Academic Emergency Medicine Author Guidelines

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):

- **Progressive Clinical Practice** (articles that seek to answer clinical questions through consideration of relevant clinical evidence or provide an appraisal of existing evidence on a topic pertinent to most emergency physicians - academic and non-academic)
- **Original Research Contributions** (this combines the three previous sections: Basic Investigations, Clinical Investigations, and Clinical Practice). Possible content includes: clinical trials, observational cohort studies, other human subject studies, innovative diagnostics and therapeutics, concept papers, clinical controversies, economic or policy research, health services research, laboratory science, basic science studies, and volunteer human non-patient studies)
- **Educational Advances** (educational research, curriculum planning and development, and procedural skill training and assessment), 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)
- **The Biros Section on Research Ethics** (original analysis, commentaries, and reviews on the ethics of research)
- **Special Contributions** (SAEM policy papers, and narrative reviews)
- **Research Methods and Statistics** (descriptions and explanations of research methodologies and statistical techniques)
- **Bench to Bedside**
- **Clinical Pathologic Conference** (published online only)
- **Ethics Seminars**
- **Profiles in Patient Safety**
- **Brief Reports** (pilot studies and methodological development papers)
- **Evidence-based Diagnostics** (systematic reviews of history, physical exam, and bedside tests for a single diagnosis)
- **Peer- reviewed Lectures** (PeRLs) (videos of lectures on topics in emergency medicine)
- **Correspondence** (letters related to previously published research articles)
- **Media Reviews** (solicited book, software, and other media reviews – published online only)
- **Resident Portfolios** (reflections and introspection of emergency medicine residents)
- **Reflections** (humanistic essays or photographs)
- **Dynamic Emergency Medicine** (short video productions that provide verbal and visual instruction or information). AEM does not publish case reports.

Academic Emergency Medicine publishes both in print and online, and publishing selected papers online-only allows the editors to conserve print space, and take advantage of some of the features that only electronic publishing can offer. The editorial board will exercise its discretion in determining whether a given submission will run in the print journal, or online-only in its e-pages. Similarly, the editors may choose to run data supplements, appendices, and other text-dense material, as well as complex or supplementary figures, tables, and graphs online-only, with links to the print-version paper.
MANUSCRIPT SUBMISSION

AEM submission requirements correspond with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (http://www.icmje.org). We require that clinical trials be registered at http://www.clinicaltrials.gov or another nationally recognized clinical trials registration system. The requirement for clinical trial registration includes observational as well as interventional trials, as discussed on the ClinicalTrials.gov web site (http://www.clinicaltrials.gov/ct2/about-studies/learn#WhatIs) and on the ICMJE “Obligation to Register Clinical Trials” web site (http://www.icmje.org/publishing_register.html), which defines a clinical trial as “any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Authors from nations with no registry or who do not feel their study requires registration should contact the editor-in-chief prior to submission. 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 website, http://mc.manuscriptcentral.com/aemj.

Complete guidelines are available at the web site, along with a Manuscript Template form. 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
- Any supplemental material for online-only publication
- A completed AEM cover page, including the author contributions section, available for download at the website.
- A completed ICMJE conflicts of interest disclosure form for the lead author upon submission and for each named author upon acceptance. Members of a study group who are not named authors are not required to submit a form. Note: the journal may request additional information from authors, beyond what is shown on the ICMJE form, regarding funding sources, industry relationships, etc.

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. 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.

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 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 and may not be published elsewhere in whole or in part without permission from the publisher (Wiley-Blackwell).

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. For authors whose primary language is not English, the AEM editorial board offers language editing assistance for SAEM members, and for authors from nations that are beneficiaries of the HINARI initiative. Others may take advantage of the Wiley-Blackwell author services (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. 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 review by the editor-in-chief, 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**
General: The editor-in-chief determines the category in which each manuscript will be published. Aside from the Brief Reports and Correspondence formats, AEM does not have guidelines regarding article length. In general, use as many words as needed to present the material in a comprehensive yet succinct manner. Manuscripts are typically too long, not too short. Specific:

**Conflict of Interest and Disclosures**
AEM uses the ICMJE standardized conflict of interest form for author reporting of potential conflicts. Relevant potential conflicts of interest will be listed in the front matter of the article. All funding sources must be disclosed. A completed ICMJE conflicts of interest disclosure form must be completed for the lead author upon submission and for each named author upon acceptance. Click here to view the form and here to view a sample indicating how it should be filled out.

