[DISCLAIMER: I developed and crafted the following manuscript template to be used by authors to catalyze the writing process. The template is not specific to any one journal, but works for most. Writing can be highly individual, with different perspectives and approaches. The following approach is what I use and includes my imbedded editorial perspectives in []. The "XX" areas are sections for you to fill in. -Craig Newgard, MD, MPH; 9/28/2017]

Title

[Keep the title succinct, representative of the study and interesting. This might be the only information that someone sees when doing a lit search. Don't answer the study question in the title – it is rarely so simple.]

-author list-

[Author order is important and closely tracked in academic circles for a variety of purposes, including promotion and tenure. First Author should be the lead person who developed the study idea and is doing the lion's share of the work and writing. Second author is sometimes reserved for the biostatistician or a very involved co-author who doesn't quite meet criteria for senior author. Last author is the "senior author" and should be the person supervising the group, providing guidance and key insights, often the content expert or senior person working the most behind the scenes to make the project happen.]

Word count: [TARGET 3,000 – 3500 WORDS. Maximum words allowed will differ by journal.]

Running title:

Abstract of these results were presented at the XX meeting on November XX, 2016 (Chicago, IL).

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FUNDING

[EXAMPLE] This project was supported by the Robert Wood Johnson Foundation Physician

Faculty Scholars Program; the Oregon Clinical and Translational Research Institute (grant #

XX); UC Davis Clinical and Translational Science Center (grant # XX); Stanford Center for

Clinical and Translational Education and Research (grant # XX); University of Utah Center for

Clinical and Translational Science (grant # XX and XX); and UCSF Clinical and Translational

Science Institute (grant # XX).

[If the project was supported by grant funding, the funder likely has specific language to use in
this section – check with them.]

ACKNOWLEDGEMENTS

[EXAMPLE] We want to acknowledge and thank all the participating EMS agencies, EMS

medical directors, trauma registrars, and state offices that supported and helped provide data for

this project.

ABSTRACT

Study Objective: XXXX

Method: [EXAMPLE] This was a XXXX study of XXXX patients transported by XX EMS

agencies to XX hospitals in 6 regions of the Western U.S. from 2006 through 2008. Hospital

outcome measures were probabilistically linked to EMS records through trauma registries, state

discharge and emergency department data. The primary outcome was XXXX. We XXXX

(statistical analysis).

Results: XX injured patients were evaluated and transported by EMS over the 3-year period, of

which XX% had ISS $\geq$ 16. XXXX

Conclusions: XXXX [stick to conclusions directly supported by the results]

[GENERAL: clean, succinct, clear writing is critical to a paper being accepted for publication. Attention to detail and organization is very important. Make sure your study objectives are clearly answered in the Results, picked apart and interpreted in the Discussion and cleanly summarized in the Conclusions. If you list certain topics or outcomes in a specific order in the study objective, keep this order throughout the Results, Discussion, Conclusions and Tables/Figures. Anything that makes your paper easier to read increases the chances for acceptance (and readers following and remembering what you say). Also, when you first start writing, don't worry about getting it right the first time – type whatever ideas you have, even if in outline format or short notes, just to get them down (a version of free-writing), organized under the headers and subheaders below. The rule is many revisions and iterations. You can polish the text later. Double space all text for the abstract and core manuscript text.]

INTRODUCTION

[3 PARAGRAPHS, with total Intro no more than 1.5 pages double-spaced. Save detailed literature exploration for the discussion. The intro builds your case for doing the project. These subheaders come from Annals of Emergency Medicine and are a good way to organize your Intro. For most journals, you don't need to include these subheaders as text in the manuscript.]

-Background

-Importance

-Goals of the investigation [study objective(s)]

METHODS

[The following subheaders are helpful in organizing the methods and guiding the reader – I include them in every manuscript for clarity.]

Study Design: This investigation was a XXXX. XX Institutional Review Boards at XX sites approved this protocol and waived the requirement for informed consent.

Study Setting: The study included XX EMS agencies transporting to XX hospitals (including X Level I, X Level II, X Level III, X Level IV, 1 Level V and X community/private/federal hospitals) in 6 sites across the Western U.S over a 3-year period (January 1, 2006 through December 31, 2008). The 6 sites included: Portland, OR/Vancouver, WA (4 counties); King County, WA; Sacramento, CA (2 counties); San Francisco, CA; Santa Clara, CA (2 counties); and Denver County, CO.

[Provide additional relevant detail about the study setting. Why the sites or hospitals were chosen? How do their systems work? Why were these dates selected? There should be enough detail for the reader to compare the setting to their own and decide if the results apply to their patient population.]

Patient Population: The study sample included XX patients (children and adults) for whom the

9-1-1 EMS system was activated….

[Describe inclusion and exclusion criteria, justify this patient sample and the inclusion criteria.].

Variables:

[List and describe all variables you collected and used for this analysis. There should be no variables included in the Results that are not listed here and under the Outcomes section.]

Outcomes: The primary outcome for this study was XXXX, defined as XXXX.

[Also list secondary outcomes. Describe rationale for using these outcomes, include supporting references. Why were these outcomes selected? Why are they important?]

