

Instructions for Authors

Overview

World Journal of Emergency Medicine (WJEM), a peer-reviewed quarterly journal based at the Second Affiliated Hospital of Zhejiang University School of Medicine, China, publishes articles of interest to both clinicians and researchers involving emergency medicine around the world. It focuses on content relevant to clinical practice and research, laboratory studies, continuing education about emergency medicine.

Editorial requirements

Editors of *WJEM* will review manuscripts with the understanding that they are being submitted only to *WJEM* and have not been published, simultaneously submitted, or already accepted for publication elsewhere. This does not preclude consideration of a manuscript that has been rejected by another journal or a complete report that follows publication of preliminary findings elsewhere, usually in the form of an abstract. Copies of any possibly duplicative published material should be submitted with the manuscript that is being sent for consideration. *WJEM* will not consider manuscripts that have appeared, in part or in total, in other publications. It is the corresponding author's responsibility to complete, sign and submit on behalf of all authors the declaration form stating that the submitted manuscript complies with the above requirements. Each author should have participated sufficiently in the work to take public responsibility for the content. This participation must include: (1) Conception, design, or analysis and interpretation of data, or both; (2) Drafting the article or revising it for critically important intellectual content; (3) Final approval of the version to be published.

Scope and content

WJEM publishes the following categories of articles involving different areas of emergency medicine:

Editorials: The purpose of the editorials is to provide readers with a balanced over view of relevant and up to date topics concerning emergency medicine. The length of an editorial should be limited to 2–3 printed pages including few references, tables, figures and legends if necessary.

Review articles: Review articles including systematic reviews and meta-analysis critically describe the current state of knowledge or practice, and integrate recent advances with accepted principles and practice, or summarize and analyze consensus views of controversial issues in knowledge of research or clinical practice.

Original articles: Previously unpublished manuscripts report research or clinical investigations or clinical observations. An original article should consist of around 5–6 printed pages. But there is an exception for invited articles. The topics of this section of articles focus on advances in emergency

medicine; pediatric emergency medicine; emergency medicine administration; pharmacotherapy; toxicology; emergency medicine services; community emergency medicine.

Short reports: This section is devoted to clinical experience in medical mythology; diagnostic challenge; methodology; tips from the trenches.

Continuing education: continuing education about emergency medicine.

Case reports: Reports of clinical cases are accepted in a limited number. They should be typed double-spaced, and should be 2–4 printed pages in length including references and no more than three figures.

Letters to the editor: This section is devoted to letters to the editor including short communications on significant preliminary clinical data or research development, as well as discussions of topics covered in previously published articles. Letters to the editor are particularly welcome as they provide a means of open communication among readers. Text should be limited to 500 words, 5 references and 1 figure.

Humanity

News and events

WJEM publishes articles in English with high quality content in an easy-to-read format; therefore brevity and active voice are encouraged. Accepted articles will be edited for clarity, brevity and journal style.

Manuscript preparation

Authors should follow the general guidelines set by the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (www.ICMJE.org). Articles not prepared in accordance with these guidelines including those about style or format will be rejected. For grammar, style, and punctuation, *WJEM* uses *Manual of Style* prepared by the American Medical Association (www.amamanualofstyle.com).

Formatting

Manuscripts should be double-spaced from title page to the list of references. Authors are asked to use a consistent 12-point font of the text of manuscript, with right margins unjustified. The pages of the manuscript should be numbered consecutively, beginning with the title page, and a running title is required. The manuscript, for instance, research article must include the following parts:

Title page

Title page should include the title of the article, authors' name(s) and the affiliations of the authors. The name, address, telephone number, fax number, and e-mail address for the corresponding author should be provided in addition to a word count. All papers must include a statement on a sheet of paper

or on the title page declaring whether the authors have financial or other conflicts of interest related to the submitted article. If there are conflicts, they must be described clearly.

Abstracts and key words

Structured abstracts should be prepared in sections of Background, Methods, Results, Conclusions with up to 250 words for original research articles, and Background, Data resources, Results, Conclusions for systematic review articles and meta-analyses. Case reports should also include a structured abstract or an unstructured abstract of 150–200 words that summarizes the problem or objective, the main points, and the conclusions of the article. Abstracts are not required for editorials, controversies and commentaries, book reviews, news items, writings of humanity or other reporting. Below the abstract, authors should provide a list of three to six key words from the Medical Subject Headings of the *Index Medicus*.

