



Academic Emergency Medicine Education and Training

AUTHOR INSTRUCTIONS

March 2025

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. *AEM E&T* publishes bimonthly, online only.

Submission Categories

Manuscripts may be uploaded at the [Wiley Research Exchange Submission site](#) and submitted to one of the following categories:

Original Article

Addresses a new question or challenge in emergency medicine education and training; scholarship of discovery, integration and application relevant to emergency medicine; and reviews. Limited to 5,000 words (exclusive of the abstract, tables, figures, references, and supplemental material), no more than five tables, and no more than five figures.

Brief Report

Similar to an Original Article presenting original/novel educational scholarship relevant to emergency medicine education and training. Limited to 1,500 words and one figure or one table.

Advancing through Innovation

Describe novel strategies for addressing common educational problems. Descriptions of single site implementation are best presented in this category. Limited to 3,000 words and one figure or one table.

Educator's Blueprint

Presents a key topic for the clinician-educator or education researcher. Articles consist of a series of tips (ideally, 6-10 tips) stressing approaches to a given topic. Limited to 1,500 words and one figure or one table.

Educational Download

Brief discussion of a helpful educational model or concept that the clinician-educator can add to their armamentarium. Limited to 500 words and one figure or one table.

New Ideas in B-E-D-side Teaching

Educational case reports. Limited to 500 words and one figure or one table.

Systematic Online Academic Resource Review (SOAR)

Systematic review of free open access medical education (FOAM) using the Medical Education Translation Resources Impact and Quality (rMETRIQ) tool for selected topics to identify high-quality resources for emergency medicine. Limited to 5,000 words (exclusive of the abstract, tables, figures, references, and supplemental material), no more than five tables, and no more than five figures.

Editorial Commentary

Solicited editorial statements, commentary, perspectives, or opinions covering timely or important topics related to educational theory or advances that are relevant to emergency medicine and typically related to the content of the current issue. Limited to 1,500 words.

Commentary

Unsolicited opinion pieces not related to the content of the current issue. Limited to 1,500 words.

Letter to the Editor

Letters related to previously published articles. Limited to 500 words.

Reply

Author response to unsolicited letters to the editor. Limited to 500 words.

Canvas and Transitions

Creative art, photographs, essays, poetry and other types of writing about transitions for med students, residents, fellows, educators, researchers, etc. Writings should not exceed 500 words.

Media Review

Solicited book, software, and other media reviews. Should not exceed 500 words.

Concept (For Special Issues Only)

Conceptually based papers seek to develop a fuller understanding of emergency medicine education and training by building on existing knowledge. A concept paper explains facts of events in a way that increases understanding. This should be more than a basic introduction to a topic. This manuscript type may be used to disseminate the work of SAEM committees, academies or task forces.

Please Note:

AEM E&T does not review:

- Any paper under consideration at another journal or any paper with intention of dual publication at another journal
- Work written by a ghost writer (generally defined as an individual who was paid to write the paper and is not represented as an author on the title page).

Authors are expected to disclose if they have used artificial intelligence in preparation of the manuscript (e.g. ChatGPT, Grammarly, MaxAI). The disclosure should be explicitly called out in **BOLD** type in the cover letter that accompanies the manuscript.

