



Author Instructions

Updated January 2025

About AEM

Academic Emergency Medicine (AEM) is the official journal of the Society for Academic Emergency Medicine (SAEM). *AEM* publishes peer-reviewed information relevant to the practice and investigation of emergency care, and with the potential to elevate the human condition during times of emergency. Effective January 2017, *AEM* publishes exclusively online. Manuscripts focusing on training or education of either emergency care providers or lay persons should be submitted to *AEM*'s companion journal, *Academic Emergency Medicine Education and Training* (<https://wiley.atyponrex.com/journal/AEMET>). Neither *AEM* nor *AEM Education and Training* charge authors to submit or publish their work.

Submission Categories

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

Original Article

Possible content includes: clinical trials, observational studies, other human subject studies, innovative diagnostics and therapeutics, concept papers, clinical controversies, economic or policy research, health services research, and basic science studies. 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.

Systematic Review

Three categories: 1. Evidence-based Diagnostics, 2. Systematic reviews other than evidence-based diagnostics, and 3. Structured, Evidence-based Reviews. Literature-based systematic reviews of focused clinical questions that include aggregation of data. Limited to 5,000 words, no more than five tables, and no more than five figures.

Research Methodology: Empirical Research – Methodology

Descriptions and explanations of applied research methodologies and statistical techniques. Limited to 5,000 words, no more than five tables, and no more than five figures.

Research Letter

Research letters provide original data, with one or two novel findings of interest to the emergency care community. Research letters have a title page but do not have an abstract, nor headers, and are limited to one table or one figure but not both, less than 1500 words and less than 11 references. Manuscripts with an abstract or headers will be returned to the author(s).

Invited Commentary

Solicited editorial statements, editorials 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. This section also invites extremely brief presentations of original research concepts or provocative and novel ideas in research.

Letter to the Editor

Letters related to previously published research articles in AEM within the past 90 days. Limited to 500 words.

Reply

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

Special Contribution

Papers solicited by the Editors, SAEM policy papers, and narrative reviews. Limited to 5,000 words; no more than five tables; and no more than five figures.

Media Review

Solicited book, software, and other media reviews—published online only.

Reflection Article

Humanistic essays or photographs.

Consensus Statement

Papers submitted in response to the published “Call for Papers” for the annual consensus conference held at the SAEM annual meeting.

Please Note

AEM does not review:

- Any paper under consideration at another journal or any paper with intention of dual publication at another journal
- Case reports
- 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)
- Papers related to education and training, including educational research, curriculum planning and development, and procedural skill training and assessment. These should be submitted to AEM’s companion journal, [AEM Education and Training](#), for possible publication.

Most common reasons for manuscripts being returned:

- Original article – Submissions with primary focus on education and training, submissions of case reports or basic science research not involving the study of humans
- Research letter – Inclusion of abstract or headers in the text
- Systematic reviews – Lack of PRISMA checklist

Manuscript Submission Requirements

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

Trial Registration

Any study that satisfies the ClinicalTrials.gov [definition of a clinical trial](#)* and reports results from a test article with an [Investigational Device Exemption \(IDE\)](#) or [Investigational New Drug \(IND\) letter](#) from the Food and Drug Administration (FDA), and any randomized controlled trial of a commercially available drug or device, funded by the industry concern, must be preregistered at [ClinicalTrials.gov](#) or another recognized clinical trials registry. For investigator-initiated research without an IND, IDE, or federal funding, including randomized trials, pre-registration is strongly encouraged. Retrospective or post-hoc registration is not permitted. Authors from nations with no registry or who do not believe their study requires registration should contact the editor-in-chief prior to submission. AEM uses a web-based manuscript submission and

peer-review system.

**A clinical trial is a research study in which human volunteers are assigned to interventions (for example, a medical product, behavior, or procedure) based on a [protocol](#) (or plan) and are then evaluated for effects on biomedical or health outcomes.*

Required Content

Authors should submit their manuscripts, with figures and tables, electronically at the [AEM online submission](#) website. Complete guidelines are available on the website, along with a manuscript template. When submitting a manuscript, 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 submissions** except for Correspondence-response to letters to the editor). Upload one copy of the complete title page. The title of the paper must be less than 20 words. Include a short (<50 characters including spaces) running title.
 - *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., FRCP, FACEP). 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:* At the bottom of the title page, and on the second page if necessary, 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 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 invited commentaries, correspondence, and media reviews. In the cover letter, please specify why you believe the paper should be published in *AEM*, 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.
- **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. Do not include an abstract for research letters.
- **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 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 Guide to Supplemental Material](#).
- **Financial conflict of interest.** In addition to the title page, financial conflict of interest information must be disclosed on the ScholarOne website at the time of submission, with the same (verbatim) disclosures listed on the bottom of the title page.
- **Suggested reviewers.** AEM allows authors to suggest 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* 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* and may not be published elsewhere in whole or in part without permission from the publisher.