Ethical considerations

The chief editor of the journal is responsible for establishing the highest possible standards of the journal as well as for maintaining its integrity. The final responsibility rests with the authors, not with the journal, its editors. The chief editor and the editorial board are primarily responsible for ensuring a fair review process and will give unbiased consideration to all submitted manuscripts. The statements and opinions contained in the articles published in the *WJEM* are solely those of the individual authors and contributors. For studies involving human subjects, the Methods section should specify the nature of the patient consent that was obtained at the time of enrollment. Authors must clarify that an appropriate ethics committee or investigational review board approved the research. In short, the studies must comply with the *Declaration of Helsinki* (www.wma.net/e/policy/b3.htm). Studies using animals must conform to the laws of the country where the research was performed.

Conflicts of interest

All manuscripts must state whether any authors have proprietary interest or not. At the time of submission of a manuscript the authors should present a signed financial disclosure form, indicating any financial interests or potential conflicts of interest relating to the manuscript.

Abbreviations and SI units

WJEM uses only standard abbreviations. The full term for which an abbreviation stands for should be reported before its first use in the main text. SI units should be adopted in the description of research results in all articles submitted to the journal and should also be indicated for symbols.

Tables

Each table should be typed on a separate sheet, double spaced. As a general rule, tables should not unnecessarily offer duplicate information offered in the text. Don't format tables by dividing the text in columns or by using tabs. Don't submit tables as Figures. Tables should be numbered consecutively by order of citation in the main text. Each table must include

a title, appropriate column headings and explanatory legends, including definitions of any abbreviation used. References used within tables should appear as footnotes in the table legend. These references should not be repeated in the reference section unless they are also cited in the main text. Identify statistical measures of variations, such as SD and SEM.

Figures

Figures must be submitted as individual files. They should be cited consecutively in the text and numbered in the order in which they are discussed. If figures are not submitted in a high enough resolution for publishing, they will be returned to the authors for technical revision. When a patient is identifiable in a photograph, the author or authors must supply the journal with evidence of the patient's permission to publish the photograph. If a figure has been published elsewhere, authors should acknowledge the original source and submit to the editor written permission from the copyright holder to reproduce the material. Permission is required, regardless of authorship or publisher, except for documents in the public domain.

Legends

Legends to figures and illustrations should be typed double-spaced, starting on a separate page with Arabic numerals corresponding to the Figures. When symbols, arrows, numbers, or letters are used to identify parts of the figure, identify and explain each one of them clearly in the legends.

References

The references cited in the text should include only those that are important and have been reviewed by authors. The authors are responsible for the accuracy and completeness of the references and for correct citation in the text. When listing references the names of journals should be abbreviated according to the style of PubMed (List all authors and/or editors up to 6; if more than 6, list the first 6 and et al). All references should be accompanied with PMID roots in the abstract serial number indexed by PubMed (<http://www.ncbi.nlm.nih.gov/sites/entrez?db=PubMed>). The references should be marked in the text by superscript numbers in the order of their appearance. The list of references at the end of the text should be in this numerical order. If a manuscript not meeting these requirements is submitted, it will be rejected without review, with a note reiterating the need to follow the instructions for format. Once it is corrected, the manuscript will enter the normal review process.

Additional instructions

Submissions such as original articles, advances in emergency medicine and continuing medical education should be limited to 2000–3000 words. Review articles including systemic review and meta-analysis should be no more than 3000–4000 words.

Editorials or commentaries

Although normally by invitation, authors may submit a focused discussion on major current problems of emergency physicians or on controversial matters with significant implications for emergency medicine. Article length should be

1000–1500 words.

Review articles including systematic reviews and meta-analysis

WJEM publishes reviews of the recent and past scientific literature. Review articles, especially systematic reviews, aim at the topic or research question addressed. Articles or data resources should be evaluated systematically for inclusion in the review, and the process of evaluation should be described in the paper. Authors of systematic reviews incorporating meta-analysis should refer to the QUOROM statement on the improvement of the quality of reports of meta-analysis of randomized controlled trials (see table).

