Author Guidelines

08/22/2016

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AUTHOR GUIDELINES
Read our Peer-Review Policy & Procedure
Read our Conflict of Interest Policy & Procedure
Academic Emergency Medicine 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. However, after June 15, 2016, AEM will no longer review papers related to education and training, including educational research, curriculum planning and development, and procedural skill training and assessment. For any paper in this category, we will offer the author the opportunity to submit the work to AEM’s companion journal, Academic Emergency Medicine Education and Training for possible publication.

- Original Research Contributions. Possible content includes: clinical trials, observational cohort studies, other human subject studies, innovative diagnostics and therapeutics, concept papers, clinical controversies, economic or policy research, health services research, laboratory science, basic science studies, and volunteer human non-patient studies). Original research contributions must be under 5000 words, exclusive of the abstract, tables, figures and supplemental material.
- Brief Reports. Similar to Original Contributions, but under 1500 words.
- Commentaries. Solicited editorial statements, editorials related to the content of the current issue and unsolicited opinion pieces not related to the content of the current issue.
- The Biros Section on Research Ethics. Original analysis, commentaries, and reviews on the ethics of research.
- Special Contributions. SAEM policy papers, and narrative reviews.
- Research Methods and Statistics. Descriptions and explanations of applied research methodologies and statistical techniques.
- Clinical Pathologic Conference. Published online only.
- Evidence-based Diagnostics. Systematic reviews of history, physical exam, and bedside tests for a single diagnosis.
- Correspondence. Letters related to previously published research articles.
- Media Reviews. Solicited book, software, and other media reviews – published online only.
- Resident Portfolios. Reflections and introspection of emergency medicine residents.
- Reflections. Humanistic essays or photographs.
- Dynamic Emergency Medicine. Short video productions that provide verbal and visual instruction or information.

*AEM does not publish case reports. Starting in 2017, AEM will publish on-line exclusively.

MANUSCRIPT SUBMISSION
AEM submission requirements correspond with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (http://www.icmje.org). Use of generally accepted guidelines for reporting the study is highly recommended; some of these are available at http://www.equator-network.org/

Any study that satisfies the clinicaltrials.gov definition of a clinical trial (below) and has an IDE or IND, or federal funding, must be preregistered at www.clinicaltrials.gov or another recognized clinical trials registry, and any randomized controlled trial of a commercially available drug or device, funded by the industry concern, must be preregistered. 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. Clinicaltrials.gov defines a clinical trial as “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.” 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. Authors should submit their manuscripts, with figures and tables, electronically at the AEM online submission web site, http://mc.manuscriptcentral.com/aemj. 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.

Submissions must include:
• One copy of the complete title page
• One blinded copy of the manuscript, in which all authors, institutions, and other identifiers from the title page, methods, and elsewhere throughout the manuscript have been deleted
• All figures and tables
• Any supplemental material for online-only publication. Note that authors can refer to additional data, including detailed methods, figures, tables and illustrations in the Supplement. Please concatenate all supplemental materials into a single PDF file for uploading with the file name "Supplemental material."
• A completed AEM cover page, including the author contributions section, available for download at the website. We invite authors to optionally submit a cover letter addressed to “Editors, AEM” that explains why the authors believe the work should be published in AEM, with specific reference to how the authors believe the work will benefit patients during times of emergency.
• Financial conflict of interest must be disclosed on the ScholarOne website at the time of submission, and with the exact same (verbatim) disclosures listed on the bottom of the Title Page. Authors experiencing any difficulty during the submission process or requiring any assistance, should contact the editorial office at one of the e-mail addresses listed at the end of these Author Guidelines. Authors will receive a confirmation email within 24 hours of submission. Contact the editorial office if you do not receive the email. All correspondence, including the editor’s decision and request for revisions, will be by e-mail.

Correspondence and questions regarding the status of review should be directed to the AEM office and include the assigned manuscript number and its title. Manuscripts under consideration by another publication and/or materials previously published elsewhere by the authors will not be considered. Copies of similar manuscripts currently under review or previously published elsewhere must be provided. Accepted manuscripts become the permanent property of AEM and may not be published elsewhere in whole or in part without permission from the publisher (Wiley-Blackwell).