Manuscript Preparation

In general:

- 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.

Please Note

- For authors whose primary language is not English, the *AEM* 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.
- The editor-in-chief determines the category in which each manuscript will be published.

Preparation Guidelines for Specific Types of Submissions

Original Contributions

Original Research Contributions and research-letters should contain the following sections:

1. *Title Page*. The title should not exceed 20 words. Do not use abbreviations. We prefer that titles use active tense. Editors reserve the right to alter titles. 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. 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

- 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.
- Manuscript must be double-spaced and use Arial or Times New Roman 12-point font.
- 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.
- Papers that report **causal inference** using multivariable modeling should address issues of confounding, mediation, interaction effect modification and bias, as appropriate to the research objectives and study design, using a validated method.

Introductory references for this topic include:

- *Ann Am Thorac Soc*, 16: 22–28, 2019
- *Clinical Epidemiology*, 9:331–338, 2017

For papers proposing causal inference of social issues, including race, authors are strongly encouraged to incorporate causal diagrams (also known as directed acyclic graphs) as part of the analytical plan and results. The use of freely available software to create these diagrams such as [DAGitty](#) is encouraged.

Authors of qualitative papers should adhere to the [Consolidated Criteria for Reporting Qualitative Research \(COREQ\)](#) 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).
- 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 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. Authors are responsible for the accuracy and completeness of the references and text citations.

Examples:

- a. Cone DC. Knowledge translation in the emergency medical services: a research agenda for advancing prehospital care. *Acad Emerg Med* 2007;14:1052-7.
 - b. Wagner EH, Sandhu N, Newton KM, McCulloch DK, Ramsey SD, Grothaus LC. Effect of improved glycemic control on health care costs and utilization. *JAMA* 2001;285:182-9.
 - c. Shapiro AMJ, Lakey JRT, Ryan EA, et al. Islet transplantation in seven patients with type 1 diabetes mellitus using a glucocorticoid-free immunosuppressive regimen. *N Engl J Med* 2000;343:230-8.
 - d. Goadsby PJ. Pathophysiology of headache. In: Silberstein SD, Lipton RB, Dalessio DJ, eds. *Wolff's headache and other head pain*. 7th ed. Oxford, England: Oxford University Press, 2001:57-72.
 - e. Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act. <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4221>. Accessed January 30, 2012.
11. *Tables*. Tables should be created using the table tool in MS Word. 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.
 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.

Systematic Reviews

This category includes any systematic review with meta-analysis of a clinical topic relevant to emergency care that falls outside the scope of evidence-based diagnostics. With few exceptions, we require that systematic reviews with meta-analyses be registered (e.g., [PROSPERO](#)) and follow well-accepted metrics for assessing study quality and bias. All systematic reviews must be submitted with a PRISMA checklist that is uploaded as a “supplemental file for review.” Lack of the PRISMA checklist will result in the manuscript being returned to the authors.

Research Methodology: Empirical Research – Methodology

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 new 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, through additional methods-related topics. Manuscript submissions should target clinicians and other end-users, with a goal of facilitating the use of new or novel research methodologies and statistics 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 (see the [AEM virtual issue on Statistics and Research Methodology](#) for multiple examples).

Invited Commentary

In most circumstances, commentaries are solicited and the author will be provided with appropriate information. Invited submissions should be limited to 10 double-spaced pages and include no more than 10 appropriate references.

Commentary or Research Letters

Unsolicited opinion pieces or editorials are occasionally published, and submissions should include a title page and acknowledgment page, similar to the description above. Unsolicited commentary section can also be used as a forum for a research letter to present original data. 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.

Letters 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 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.

Special Contribution

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.

Media Review

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

Reflection Article

The Reflection 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 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.

Contact: Brian Zink, MD (bzink@med.umich.edu).

Consensus Statement

One submission per conference is allowed with an unlimited number of authors, and otherwise following the instructions for an original report, except the word limit is 10,000, excluding abstract, references and tables.

Manuscript Preparation – Revision

Authors submitting a revision should prepare the submission according to the guidelines above. It will not be necessary to create a new submission. Instead, you will remove previous versions of files and update any necessary files. You should submit two versions of the main paper: 1) a clean copy with continuous line numbering; and 2) a marked copy showing edits with track-changes. Designate both files as “Main Document” during submission to ensure both files are incorporated into the PDF for review. Authors will be asked to provide a point-by-point response to the Editor’s queries and concerns.

Submission Checklist

Before you submit your manuscript online, please review the following submission checklist.