Authors of systematic reviews are required to define a clear and clinically relevant research question; retrieve and describe relevant reviews published to date; document their limitations and justify the need for a more comprehensive review; define the search strategy used to identify primary articles; describe the methods used to select primary studies; specify inclusion and exclusion criteria (criteria for selecting primary studies should be based on population studied, intervention or exposure, study outcomes, and study methodology); perform a blinded assessment of the quality of the selected articles; assess the reliability of this process by measuring the agreement of 2 evaluators; account for all studies identified by the search and justify exclusions; describe the method of combining study results; discuss variation within and between studies; state their conclusions; compare their conclusions to the literature and current standard of care; outline the limitations of the review; suggest areas for future research.

A structured abstract for a systematic review should include such headings as Background, Data resources, Results, and Conclusions.

Original articles

These articles present primary data arising from original research. Randomized clinical trials should conform to the criteria specified in the CONSORT statement (see table) (www.consort-statement.org). All clinical trial reports submitted to *WJEM* must be registered with an internationally accepted clinical trials registry and the registration number should be included in the manuscript. Researchers initiating studies should register as soon as the approval of the ethics board has been obtained. Authors of retrospective medical record reviews should, where appropriate, incorporate the design elements. Authors reporting the performance of a diagnostic test should follow the STARD initiative (see table).

Original articles should be within the recommended word count, excluding tables, figures and references. The Introduction section should describe study background, objectives and hypotheses. The Methods section should include a description of the overall study design, the study setting, time period, patients studied (with eligibility criteria), a description of the intervention, the primary and secondary outcome measures, and the statistical analysis employed. The Results section should include primary and secondary results, with appropriate tables and figures. The Discussion section should highlight the important study findings and discuss

these in the context of the published literature. In addition, this section should identify limitations of the research and future directions. Conclusions should be stated in one paragraph and should be supported by the data. A structured abstract must also be included as mentioned above.

Pharmacotherapy and toxicology-related articles

Articles are usually evidence-based reviews of current trends in pharmacology and therapeutics, and of drug therapies in emergency medicine. Reviews may focus on new pharmaceutical modalities or new indications for older medications.

Reviews should describe the background of the agent(s) under review and their objectives. This description should be followed by comparisons to other drugs within the same class. These articles should have sufficient detail to allow the readers to understand the mechanism of the new agent and to appreciate some of the pharmacokinetic principles for dosing of the agent. The body of the review should be clinically evidenced and critically evaluate the current evidence, negative and positive. Efficacy, safety and cost on the use of this agent should be emphasized in addition to the limitations and unanswered questions that arise from the current literature. Articles about toxicology should be related to the nature, effects and detection of toxins and their treatment.

Emergency medicine related to pediatrics

Articles about pediatric emergency medicine are welcome if they are related to the clinical practice or other aspects of this specialty.

Community emergency medicine

Topics on community emergency medicine should be related to clinical practice in specific settings. Authors are encouraged to submit original research articles about clinical or other topics specific to this practice.

Continuing education

Original research articles related to continuing education in emergency medicine are welcome. Topics include didactic teaching, clinical training methods and clinical and formal evaluation techniques.

Case reports

Case reports should illustrate an important error or practice point for emergency physicians, identify previously un-described findings or phenomena, or describe a therapy that could lead to future research or a change in practice.

Case reports should conform to the general guidelines set by the *Uniform Requirements*. They should include a brief introduction (1–2 paragraphs describing why the topic is important); a case report with a succinct summary of relevant historical, physical, laboratory and imaging findings, emergency department diagnosis, management, and disposition, and relevant follow-up information; a discussion summarizing what the case illustrates and what the teaching points are; and a 1-paragraph conclusion.

Clinical imaging and techniques

Articles report interesting, high quality clinical images with accompanying text that briefly reviews the important features of the related case, which will stimulate diagnostic discussion. Diagnosis and explanation should be distinct from the case presentation. Brief reports of clinical techniques or pearls are also welcome. Article length should be 1000–1500 words.