Manuscript Type Overview

Manuscript Type	Abstract ≤ 300 words Required	Word Count (Maximum)*	Tables/Figures	Examples
Original Article	Yes	5,000	5	Liang N, Jewell CM, Hekman DJ, Shank C, Schnapp BH. PGY-2 emergency medicine residents are more efficient when paired with an early clinical medical student. AEM Educ Train. 2024;8:e11028. doi:10.1002/aet2.11028 .
Brief Report	Yes	1,500	1	Preiksaitis C, Nawaz A, Ousta A, Mackey C. Weighing the gold standard: The breadth of emergency medicine core content covered by textbooks. AEM Educ Train. 2024;8:e10994. doi:10.1002/aet2.10994 .
Advancing through Innovation	Yes (structured)	3,000	1	Paulson R, Hill J, McDonough E, et al. Evaluation of learning in emergency medicine: an umbrella IRB protocol for education outcomes research. AEM Educ Train. 2024;8:e11027. doi.org/10.1002/aet2.11027 .
Educator's Blueprint	Yes (unstructured)	1,500	1	Gottlieb M, Bailitz J, Fix M, Shappell E, Wagner MJ. Educator's blueprint: A how-to guide for developing high-quality multiple-choice questions. AEM Educ Train. 2023;7:e10836. doi:10.1002/aet2.10836 .

Educational Download	No	500	1	Husain A, Stehman CR, Thompson M, Corbo S, Natesan S. Using the Self-Assessment Feedback Encouragement Direction (SFED) model of feedback/coaching model in academic emergency medicine. AEM Educ Train. 2024;8:e10968. doi:10.1002/aet2.10968 .
New Ideas in B-E-D-side Teaching	No	500	1	Schnabel NE, Okoli DK, Bailes CA, Davis MG, Haas MRC. Appreciative education to improve teaching interactions in the emergency department. AEM Educ Train. 2024;8:e11010. doi:10.1002/aet2.11010 .
Systematic Online Academic Resource Review (SOAR)	Yes (structured)	5,000	5	Zhao L, Tom S, Patel N, et al. SAEM Systematic online academic resources (SOAR) review: gastrointestinal illness. AEM Educ Train. 2024;8:e10954. doi:10.1002/aet2.10954 .
Editorial Commentary (solicited)	No	1,500	0	
Commentary (unsolicited)	No	1,500		
Letter to the Editor	No	500	0	
Reply	No	500	0	
Canvas and Transitions	No	500	1	Yaghy A. Pendulating pain. AEM EducTrain. 2024;8):e11031. doi:10.1002/aet2.11031 .

Media Review	No	500	0	
Concept (Special Issue submissions only)	Yes (unstructured)	5,000	5	Zeidan A, Cooper RJ, Samuels-Kalow ME, et al. Innovations to address gender disparities and support the development of emergency medicine researchers. AEM Educ Train. 2024;8(Suppl 1):S43-S49. doi: 10.1002/aet2.10979 .

**exclusive of the abstract, tables, figures, references, and supplemental material*

NOTE: Structured abstracts must include the following specific headings: Background, Methods, Results and Conclusions. Unstructured abstracts should briefly summarize the content of the manuscript.

Manuscript Submission

AEM E&T submission requirements correspond with the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#). Use of [generally accepted guidelines](#) for reporting the study is highly recommended.

Required Content

Authors should submit their manuscripts, with figures and tables and any supplemental materials, electronically at the [AEM E&T submission website](#). Complete guidelines are available at the web site, along with a manuscript template. 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. Unless otherwise noted, all submissions must include:

- **Title page** Required for all submission types except Editorial Commentary, Commentary, Letter to the Editor or Reply manuscript types). Upload one copy of the complete title page. The title of the paper must be fewer than 20 words. Include a short (<50 characters including spaces) running title.

o *Author names:* Identify all authors by first name, middle name initial (if applicable), and last name__, followed by the author's highest professional degrees (e.g., DO, DrPH, DVM, MD, MPH, MS, PharmD, PhD, etc.). The journal will not publish baccalaureate degrees (e.g. BA or BS), registrations or technical degrees (e.g. RN, RDMS), or acronyms indicating fellowship membership (e.g. FACEP or FAAEM). Using numeric superscripted footnotes (e.g., author name¹), indicate each author's institution, city and state (or city and province or city and country), and email address. Indicate which author is the corresponding author. If an author's affiliation has changed since the work was completed, list the new and old affiliations. The journal does not limit the number of authors; however, once a paper has passed the first stage of peer review, no additional authors can be added unless a new author is required to meet requests from initial peer review. If an author is added at the time of revision, this must be justified in a cover letter created at the time of resubmission.