**Original Research Contributions**
Original Research Contributions, research-related Brief Reports, and Educational Advances submissions should be include consecutively numbered pages, a running title as the header, and should contain the following sections:
1. **Title Page.** The title should not exceed 50 words. Do not use abbreviations. List the full names, terminal 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. Describe any financial arrangements that may represent conflict of interest. Acknowledge individuals who have provided assistance or support in the study or manuscript preparation.

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 500 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 practice, 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/cdeb iol.html](http://www.hhs.gov/ohrp/policy/cdeb iol.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).

   Manuscripts reporting the results of investigations of live vertebrate animals must indicate approval by an Animal Care and Use Committee or equivalent. We reserve the right to request submission of IRB or Animal Care and Use Committee documentation at any time. Authors with any
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. Resuscitation studies should follow the applicable Utstein criteria when appropriate. We support consensus-based methodologic standards for other study types, including the MOOSE standards for meta-analyses of observational studies, the PRISMA standards for systematic reviews and other types of meta-analyses, the STARD statement on studies of diagnostic tests, and the STROBE statement on observational epidemiologic studies. Authors are encouraged to adhere to these whenever possible.

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.

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. Examples:


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 footnotes.

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 in PDF are not of acceptable quality for publication. Photographs must be submitted electronically according to the following specifications: color photographs should be saved as TIF files in RGB at a minimum of 12.5 cm (5 in.) in width at 300 dpi; black and white photographs should be saved as TIF files in grayscale at a minimum of 12.5 cm (5 in.) in width at 300 dpi. 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. The ability to reproduce figures and photographs in color is limited, and at the discretion of the editor-in-chief. Line drawings and graphs are not published in color, and color should not be used to differentiate data in these. In some circumstances, color figures and photographs may be published.

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 one table or figure. The title page and AEM cover page should follow the format listed above. Case reports will not be considered and case series are generally assigned a low priority for publication.

Consensus Conference Follow-Up Manuscripts
Submissions in any category (Original Research Contributions, Brief Reports, etc.) that describe research that was initiated to address a research agenda topic generated at one of the prior Academic Emergency Medicine consensus conferences should be identified as such in the cover letter that accompanies the manuscript, when the manuscript is submitted for review. Authors should state to which consensus conference the manuscript relates, and should also state which issue(s) discussed or raised at that consensus conference is/are addressed by the manuscript. Attempts will be made to publish consensus conference follow-up manuscripts as a group, rather than individually, and if authors are aware of other papers underway from that same conference’s research agenda, they are encouraged to coordinate submission with the authors of those other papers. Contact: Gary Gaddis, MD, PhD (ggaddis@saint-lukes.org)

Evidence-based Diagnostics
Submissions to this section seek to answer diagnostic clinical questions on a single topic pertinent to most emergency physicians using a diagnostic systematic review. An appropriate report would seek to promote the use of information drawn from previous high quality diagnostically-focused clinical research upon the routine clinical practice of emergency medicine. Search methods should be explicit and reproducible. These submissions should use at least two investigators to rate the evidence quality using the Quality Assessment Tool for Diagnostic Accuracy Studies. Heterogeneity should be assessed and meta-analysis performed, when applicable. Disease prevalence in emergency medicine populations presenting with the suspected condition should be defined via the literature review. Diagnostic accuracy (sensitivity, specificity, likelihood ratios) for history, physical exam, bedside tests, and relevant imaging studies should be reported in these analyses, including interval likelihood ratios for continuous data. Test-treatment thresholds should be defined using the methods of Pauker and Kassirer. The discussion section should include a succinct summary of implications for future diagnostic research within this field. All articles in this series undergo standard blinded peer review. Authors are encouraged to contact the section editor with any specific questions regarding submission to this section. Contact: Christopher R. Carpenter, MD (carpenterc@wusm.wustl.edu)

Non-research Educational Advances and Special Contributions
These submissions should include a non-structured abstract, an introduction, discussion, and conclusions or a summary statement. The title page and AEM cover page should follow the format listed above. A blinded copy is required.