FIRST AUTHOR PHOTOS
A new requirement for revision as of August 1, 2016
A head shot photo of the manuscript’s first author must now be submitted at revision, even if the paper is eventually rejected. Should the paper be accepted and published, the photo will be used on the home page of SAEM’s new website, which will launch in early 2017. The online content will feature the author photo alongside a link to the manuscript. The first author photo should be a jpeg, 72 pixels per inch, minimum width of 480 pixels.

MANUSCRIPT PREPARATION
• The text should be in single-column format.
• The article should have 1.5 or double spacing and continuous line numbering.
• 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.
• Generic drug names should be used unless the trade name is relevant.
• First author photo/head shot is required to be submitted at revision (see above)

LANGUAGE EDITING
The AEM editorial board will refer authors whose primary language is not English 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 the Wiley-Blackwell author services http://authorservices.wiley.com/bauthor/english_language.asp.

Please note: Editing assistance in no way guarantees publication. Standard peer review processes will be followed
for all such papers.

**DUPLICATED MATERIAL**
Written permission from the copyright holder for reproduction of figures and tables taken from other publications must be provided at the time of manuscript acceptance. Permission must be obtained for both print and electronic versions of the material to be reproduced. The sources of reproduced material must be acknowledged in the manuscript.

**PEER REVIEW**
AEM uses a blinded peer-review process with multiple statistical and topic reviewers to evaluate submitted manuscripts. All papers involving surveys are screened by one of two editorial board members with formal training in survey science; well over half are declined at this screening phase due to weak methodology. Authors considering performing survey projects and submitting survey manuscript should review the following commentary, which discusses some of the key features of survey methodology: Mello MJ, Merchant RC, Clark MA. Surveying emergency medicine. Acad Emerg Med 2013;20(4):409-12.

Submitted manuscripts are assigned to the appropriate associate editor, who assigns primary reviewers, collates raw reviews of the manuscript, and develops a consensus review. The consensus review describes the major concerns that arose during the primary review of the paper. The consensus review and a decision regarding the manuscript are sent to the author.

**EDITING**
Acceptance of the manuscript for publication is contingent upon completion of the editing process. This includes copyediting and a final review by the editor-in-chief, who may ask for more information or additional revisions, or even reverse a previous “accept” decision. Every author is responsible for all statements published in the article, including the revisions made in the editing process. After typesetting, the proofs will be e-mailed to the corresponding author for routing to co-authors and final approval. Substantial edits may not be made at the proofs stage of production.

**PREPARATION GUIDELINES**

**General**
The editor-in-chief determines the category in which each manuscript will be published. In general, use as many words as needed to present the material in a comprehensive yet succinct manner.

**Word counts**
The word count of the text, including the Introduction through to the Conclusions sections should not exceed 5000 words for original articles and 1500 words for Brief Reports. Commentaries should be less than 500 words.

**Original Research Contributions**
Original Research Contributions and research-related Brief Reports should contain the following sections. Number the pages consecutively, and include the running title as a header.

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. List the full names, graduate degrees, and affiliations of all authors or members of a study group; the addresses, phone numbers, fax numbers, and e-mail addresses to which requests for reprints and author correspondence should be sent; and a short running title. If an author’s affiliation has changed since the work was completed, list the new and old affiliations. If the work described in the manuscript has been formally presented at a scientific meeting or has won a presentation award, provide the name of the organization, date, and location of the meeting. Identify financial support of the investigation or manuscript development.
Conflict of Interest Disclosure
At the bottom of the Title Page, and if necessary on a second page, list for each author any potential financial conflicts of interest within the past 3 years that could be seen as having an influence on the research. 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 guidelines and cases provided by the Committee on Publication Ethics (http://publicationethics.org/resources/code-conduct) with consideration of position statements and editorials from the World Association of Medical Editors: http://www.wame.org/

Instructions:
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 (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).

Examples:
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 a company [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.