Letters to the editor

Letters should be addressed to the editor, they will be considered for publication if they relate to topics of interest to emergency physicians in urban, rural, community or academic settings. Letters are generally not peer reviewed but may be edited for brevity and clarity. Letters will be limited to 400 words and 5 references. Letters responding to a previously published *WJEM* article should reach the *WJEM* editorial office within 6 weeks of the article's publication. Authors whose work is discussed will be given an opportunity to respond.

Humanity

Submissions should reflect the challenges of working in medicine. Generally they should be humorous and/or provide some human interest and add to our understanding of the physician experience. Articles should be less than 1000 words in length.

Manuscript submission and editing

Manuscripts should be submitted via the submission system at <https://mc03.manuscriptcentral.com/wjem>. All submissions should be accompanied by a covering letter. Within the letter, authors should identify potential conflicts of interest and financial disclosures, specify each author's contribution to the work, and indicate that all coauthors have agreed to publish the manuscript.

Figures should be separated from the text, each printed individually on a single sheet of paper. If figures, illustrations, tables or other materials have been taken or adapted from a previous publication, the authors should obtain written permission from the publishers or original authors to reproduce these items and send the said permission to *WJEM*. If patients could possibly be identified by photographs or descriptions in the manuscript, authors should provide the journal written consent from the patients to publish their photographs or descriptions. Enquires about manuscript submission can be sent to em_nancy@zju.edu.cn.

Review and editorial processes

All submissions will be initially read by the editors or members of the editorial committee and peer reviewed by at least two independent reviewers. Forms and contents should be carefully checked to exclude the need for later corrections. Articles judged unsuitable for *WJEM* will be returned to the authors. Those meeting screening criteria will be forwarded for further peer review. Peer review comments will be forwarded to a decision editor at the editorial office, who will decide whether the article should be accepted, accepted after revision, or rejected. The decision editor will write an editor's response letter to the author. In most cases, authors can expect an editor's response within 12

weeks after submission of an original manuscript.

Revised manuscripts will be reviewed by the decision editor, who will determine whether review comments have been addressed. The decision editor, sometimes in concert with the chief editor or associate editors, will make a final decision regarding publication of the revised manuscript. Accepted articles are subjected to editing for clarity, brevity and journal style, and authors will have the opportunity to review and approve editorial revisions prior to publication. Manuscripts submitted to *WJEM* will be treated with respect and confidentiality.

After acceptance, copyright of the article must be transferred by writing to *WJEM*. Published manuscripts in *WJEM* are the property of the journal and may not be published elsewhere without permission.

Additional resources

Authors are encouraged to submit articles in many areas of research. The methodological guidelines for reporting different types of studies have been summarized and validated in a number of publications. Authors should check their manuscripts with these reporting guidelines to ensure that all important information is present. The most common reporting guidelines for different published study designs are summarized in Table 1. This list is not comprehensive for all possible study designs, but does cover all major study types commonly published.

Table 1. Additional resources

| Study design | Reporting guidelines |
|--|--|
| Randomized controlled trial (RCT) superiority design | CONSORT Statement (Begg et al, JAMA 1996; 276: 637–639) |
| RCT with non-inferiority/equivalence design | Modified CONSORT Statement (Piaggio et al, JAMA 2006; 295: 1152–1160) |
| Systematic review of therapeutic interventions | QUOROM Statement (Moher et al, Lancet 1999; 354: 1896–1900) |
| Diagnostic test performance study | STARD Statement (Bossuyt et al, Clin Chem 2003; 49: 1–6) |
| Systematic review of diagnostic tests | QUADAS Statement (BMC Med Res Method 2006, 6(9): doi: 0.1186/1471-2288-6-9) |
| Systematic review of observational study | MOOSE Statement (Stroup et al, JAMA 2000; 283: 2008–2012) |
| Economic evaluations | CHEC Criteria (Evers et al, Int J Tech Assess Health Care 2005; 21: 240–245) |

Contacting *WJEM* editors

Prospective authors with questions regarding a submission, or those who wish to discuss a paper in the development stage are encouraged to contact the chief editor or other editorial staff at em_nancy@zju.edu.cn.