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 author guidelines.

The Biros Section on Research Ethics
The journal invites submissions for the ongoing Biros Section on Research Ethics. Original analysis, commentaries, and reviews are invited. The goal is to advance the practical issues and philosophical thinking related to research in emergency medicine. Investigator experiences regarding patient consent, original insights about research in the acute care setting, and ethical analysis of existing or potential guidelines are invited. Protecting research subjects during investigations conducted under emergent circumstances is a priority focus. AEM is dedicated to advancing the science of the specialty, and manuscripts that help shape, advance, enable, and improve the way that research is conducted will be considered for this section. Submissions should follow existing guidelines, while mentioning the Biros Section on Research Ethics in the cover letter. Contact: James G. Adams, MD (jadams@njm.org)

Progressive Clinical Practice
Articles in this section seek to answer clinical questions through consideration of relevant clinical evidence, or provide an appraisal of existing evidence on a topic pertinent to most emergency physicians - academic and non-academic. An appropriate report would seek to promote the use of information drawn from previous clinical research in the routine clinical practice of emergency medicine. Examples of appropriate formats for this section include (but are not limited to): systematic reviews, meta-analyses, comprehensive topical reviews with evidence grading, clinical scenarios with limited evidence, and structured evidence-based medicine (EBM) reviews (click here for instructions on structured EBM reviews). All articles in this series undergo standard blinded peer review. Authors are encouraged to contact the section editor with any specific questions regarding submission to this section. Contact: Alan E. Jones, MD (aejones@umc.edu)

Educational Advances
Authors are encouraged to submit educational advances both as original research manuscripts and non-research educational advances. Research advances should follow the journal guidelines above for original research articles. Non-research educational advances should include a non-structured abstract, an introduction, discussion, and conclusion(s) or a summary statement. Studies that assess changes in behavior and practice and benefit to patients from the educational intervention (higher on the modified Kirkpatrick hierarchy, http://www.facs.org/education/technicalskills/kirkpatrick/kirkpatrick.html) are preferred to those that assess learner participation, satisfaction, attitudes, and perceptions. Authors may wish to consult the following two articles for information regarding principles and methodologies of high-quality education research:
Contact: John H. Burton, MD (jhburton@carilionclinic.org)

Research Methods and Statistics
As the biomedical research enterprise becomes increasingly complex, investigators who perform studies and clinicians who incorporate research findings into clinical practice may benefit from literature that describes and explains the applied use of these methods. Submissions to this section should address innovations in methodology that can facilitate the conduct of research in emergency medicine, or provide new insights into the critical appraisal of studies that address the interpretation, evaluation, or application of research into practice. Acceptable submissions of particular interest to researchers can cover the gamut from study design to novel or complex analytic methods to standards for the reporting of clinical research, though additional methods related topics will also be considered. Manuscript submissions should target clinicians and other end-users, with a goal of promoting mastery of an increasingly complex scientific literature and enhancing the conduct of high-quality emergency care research. Articles describing applied methodology are encouraged, with use of relevant clinical examples, sample data, and sample statistical code (e.g., available through an online appendix), as appropriate. Manuscripts simply expanding and detailing the methods section of another study are discouraged. Organization of the manuscript is flexible, but should be appropriate to the technique or methodology being described, and should typically be instructional in format, rather than using the traditional manuscript headings (Introduction, Methods, Results, Conclusions). We suggest reviewing the format and content of previous “Advanced Statistics” publications in AEM for formatting examples. Contact: Craig D. Newgard, MD, MPH (newgardc@ohsu.edu)

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.