*Policy on ghost writing. AEM does not publish work that was written by a ghost writer, which is generally defined as an individual who was paid to write the paper and is not represented as an author on the Title Page.
2. Study Group Authorship Page. When authorship is attributed to a study group, all members must meet the criteria for authorship. Identify the members by responsibility or by institution on the study group authorship page.

3. Abstract. The abstract should contain no more than 500 words. Original research submissions require a structured abstract that defines the Objectives, Methods, Results, and Conclusions. The abstract should not include references, figures, tables, or graphs.

4. Introduction. The introduction should briefly describe the study question, its scope and relevance to emergency practice, and the hypothesis and/or objectives of the investigation. The reader should have a very clear understanding of exactly what the study question or objective is after reading the introduction section.

5. Methods. The methods should include subsections with headings that detail the Study Design (include human subject or animal use committee review), Study Setting and Population, Study Protocol, Measurements or key outcome measures, and Data Analysis (include sample size determinations and other relevant information, the names of statistical tests, and software used). The role of funding organizations and sponsors in the conduct and reporting of the study should be included here. When equipment is used in a study, provide in parentheses the model number, name, and location of the manufacturer. If citing an in-press paper for the description of methods (i.e., when referencing methods used in a prior study, which is currently in press), please upload a copy of the in-press paper for the editor and reviewers. This in-press material will be handled with appropriate confidentiality.

Research involving human subjects or animals must meet local legal and institutional requirements and generally accepted ethical principles such as those set out in the Nuremberg Code, the Belmont Report, or the Declaration of Helsinki. (See Biros MH, Hauswald M, Baren J. Procedural versus practical ethics. Acad Emerg Med 2010;17:989-990 for more information.)

Manuscripts reporting data involving human subjects must indicate a positive review by an Institutional Review Board (IRB) or equivalent. This requirement includes studies that qualify for IRB expedited status. Most institutions require IRB review of studies that qualify for exempt status and that this determination be made by the IRB, not by the authors. The “Methods” section of the manuscript must explicitly state that IRB approval was obtained, that the IRB determined the study was exempt, or that the study did not involve human subjects (e.g., publicly available and previously de-identified information from national data sets, or other studies not meeting the definition of human subjects research as set forth in U.S. Code of Federal Regulations, Title 45, Part 46 – additional information available at www.hhs.gov/ohrp/policy/cdebiol.html). The “Methods” section should also indicate the type of consent used (written, verbal, or waived), and confirm that consent was obtained from all subjects (unless waived by the IRB).

Authors working with the NHAMCS database are advised to examine the following article regarding its use: McCaig LF, Burt CW. Ann Emerg Med 2012;60:716. (Also accompanying editorial on page 722.) Statistical methods used should be defined, and any not in common use should be described in detail and/or supported by references. Reporting of randomized controlled trials must conform to the CONSORT statement (http://www.consort-statement.org/) and include a flow chart describing patient progress throughout the trial. Resuscitation studies should follow the applicable Utstein criteria when appropriate. We support consensus-based methodologic standards for other study types, including the MOOSE standards for meta-analyses of observational studies, the PRISMA standards for systematic reviews and other types of meta-analyses, the STARD statement on studies of diagnostic tests, and the STROBE statement on observational epidemiologic studies. Authors are encouraged to adhere to these whenever possible.

6. Results. Results should be concisely stated and include the statistical analysis of the data presented. Results presented in tabular or graphic form should be referred to in the text, but the material should not be presented again. In addition to the data collected in the study, the results should also indicate the success of protocol implementation (e.g., Was blinding successful? Was there a high inter-rater reliability?). In keeping with the
recommendations of 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, available at http://www.iom.edu/Reports/2010/Womens-Health-Research-Progress-Pitfalls-and-Promise.aspx). Noting developing trends in open posting of data, the journal will post as online data supplements the original data files 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:

