medicine.

These manuscripts provide a snapshot view of a topic important to academic emergency physicians. Authors should frame the topic succinctly and may utilize images, figures, tables, and complementary text. Topics should be timely, of current and on-going interest, and evidence-based. These topics may not be new, but need to be presented in a unique way so as to provide new insights to AEM E&T readers.

Note: Authors may provide additional online content.

Commentary and Perspectives

This section includes commentary, perspectives, or opinions covering timely or important topics related to educational theory or advances that are relevant to emergency medicine. Proposals and submissions are welcome. Also included in this section are editorials that highlight and analyze a key research article published in the same issue. These are often solicited, although unsolicited editorials may be considered.

All letters that comment on a published work must be received by the end of the month following publication. 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 academic aspects of emergency medicine, but not related to a published work, are also encouraged. Research studies will not be accepted as correspondence. No tables or graphs should accompany letters to the editor. Contributions must otherwise conform to the relevant manuscript submission guidelines. The editors reserve the right to edit 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. General tips on writing letters to the editor can be found at: Golub RM. Correspondence course. JAMA 2008; 300:98-99.

Innovations Report

Innovation Reports describe novel strategies for addressing common educational problems. An Innovation Report should include the following sections: 1) Need for Innovation; 2) Background (which comprises of a succinct literature summary); 3) Objective of Innovation 4) Development Process (including a description of underlying conceptual frameworks or theories); 5) The Implementation Phase (e.g. what happened when you rolled this out?); 6) Outcomes (i.e. what is evidence of an impact or success of your innovation) or Evaluation (i.e. summary of formal program evaluation survey results). 7) Reflective Discussion (Potential for export to other sites, advice for others seeking to try similar, sustainability, Limitations/Lessons learned, Next steps).

Book and Media Review

Book/ Media reviews are solicited. Information regarding these reviews will be provided to authors by the editor at time of solicitation.

Canvas/Transitions

Canvas is a place for creativity outside the traditional realm of medical education. Authors are invited to submit creative writings, art, or reflections which augment to our lives as physicians, educators, and global citizens. Examples of material that will be considered include personal narratives, reflections on life transitions at points in medicine, poetry, creative writing essays, photographs, and original artwork.

SPECIFIC WORD COUNTS

Below is a listing of specific word counts based on manuscript types:

Original Contributions:

- Article length - 5000 words maximum excluding abstract
- Abstract length - 300 words, structured abstract
- Figures/Tables - 5 maximum
- References - no maximum

Brief Contributions:

- Article length - 1500 words maximum excluding abstract
- Abstract length - 300 words, structured abstract
- Figures/Tables – 1 figure or table
- References – 12 references maximum
- *New Ideas in B-E-D-side Teaching:* Article length - 500 words
- Figures/Tables – 1 figure or table
- References – 10 references maximum

Education Case Conference

- Article length - 1500 words maximum excluding abstract
- Abstract length - 300 words, structured abstract
- Figures/Tables – 1 figure or table
- References – 12 references maximum

Educational Downloads

- Length – maximum 750 words
- Abstract – none required
- Figures/Tables – to augment written content not to exceed 2 pages of material for download
- References – 6 references maximum
- Social Media – authors are encouraged to create a Podcast of the content and a Tweet and/or infographic.
- *Commentary and Perspectives* Length – 2,000 words for unsolicited pieces
- *Canvas/Transitions* Length – 600 words

STATEMENT ON PLAIGARISM

AEM E&T reserves the right to refuse publication of any submission that in the opinion of the senior editorial board duplicates a prior publication. AEM E&T uses Crosscheck® to assist in this decision.

AFTER ACCEPTANCE

At the time of acceptance, journal staff or an editor may contact corresponding authors to obtain information to enhance dissemination of the work. For example, we may ask authors to provide a <140-character script for posting on the society's Twitter feed. If the paper is selected as the Editor Pick of the Month (EPOTM), the editor may contact the authors for a quote or other information. Additionally, journal staff may ask authors for an image, for publication on the cover of AEM E&T, that the authors believe to best captures the essence of their work.

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