- ***Presentations:*** 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.
- ***Financial support:*** Identify financial support of the investigation or manuscript development.
- ***Author contributions:*** On the title page, and the second page if necessary, list the contributions of each author (using initials) with respect to study concept and design, acquisition of the data, analysis and interpretation of the data, drafting of the manuscript, critical revision of the manuscript for important intellectual content, statistical expertise, and acquisition of funding.
- ***Conflict of Interest Disclosure:*** In a separate file, please list any potential financial conflicts of interest within the past three years that could be seen as having an influence on the research for each author. 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 should declare a conflict of interest if they are an editorial board member of AEM E&T. 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 [general guidelines](#) and [core practices](#) provided by the Committee on Publication Ethics with consideration of [policy statements](#) from the World Association of Medical Editors (WAME). 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 (e.g., 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). The following examples serve as guides to report conflicts of interest:

No conflict of interest

[Author Initials] reports no conflict of interest.

Consulting for commercial interests, including advisory board work

[Author Initials] has received funding personally from [Company Name] for consulting.

Grant money for commercial research

[Author Initials] reports grant money to [Institution Name] to conduct research conceived and sponsored by [Company Name].

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].

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

[Author Initials] owns stock in [Company Name] that produces a product relevant to the subject material.

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.

Payment for writing independent of grant funding

[Author Name] received payment from [Entity Name] for writing part of this manuscript.

Employment

[Author Initials] is employed by [Company Name], which manufactures a product related to the subject matter.

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.

- **Cover letter.** Required for all submissions except media review, editorial commentary, commentary, letter to the editor, or reply manuscript types. In the cover letter, please specify why you believe the paper should be published in *AEM E&T*, a statement to verify that no portion of the submission has been previously published or is currently under consideration at another journal, and the name of the corresponding author. Authors are expected to disclose if they have used artificial intelligence (AI) in the preparation of the manuscript (e.g. ChatGPT, Grammarly, MaxAI). The disclosure should be explicitly called out in **BOLD** type in the cover letter that accompanies the manuscript.
- **Abstract.** Abstracts must be structured (Background, Methods, Results, and Conclusions) and are limited to no more than 300 words. Abstracts are not required for commentaries, correspondences, media reviews, or reflections.
- **Main paper.** One copy of the manuscript (blinding to delete authors, institutions, and other identifiers from the title page, methods, and elsewhere throughout the manuscript is optional).
- **Figures and tables.** Figures should be prepared to one 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, PDF, and Excel files. We also can accept images embedded in Word files, but they must meet the requirements of file width and resolution quoted above before embedding. If compressed, use a 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. All tables in the manuscript must fit within 7.5 inches width, with a font size not less than 10-point Arial, or Times New Roman. Do not create tables in landscape layout for tables in the manuscript; however, supplemental tables may be in landscape and up to 10 inches wide. 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.
- **Supplemental material.** Detailed instructions on supplemental material can be found at the following link: [AEM E&T Guide to Supplemental Material](#).
- **Financial conflict of interest.** Financial conflict of interest information must be disclosed on the Research Exchange Submission website at the time of submission by uploading the disclosures as a separate Word file.
- **Suggested reviewers.** AEM E&T allows authors to suggest up to three (3) reviewers for their paper using the "Add Reviewer" feature. These suggestions are for guidance only and the editors are not bound by them. Please be aware that all suggested reviewers will be vetted for legitimacy. You should only suggest reviewers with expertise relevant to the content of the manuscript.

Please Note

- Authors experiencing any difficulty during the submission process or requiring assistance, should contact the editorial office at one of the email addresses listed at the end of these Author Instructions.
- Authors will receive a confirmation email within 24 hours of submission. Contact the editorial office if you do not receive the email.
- Correspondence and questions regarding the status of review should be directed to the *AEM E&T* office and include the assigned manuscript number and title.
- All correspondence, including the editor's decision and request for revisions, will be by email.
- 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.