11. Tables. Tables should be created using the table tool in MS Word. Tables must be referenced in the text in sequential order. Each table should be submitted on a separate page with a descriptive title. Define all abbreviations in a footnote to the table. Symbols related to the table contents (e.g., *) must also be defined in a 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. Figures in PDF are not of acceptable quality for publication. Photographs must be submitted electronically according to the following specifications: color photographs should be saved as TIF files in RGB at a minimum of 12.5 cm (5 in.) in width at 300 dpi; black and white photographs should be saved as TIF files in grayscale at a minimum of 12.5 cm (5 in.) in width at 300 dpi. Figure reproduction cannot improve on the quality of the originals. Any special instructions about sizing, placement, or color should be clearly noted. Symbols, arrows, or letters used to identify parts of the illustration must be explained clearly in the legend. If a figure has been previously published, the legend must acknowledge the original source. The ability to reproduce figures and photographs in color is limited, and at the discretion of the editor-in-chief. Line drawings and graphs are not published in color, and color should not be used to differentiate data in these. In some circumstances, color figures and photographs may be published.

**Brief Reports**

Brief Reports related to research efforts should be formatted as in the general methods listed above. However, brief reports should not exceed 1,500 words and should contain no more than 10 references and no more than one table or figure. The title page and AEM cover page should follow the format listed above. Case reports will not be considered and case series are generally assigned a low priority for publication.

**Consensus Conference Follow-Up Manuscripts**

Submissions in any category (Original Research Contributions, Brief Reports, etc.) that describe research that was initiated to address a research agenda topic generated at one of the prior AEM consensus conferences should be identified as such in the cover letter that accompanies the manuscript when it is submitted for review. Authors should state to which consensus conference the manuscript relates, and should also state which issue(s) discussed or raised at that consensus conference is/are addressed by the manuscript. Attempts will be made to publish consensus conference follow-up manuscripts as a group, rather than individually, and if authors are aware of other papers underway from that same conference’s research agenda, they are encouraged to coordinate submission with the authors of those other papers. Inquiries about these submissions can be directed to Ms. Stacey Roseen (sroseen@saem.org).

**Evidence-based Diagnostics**

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

**Non-research Special Contributions**

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

**Bench to Bedside**

Articles for this series should include a brief abstract describing the purpose of the article and a brief overview of
the topic. The usual instructions regarding structured methods section do not apply, but the manuscript should include a section that specifically discusses the topic from the perspective of its role in emergency medicine research and clinical practice. Other guidelines for format and style are consistent with those listed in the general author guidelines.

The Biros Section on Research Ethics

The journal invites submissions for the ongoing Biros Section on Research Ethics. Original analysis, commentaries, and reviews are invited. The goal is to advance the practical issues and philosophical thinking related to research in emergency medicine.

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

Structured Evidence-based Reviews

The structured evidence-based medicine (EBM) reviews are designed to provide answers to the clinical questions raised by emergency physicians in their day-to-day practice. These reviews are expected to identify and appraise high quality studies with designs most appropriate for the research question in hand. The structured format and methodical approach of these manuscripts ensure a unified stepwise evidence-based approach to translate the research findings into clinical practice. In the absence of high quality systemic reviews and meta-analyses, these reviews can cast light on numerous dilemmas that emergency physicians encounter in their practice. Click here for instructions on structured EBM reviews or contact Shahriar Zehtabchi, MD (shahriar.zehtabchi@downstate.edu) with any questions.

Research Methods and Statistics

As the biomedical research enterprise becomes increasingly complex, investigators who perform studies and clinicians who incorporate research findings into clinical practice may benefit from literature that describes and explains the applied use of these methods. Submissions to this section should address innovations in methodology that can facilitate the conduct of research in emergency medicine or provide new insights into the critical appraisal of studies that address the interpretation, evaluation, or application of research into practice. Acceptable submissions of particular interest to researchers can cover the gamut from study design to novel or complex analytic methods to standards for the reporting of clinical research, though additional methods-related topics. 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: http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1553-2712/homepage/statistics_and_research_methodology.htm
Contact: Craig D. Newgard, MD, MPH (newgardc@ohsu.edu)

Commentaries

In most circumstances, commentaries are solicited and the author will be provided with appropriate information. Unsolicited opinion pieces or editorials are occasionally published, and submissions should include a title page and
acknowledgment page, similar to that described above. Unsolicited submissions should be limited to 10 double-spaced pages and include no more than 10 appropriate references.