Correspondence
All letters that comment on a published work must be received by the end of the month following publication (e.g., by the end of December for letters commenting on material from the November issue). Letters should be no longer than 500 words, with no more than five references. 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. Contact: Jeffrey A. Kline, MD (jeff.kline@carolinashealthcare.org)

Reflections
The Reflections section publishes essays, poetry, reflective writing, and creative photographs. The general author guidelines listed above should be applied for any text submitted. There is a limit of 600 words, and shorter works that can be used as filler on partial pages are preferred. 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. Contact: Brian Zink, MD (bzink@lifespan.org)

Media Reviews
Media reviews are, in general, solicited, and information regarding these can be obtained directly from the department editor. Contact: Peter E. Sokolove, MD (pesokolove@ucdavis.edu)

Dynamic Emergency Medicine
Videos of interest to our readers are published in this online-only section of the journal. Each submission must be accompanied by a brief written description of the video contents. Examples of acceptable content include the demonstration of a procedure, an overview of a disease process, an interview with an author, and any other creative or professional presentation of useful Emergency Medicine-related content. In general, case reports with short video clips (such as ultrasound) will not be considered for publication. Videos should not exceed ten minutes in length, and will undergo peer review. The preferred formats are Apple QuickTime, MPEG or Windows Media. Please submit through the online website as any other submission. Upload the video as "supplemental materials for online publication." The section editor will contact you if there are file size, quality, or compatibility issues with the video you submit. Contact: Scott Joing, MD (sjoing@mac.com)

Clinical Pathologic Conference (CPC)
A Clinical Pathologic Conference (CPC) manuscript describes the logical systematic evaluation and diagnosis of a clinical case as it unfolds in the emergency department. An effective CPC case illustrates
the typical presentation of an uncommon disease or the unusual presentation of a common disease. We invite all participants of the Annual CPC Competition sponsored by CORD/EMRA/ACEP/SAEM to submit their cases for publication. CPC cases not presented at the Annual Competition will also be considered. The manuscript format should mirror the format of the CPC competition: case presentation, discussion of the differential diagnosis, and case resolution. All accepted manuscripts are published as online-only articles. Contact: Mark B. Mycyk, MD (mycyk.md@gmail.com)

**Resident Portfolios**
Manuscripts of reflections and introspection of experiences encountered by emergency medicine residents during their training are invited. Submissions should be no more than five pages, with no more than 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 is 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 emergency medicine residents or reflect an experience encountered in the residency training environment by an emergency medicine graduate. Contact: Carey D. Chisholm, MD (cchisholm@clarian.com)

**Contacts**
Editor-in-Chief
Jeffrey Kline, MD
jefkline@iu.edu

Editorial Coordinator
Taylor Bowen
tbowen@saem.org
aem@saem.org
434-218-3366

Journal Manager
Stacey Roseen
sroseen@saem.org
847-257-7227

**PEER REVIEWED LECTURES GUIDELINES (PeRLs)**

*Academic Emergency Medicine* publishes selected videos of lectures on topics in emergency medicine. These are intended to represent the state of the art in EM education. Residents, practicing physicians, and medical students may use them for didactic education. Prospective authors should consider contacting the PeRLs (Peer Reviewed Lectures) Editorial Board for a discussion before starting video production of a lecture for a determination of topic suitability. Videos can be complex to produce, and given the effort involved, having a discussion with an editor either by e-mail or phone before producing the video is recommended. Prior discussion with an editor does not guarantee the likelihood of acceptance for a submitted video. However, it is the goal for an advance discussion to optimize the potential submitted material.

**Content**
PeRLs is designed to provide state-of-the-art educational material in emergency medicine. The content should represent a high level of educational content for an audience of practicing emergency physicians.
Video content should enhance the practice of emergency medicine by rendering additional insight, data, or expertise to the audience. General core curriculum reviews for emergency medicine topics will not be accepted for review. Videos should contain both the presented AV materials for the lectures (such as PowerPoint slides) and live video of the presenter. Each video lecture should contain the following information:

- A written abstract describing the content of the lecture
- Lecture title, author, and institutional affiliation on a title slide
- Conflict of interest statement
- A brief overview of the lecture content (~1 minute)
- The body of the lecture (30 minutes)
- References and further reading (~30 seconds)
- Contact information for questions

Please note that brand names should not be shown in these lectures unless clearly relevant to the discussion.