Manuscript Preparation

In general:

- For all submissions, the main text file must include continuous line numbering.
- Please number the pages consecutively and include the running title as a header.
- 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.
- Use as many words as needed (within the limits specified above) to present the material in a comprehensive yet succinct manner.
- Using color in tables, figures, and infographics is encouraged to clarify or highlight information.

Please Note

- For authors whose primary language is not English, the *AEM E&T* editorial board will refer authors to language editing assistance which may incur expenses to the authors. We will make reasonable efforts to provide in-kind assistance to nations that are beneficiaries of the HINARI initiative. Others may take advantage of [Wiley Editing Services](#). Please be aware that editing assistance in no way guarantees publication. Standard peer-review processes will be followed for all such papers.
- Authors are expected to disclose if they have used artificial intelligence in preparation of the manuscript (e.g. ChatGPT, Grammarly, MaxAI).
- The editor-in-chief determines the category in which each accepted manuscript will be published.

Guidelines for Papers Declined by Other Journals After Peer Review

To facilitate the resubmission process, *AEM E&T* will consider a paper that has been declined after peer review from another respected emergency medicine or medical education journal and will accept any of the formats previously used (for example, *Annals of Emergency Medicine*, *American Journal of Emergency Medicine*, *Pediatric Emergency Medicine*). We require that your submission include the same sections as our manuscript

requirements (an original article should include title page, study group authorship page, abstract, introduction, methods, etc.), however, minor formatting requirements such as spacing and format for references can be postponed until after the paper has gone through initial peer review by *AEM E&T*.

We will ask you to re-format to *AEM E&T*'s requirements if the paper receives a decision of "accept," "revisions required," or "resubmit for review," after *AEM E&T* peer review.

When submitting a previously declined manuscript, be sure to note in **BOLD** in your cover letter that the manuscript was previously submitted to another journal and rejected after peer review so that we waive the initial format review. You must submit the prior journal's reviewer's comments, your response to the reviewers' comments and a document with your edits using track changes as well as a clean copy of the manuscript with lines numbered.

Preparation Guidelines for Specific Types of Submissions

Original Article

Original Articles should contain the following sections:

1. *Title Page*. The title should not exceed 20 words. Do not use abbreviations. We prefer titles that use active tense and state the finding(s) rather than posing a question. Editors reserve the right to alter titles. As noted in the manuscript preparation section, please list the full name, graduate or professional degrees only, affiliations, address, and email address of all authors or members of a study group. Indicate who is the corresponding author.
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 be 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 practice, and the hypothesis and/or objectives of the investigation as well as conceptual or theoretical framework where appropriate. 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 in the methods section. 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.

Please Note

- 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. (For more information see [Biros MH, Hauswald M, Baren J. Procedural versus practical ethics. Acad Emerg Med 2010;17:989-990.](#))
- 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 determination of exemption 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 [U.S. Code of Federal Regulations, Title 45, Part 46](#). 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).