- Title page is prepared in Microsoft Word
- Manuscript is prepared in Microsoft Word
- Manuscript is blinded (optional)
- Manuscript is double-spaced and uses Arial or Times New Roman 12-point font
- Manuscript includes the abstract
- Cover letter form is completed
- Abstract and text word counts do not exceed allowable limits, for applicable manuscript types
- All co-author information, including email addresses, is correct
- Have ready the names, email addresses, and affiliation information of three suggested reviewers

Duplicated Material

Written permission from the copyright holder for reproduction of figures and tables taken from other publications must be obtained by the author in advance of submission in accordance with the policy of the publisher of the borrowed work. 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 figure legend or table annotation as follows: “Used with permission from [citation].”

Statement on Plagiarism

AEM has published a [statement defining plagiarism](#). AEM reserves the right to refuse publication of any submission that in the opinion of the senior editorial board duplicates a prior publication. AEM uses Crosscheck® to assist in this decision. Note that plagiarism includes the excessive copying of the author's own words that have been previously published and copyrighted by another journal.

Peer Review

[Read our Peer-Review Policy & Procedure](#)

AEM uses a standard peer-review process with multiple statistical and topic reviewers to evaluate submitted manuscripts. All papers involving surveys are screened by one or two editorial board members with formal training in survey science. Well over half are declined at the screening phase due to weak methodology. Authors considering performing survey projects and submitting survey manuscript should review the following commentary, [Surveying Emergency Medicine](#), which discusses some of the key features of survey methodology. 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.

In-house submissions (i.e., papers authored by editors or editorial board members of AEM) will be sent to editors unaffiliated with the author or institution and monitored carefully to ensure there is no peer review bias.

Supplemental Issues

From time to time, AEM will publish supplemental issues dedicated to specific topics that represent a clear and urgent concern to emergency care. Decisions to publish a special issue are made by the Senior Editorial Board (SEB), using a structured process that includes written description, endorsement from at least one AEM editorial board or SAEM board member, presentation to the SEB. Projects sponsored by a for-profit entity will not be considered. For more information on submitting a supplemental issue request, contact tcraig@saem.org.

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 emailed to the corresponding author for routing to co-authors and final approval. Substantial edits may not be made at the proofs stage of production.

After Acceptance

At the time of acceptance, journal staff or an editor may contact corresponding authors to obtain information to enhance dissemination of the work. For example, authors may be asked to provide a <280-character script for posting on the AEM Twitter feed. If the paper is selected as the Editor-In-Chief Pick of the Month (EIC POTM), the authors may be contacted for a quote or other information.

Author Licensing Service (WALS) If your paper is accepted, the corresponding author will receive an email prompt to log in to [Author Services](#) where he or she can complete the license agreement on behalf of all authors.

- *For authors signing the copyright transfer agreement*
If the OnlineOpen option is not selected, the corresponding author will be presented with the

- copyright transfer agreement (CTA) to sign. [CTA Terms and Conditions](#).
- *For authors choosing OnlineOpen*
If the OnlineOpen option is selected, the corresponding author will have a choice between the following Creative Commons License Open Access Agreements (OAA):
 - Creative Commons Attribution NonCommercial License OAA
 - Creative Commons Attribution NonCommercial—NoDerivs License OAA

To preview the terms and conditions of these open access agreements please visit the [Learn About Wiley Licensing and Copyright](#) and [Wiley Open Access](#).

If you select the OnlineOpen option and your research is funded by The Wellcome Trust and members of Research Councils UK (RCUK), you will be given the opportunity to publish your article under a CC-BY license supporting you in complying with the requirements of The Wellcome Trust and Research Councils UK. For more information on this policy and the journal's compliant self-archiving policy, please visit [Understand Your Funder's Agreement with Wiley](#).

Proofs

Authors will receive an e-mail notification with a link and instructions for accessing HTML page proofs online. Page proofs should be carefully proofread for any copyediting or typesetting errors. Online guidelines are provided within the system. No special software is required, all common browsers are supported. Authors should also make sure that any renumbered tables, figures, or references match text citations and that figure legends correspond with text citations and actual figures. Proofs must be returned within 48 hours of receipt of the email. Return of proofs via e-mail is possible if the online system cannot be used or accessed.

Access and Sharing

Please review our Publisher's guidelines on sharing your research [here](#).

Promoting the Article

To find out how to best promote an article, click [here](#).

Contacts

Peer-Review Coordinator

Taylor Bowen

Tbowen@saem.org

Tel: 434-218-3366

Journal Manager

Laura Giblin

lgiblin@saem.org

Tel: 847-257-7223 (Society Office)

Society for Academic Emergency Medicine

1111 East Touhy Avenue, Suite 540

Des Plaines, IL 60018

Tel: 847-257-7236

Fax: 847-813-5450

www.SAEM.org