Outline

It is strongly recommended that prior to recording a video, authors submit a lecture outline to the PeRLS editorial board for review. The outline should be submitted with relevant accompanying visuals (video and graphics that are a central portion of the lecture) as appropriate. The outline will form part of the review process by both the editors and peer-reviewers, and the editor will respond to the authors with recommendations regarding proceeding with recording. In the event that a video has already been recorded (e.g. a recording is made at a regional conference and it is later decided to submit it for consideration), please indicate this in the cover letter.

Written Abstract

A written abstract should be submitted with the video. The abstract should provide an overview of the lecture content. The text is limited to 350 words, and it will be published online and made available through PubMed and other search engines. The intent for the abstract is to give the potential viewer enough information to know whether he or she wishes to view the video.

Video Length

The lecture should be limited to 30 minutes. If more time is required, this should be discussed with the editor. A longer lecture can be restructured as several shorter videos submitted separately.

Consent

When using images of patients and staff, either the subjects should not be identifiable, or their pictures must be accompanied by written permission to use the material.

Original Material

The authors must ensure that all video, graphics, and audio portions of submitted work are original. Written permission is needed for figures, tables, and other material that is borrowed or adapted from other works, using the same process as permission for re-use of material in a regular journal article. Permission can either be listed on the appropriate slide (preferable), or on a separate slide at the end of the presentation.

Journal Style
\textit{Academic Emergency Medicine} has created a template for consistent video presentation, abstract, title slide, disclosures / conflict of interest (COI) slide, introduction slide, body of presentation, reference slide, contact information, and concluding slide, as well as disclaimer and copyright information. It is recommended that authors review this template prior to beginning production. Disclosure Statement Author must disclose any potential conflicts of interest regarding the topic being presented on a slide after the title slide.

**Lecture**
The lecture should be produced as a split screen with two views: one of the lecture slides (e.g. PowerPoint), and one of the presenter. Slide resolution should be adequate to make text easily readable, usually equal to or larger than the video of the presenter. Timing of the slide changes in the video should match the actual changes used by the presenter during the lecture.

There are many ways to produce a high-quality split screen video presentation of a lecture. Timing of the slide changes can be accomplished by capturing the slides real-time with a VGA grabber such as those made by Epiphan (epiphan.com) and various recording software. Post- production editing can be reduced by using real-time layering/recording software such as Boinx TC (boinx.com). Another way to accomplish slide capture is by using screen casting software such as ScreenFlow by Telestream (telestream.net). Final Cut Pro (or any other video editing software) can be used to combine two video sources (slides and video of the presenter) into one video, though syncing the slide changes with the video of the presenter requires more time and editing work than real-time capture of the slide changes.

The lecture should be presented with a well-paced clear voice, free of excessive accenting or dialect, using conversational inflections. Acronyms and eponyms should be defined and used carefully. Acronyms are generally appropriate only when they are immediately recognizable by our readership (such as ED for Emergency Department). The addition of natural sounds such as heart beat, bedside monitor, voices, etc. should remain subtle.

Videos should be original and produced for the purposes of a PeRLS submission. Video filmed for the purposes of a conference, grand rounds, or other separate activity will not be considered for review or acceptance. Video filmed for other purposes may be submitted as part of an outline for concept consideration. However, the final video submitted for review consideration must be produced solely for the purposes of the PeRLS category. An author with limited high-quality video access may submit a lower quality video with the intent to arrange for the production of a higher quality product if advised by the journal reviewers/editor following the initial review of the lower quality, PeRLS-specific submission. Video filming opportunities may be arranged with a PeRLS editor. These opportunities can be scheduled with Academic Emergency Medicine editorial board support at regional or national emergency medicine conferences (e.g. SAEM Annual Meeting).

**Slides**
The editorial board recommends PowerPoint slides, with a plain font such as Sans-Serif, Times New Roman, or Helvetica, 32-point type, with a clear color contrast. Avoid red type or large areas of red in charts, graphs, or illustrations. Avoid different colored backgrounds between slides or changes in font within the lecture.