- Authors working with the National Hospital Ambulatory Medical Care Survey (NHAMCS) database are advised to examine the following article regarding its use: [McCaig LF, Burt CW. *Ann Emerg Med* 2012;60:716](#). (Also, see the accompanying editorial.)
 - 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](#) 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.
 - Authors of papers using qualitative methods should adhere to the [Consolidated Criteria for Reporting Qualitative Research \(CORE!\)](#) or the [Standards for Reporting Qualitative Research \(SRQR\)](#) and ideally provide a [COREQ Checklist](#) or a [SRQR Checklist](#) that addresses each point to ensure the rigor and transparency of their methods and reporting.
 - Studies that use data from the Agency for Healthcare Research Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) [National Inpatient Sample \(NIS\)](#), HCUP [National Emergency Department Sample \(NEDS\)](#), or related databases, must include the seven required research practices based on AHRQ's recommendations and compiled under three domains: (1) data interpretation (interpreting data as hospitalization records rather than unique patients); (2) research design (avoiding use in performing state-, hospital-, and physician-level assessments where inappropriate; not using nonspecific administrative secondary diagnosis codes to study in-hospital events); and (3) data analysis (accounting for complex survey design of the NIS and changes in data structure over time). For additional detail, please see <https://jamanetwork.com/journals/jama/fullarticle/2664461>.
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?). In keeping with the recommendations of the National Academy of Medicine (formerly the Institute of Medicine) regarding gender-specific research, we ask that "all papers reporting the outcomes of clinical trials report on men and women separately unless a trial is of a sex-specific condition such as endometrial or prostatic cancer." ([Women's Health Research: Progress, Pitfalls, and Promise; National Academies Press 2010](#)) Noting developing trends in open posting of data, the journal will post the original data files as online data supplements for any authors who wish to do so, or whose granting agencies require it.
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 (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. Authors are responsible for the accuracy and completeness of the references and text citations.

Examples:

- 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. All tables must fit within 7.5 inches width, with a font size not less than 10-point Arial or Times New Roman. Do not create tables in landscape layout; however, supplemental tables may be in landscape and up to 10 inches wide. 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. We accept TIFF, EPS, and PDF files. Figures in JPEG 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.
 13. *Supplemental Materials.* Refer to the [AEM E&T Guide to Supplemental Materials](#).

Brief Report

Brief Report should be formatted according to the general guidelines listed above including a structured abstract. The title page and *AEM E&T* cover page should follow the format listed above under Original Article.

Advancing through Innovation

Advancing through Innovation reports describe novel strategies for addressing common educational problems. An Innovation Report should include the following sections along with a structured abstract:

- Need for Innovation
- Background (which comprises a succinct literature summary)
- Objective of Innovation
- Development Process (including a description of underlying conceptual frameworks or theories)
- The Implementation Phase (e.g. What happened when you rolled this out?)
- 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)
- Reflective Discussion (e.g. potential for export to other sites, advice for others seeking to try similar, sustainability, limitations/Lessons learned, next steps).

Educational Download

The Educational Download section is designed 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 to provide new insights to *AEM E&T* readers. There is a limit of 10 references.

New Ideas in B-E-D-side Teaching

These are educational case reports (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. Tips that may be generalizable to other clinical settings are most desirable. Submissions follow the structure **B-E-D** as described below.

- *Background.* Provide relevant background information and literature review (10 or fewer references) that led to the development of the bedside teaching tip.
- *Explanation:* Explain the technique in detail, including the roles of all persons involved (teacher, learner, patient, other team members, etc.).
- *Description:* Describe the outcomes realized by implementing the technique. These may include (but are not limited to) change in learner engagement, patient or learner satisfaction, reduction of medical error, improved teamwork, etc.

Editorial Commentary

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 article published in the same issue. In most circumstances, commentaries are solicited, and the author will be provided with appropriate information. Invited submissions should be limited to 1,500 words.

Commentary

Unsolicited opinion pieces or editorials are occasionally published, and submissions should include a title page and acknowledgment page, similar to the description above. Unsolicited submissions do not have an abstract, should be limited to 1500 words or less, and can include one figure or one table (but not both), and no more than 10 appropriate references.

Letter to the Editor

All letters that comment on a published work must be received by the end of the month following the month of publication (e.g., by the end of February for letters commenting on material from the January issue). Letters should not exceed 500 words, with no more than five references. 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.

Canvas and Transitions

Canvas is a place for creativity outside the traditional realm of medical education. Authors are invited to submit personal essays, reflective writing, poetry, creative photography, and original artwork which augment our lives as physicians, educators, and global citizens. The general author guidelines listed above should be applied for any text submitted. There is a limit of 500 words, and shorter works 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.

Media Review

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