Statistical Analysis

We used descriptive statistics to characterize the sample. XXXX

[Include sample size calculation, if performed. Describe any models used, how they were built and variables selected, plus model fit metrics. Mention subgroups or strata, if relevant. Describe how missing values were handled. Provide enough information for someone else to replicate the results. Use citations for your methods whenever possible. Consider justifying the use of certain statistical strategies (including citations) if multiple options exist.]

Database management and descriptive analyses were conducted using SAS (v 9.2, SAS

Institute, Cary, NC).   [List your statistical software.]

RESULTS

Of the XX injured patients transported by EMS during the 3-year period, XX had

matched hospital records and formed the primary sample for analysis. XX (XX%) had ISS $\geq$ 16

and XX (XX%) died during their hospital stay. Characteristics of the primary sample are

demonstrated in Table 1.

[PARA 1 = General description of the sample and % primary and secondary outcomes. Refer to Table 1 for sample characteristics. Minimize redundancy between results presented in text versus results provided in the Table.]

PARA 2 = main results

[As above, minimize redundancy between tables/figures and Results text. Highlight key findings, as needed.]

PARA 3 – 4 = additional results

LAST PARA = results from sensitivity analyses and model fit (if multivariable analysis done)

DISCUSSION

In this multi-region study, we demonstrate XXXX.

[PARA 1 = summarize study findings briefly and set the stage for the rest of the discussion.]

[PARAS 2-4 = Place your results in context of existing literature on the topic and describe why they are important. While the Results section needs to be objective and factual, the Discussion is your chance to interpret your findings, put them in context of current literature and make them applicable. Why did this study matter? Why are the results important? How might they be used? The Discussion should not simply be a review of the literature – focus on studies directly related to your project. Consider implications for policy or changes in clinical care.]

LIMITATIONS

[Typically 2-3 paragraphs: this is your chance to be open and transparent about study limitations. Show the reviewers (and readers) that you understand the limits of the data and analysis. However, you don't want to kill your manuscript here by focusing too heavily on the limitations. Find some balance.]

CONCLUSION

[1 -2 sentences. Stick to conclusions directly supported by your results, possibly with policy or clinical care implications.]

REFERENCES

[Start on a separate page, immediately following the core manuscript text. For most journals, they want references listed in the order cited in the manuscript. Single-space or double-space based on the journal's preferences. Use a reference manager (e.g., EndNote).]

[Most journals cap the total number of tables and figures around 4-5 and list this in the Author Instructions. Figure out what is most important to present and how best to spend your page space. Each table/figure starts on a new page.]

Table 1. Demographics/characteristics of the sample (n = 89,441).

[EXAMPLE – how you set up Table 1 is up to you, but it should adequately describe relevant characteristics of the primary sample and potentially include key comparison groups (e.g., in a RCT) or strata as additional columns. If the sample size is not included in the table, put it in parentheses after the title. Every table and figure should be able to "stand alone" (i.e., make sense if it was removed and pasted into another document). Many journals no longer want *p* values for these tables – only include them if useful.]

	Full sample	XX	XX
	n = 89,441	n = XX	n = XX
Demographics:			
Age – median (years)			
Women (%)	(%)	(%)	(%)
Out-of-hospital physiology and procedures:			
SBP (mmHg) – median			
SBP < 90 mmHg (%)	(%)	(%)	(%)
GCS – median			
GCS ≤ 8 (%)	(%)	(%)	(%)
Respiratory rate (breaths/minute) – median			
Ventilatory support (BVM, supraglottic airway or intubation) (%)	(%)	(%)	(%)
Intubation attempt (%)	(%)	(%)	(%)
IV placement (%)	(%)	(%)	(%)
Field Triage Criteria			
1 or more triage criteria (%)	(%)	(%)	(%)
Mechanism of Injury:			
Gunshot wound (%)	(%)	(%)	(%)
Stabbing (%)	(%)	(%)	(%)
Assault (%)	(%)	(%)	(%)
Fall (%)	(%)	(%)	(%)
Motor vehicle crash (%)	(%)	(%)	(%)
Other (%)	(%)	(%)	(%)
Inter-hospital transfer:			
Initial transport to Level I/II (%)	(%)	(%)	(%)
Interhospital transfer (%)	(%)	(%)	(%)
Hospital outcome measures:			
Injury Severity Score – median			
ISS >= 16 (%)	(%)	(%)	(%)

Non-orthopedic surgery (%)		(%)		(%)		(%)
Orthopedic surgery (%)		(%)		(%)		(%)
In-hospital mortality (%)		(%)		(%)		(%)

Figure 1. XXXX

[People like pictures, so give them what they want. Figures are also quite helpful in conveying information and relationships between the data. Try to find ways to translate your key findings into graphic format and maximize the amount of information available in the figure without confusing people. Make them clear and informative. When possible, represent the findings in graphic format, rather than a table (except for Table 1). Attention to these details will make your paper more marketable and therefore more likely to be accepted. It will also create a work where the key findings are easy to consume and more likely to be remembered.]

Appendix. XXXX

[An appendix is not required, but can be a useful tool. If you have a really long, complicated Methods section, consider moving some of the information here and referencing the Appendix in the text. If you have too many tables and figures, but feel they are all important (or want them available to reviewers and readers), consider moving some to the Appendix. Many journals keep appendices as on-line material to save page space. If you have an appendix, it needs to be cited in the core text, something like "Results from additional stratified analyses are included in the on-line Appendix."]