Correspondence
All letters that comment on a published work must be received by the end of the month following publication (e.g., by the end of December for letters commenting on material from the November issue). Letters should be no longer than 500 words, with no more than five references. An editorial decision regarding acceptance of the letter will be made after the author of the related work has had the opportunity to review the letter and comment. Letters regarding current issues in academic aspects of emergency medicine, but not related to a published work, are also encouraged. Research studies will not be accepted as correspondence. No tables or graphs should accompany letters to the editor. Contributions must otherwise conform to the relevant manuscript submission guidelines. The editors reserve the right to edit the length of letters, and the number of letters published on a given subject. In general, after publication of letters and the author reply (if any), further letters on the same subject will not be considered. General tips on writing letters to the editor can be found at: Golub RM. Correspondence course. JAMA 2008; 300:98-99. Contact: Jeffrey A. Kline, MD (jeff.kline@carolinashealthcare.org)

Reflections
The Reflections section publishes essays, poetry, reflective writing, and creative photographs. The general author guidelines listed above should be applied for any text submitted. There is a limit of 600 words, and shorter works that can be used as filler on partial pages are preferred. In most circumstances, photographs will be accepted only in black and white. Each photo should be titled, and should contain a brief legend. If the photo includes identifiable patients, health care providers, or other individuals, permission must be obtained to publish them in the journal. Reflections are published on a space-available basis. Contact: Brian Zink, MD (bzink@lifespan.org)

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

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

Recommendations for video production:

Camera
We recommend using a high-quality digital camera.

Movement
Movement reduces image quality. Strategies to reduce movement include the use of a tripod and minimizing movement across the frame, including shadows or moving items outside a window. Zooming and panning should be avoided or limited. In particular, panning should occur horizontally only. If available, the progressive scan option in the camera should be enabled. If the video footage was not shot with progressive scan, the video needs to be de-interlaced when compressed.
Lighting
It is important that there is adequate lighting on the presenter. Overhead lights are not always sufficient. Often, a light at 45 degrees from the lecturer provides superior lighting than overhead lights. Direct light may cause the lecturer to squint, and can cause unwanted reflection from hardware. Ensure the lights are not in the camera frame (practice a pan/zoom before recording).

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

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

Edits
In-camera effects such as low-light gain, strobe, or in-camera dissolves and post-production dissolves, fades, wipes, spins, and transitions should be avoided. Straight cuts or edits are preferred. In general, the following recommendations apply: cut from wide angle to close-up; cut after all movement has stopped; use dissolves for time-lapse or to make an edit from one close-up shot to another close-up shot.

Citation
Accepted lecture videos will be cited in PubMed, referencing the issue and an e-page number. The presentation will be published online with its abstract and a link to the video file.

Copyright
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Review Process
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Recommended Format
• Digital video format: QuickTime (MOV)
• Compression CODEC: MPEG4 or H.264 (optimal) Sorenson 3 (minimum)
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A Clinical Pathologic Conference (CPC) manuscript describes the logical systematic evaluation and diagnosis of a clinical case as it unfolds in the emergency department. An effective CPC case illustrates the typical presentation of an uncommon disease or the unusual presentation of a common disease. We invite all participants of the Annual CPC Competition sponsored by CORD/EMRA/ACEP/SAEM to submit their cases for publication. CPC cases not presented at the Annual Competition will also be considered. The manuscript format should mirror the format of the CPC competition: case presentation, discussion of the differential diagnosis, and case resolution. All accepted manuscripts are published as online-only articles. Contact: Mark B. Mycyk, MD (mycyk.md@gmail.com)

Resident Portfolios
Manuscripts of reflections and introspection of experiences encountered by emergency medicine residents during their training are invited. Submissions should be no more than five pages, with no more than 15 references, and may include one table or figure. Patient and colleague confidentiality must be assured. An abstract that places the experience into a professional development context and a “take home” point is required. Portfolios may undergo invited commentary from individuals with expertise in the identified area of discussion. These commentaries will be a maximum of two pages and will focus on “learning points.” Primary authors must be emergency medicine residents or reflect an experience encountered in the residency training environment by an emergency medicine graduate. Contact: Carey D. Chisholm, MD (cchisholm@iu.edu)

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