**Camera**
We recommend using a high-quality digital camera. Movement reduces image quality. Strategies to reduce movement include the use of a tripod and minimizing movement across the frame, including shadows or moving items outside a window. Zooming and panning should be avoided or limited. In particular, panning should occur horizontally only. If available, the Progressive Scan option in the camera
should be enabled. If the video footage was not shot with progressive scan, the video needs to be de-interlaced when compressed.

**Lighting**
It is important that there is adequate lighting on the presenter. Overhead lights are not always sufficient. Often, a light at 45 degrees from the lecturer provides superior lighting than overhead lights. Direct light may cause the lecturer to squint, and can cause unwanted reflection from hardware. Ensure the lights are not in the camera frame (practice a pan / zoom before recording).

**Sound**
Typically, camera-mounted microphones are of poor quality and will pick up the machine noise of the camera and the operator. External microphones are preferred. A camera that allows an external microphone to be attached can be used, or sound can be directly captured using an external microphone into the computer running the video capture software. Consider using a lavaliere microphone on the lecturer. This is a microphone that attaches to the clothing. Ensure that the microphone wire is not in camera view.

**Graphics & Illustrations**
All graphics should be clear and legible. Avoid brand names or use of acronyms when possible. Review spelling and grammar carefully as these cannot be edited in post-production.

**Edits**
In-camera effects such as low-light gain, strobe, or in-camera dissolves and post-production dissolves, fades, wipes, spins, and transitions should be avoided. Straight cuts or edits are preferred. In general, the following recommendations apply: -cut from wide angle to close-up, -cut after all movement has stopped -use dissolves for time-lapse or to make an edit from one close-up shot to another close-up shot. Citation Accepted lecture videos will be cited in PubMed, referencing the issue and an e-page number. The presentation will be published online with its abstract and a link to the video file. Copyright Accepted videos become the property of, and are protected by, the copyright of Academic Emergency Medicine, which is held by the Society for Academic Emergency Medicine. However, authors of videos may use their own videos for their own in-house purposes without requesting permission from the journal or the society. Co-authors and all participants in submitted video material are expected to sign copyright statements at the time of review to assure copyright permission and protection.

**Review Process**
Submitted lectures will be subject to peer and editorial review. Each video and the associated abstract will be reviewed by at least two external peer reviewers before acceptance.

**Disclaimer**
*Professional Judgment*
This video is intended solely for informational purposes and to supplement, not replace, proper training and supervision by qualified instructors. Medicine is an ever-changing field; viewers are advised to check the most current information provided by the manufacturer for every device being used and to verify the indications, contraindications, and proper procedural technique. The dose, method of administration, and contraindications for any administered drug should be confirmed before use.

**Copyright Slide**
Copyright © [year date of publication] Society for Academic Emergency Medicine. Except as otherwise permitted by United States copyright law, this video may be viewed, reproduced, and stored for private noncommercial purposes only; it may not be transmitted, distributed, republished, or broadcast without the prior written permission of the Society for Academic Emergency Medicine.

Source Video
Submissions should be made via ManuscriptCentral (mc.manuscriptcentral.com/aemj ) with abstract, cover letter and related materials with a link to the uploaded video. Videos must be uploaded to Vimeo.com for viewing by editors and reviewers. All video content must be viewable through Vimeo.com with no exceptions. Authors must establish an account at Vimeo.com with enabled sharing via password-protected access. Password and a link to the account should then be provided in the cover letter at the time of submission in ManuscriptCentral. Uploaded videos should be complete, in as high a resolution as possible, and submitted as uncompressed files. Video editing is the responsibility of the author.

Format
The following format is recommended:

Digital video format:
Compression CODEC:
Frame Size (at least):
Frame Rate:
Interlace:

To allow viewers with slower connection to view video files, the files will be converted to the following formats for viewing:

- Flash environment (with captioning, and chapter controls)
- QuickTime (broadband and dialup connections)
- Windows Media (broadband and dial-up connections)