Turkish Journal of
Emergency Medicine

Instructions for Authors

SUBMITTING MANUSCRIPTS

Turk J Emerg Med accepts online manuscript submission. Users should visit journal's web site and create an account before submitting their manuscripts.

Resources for Authors page includes manuscript writing guidelines, drafts, templates and many useful examples for different manuscript types, as well as ethical standards that you should follow. You may want to check the sections on Reporting Statistics and Preparing Figures in the Resources for Authors page before sending your manuscript for peer-review.

REQUIRED FILETYPES AND MINIMUM SUBMISSION REQUIREMENTS

Before submission via electronic submission system, a number of separate MS Word (.doc) and Adobe (.pdf) files should be prepared with the following formatting properties. No submissions will be accepted without a Cover Letter and a Title Page.

1. **Cover Letter:** A Cover Letter file should be included in all types of Manuscript submissions. On the Cover Letter, the author(s) should present the Title, Manuscript Type and Manuscript Category of the submission, and whether the submitted work had previously been presented in a scientific meeting. The Cover Letter should contain a statement that the manuscript will not be published or evaluated for publication elsewhere while under consideration by Turkish Journal of Emergency Medicine. In addition, the Full Name of the Corresponding Author and his/her Contact Information including the Address, Phone number and E-mail Address should be provided at the bottom of the Cover Letter. The Cover Letter should be signed by corresponding author, scanned and submitted in .jpg or .pdf format with other manuscript files. The order of a Cover Letter should be as follows:
   a. Title, Manuscript Type
   b. Statement that the manuscript will not be published or evaluated for publication elsewhere while under consideration
   c. Corresponding Author(s) Full Name, contact information including address, phone, and e-mail address
   d. Signature of the Corresponding Author
2. **Title Page:** A Title Page file should be included in all types of Manuscript submissions. Please prepare your title page as a separate electronic file, including the following elements:
   a. Title of the manuscript
      Generally nondeclarative, not a question, begins with main concept if possible, and without causal language, eg, "effect of," unless the study is an RCT
   b. Author(s) List, please list their full names and up to 2 academic degrees per author; do not include honorary affiliations, such as fellow status in an organization.
   c. Affiliation(s) of each author, including department or division, institution, city, state, country.
   d. Corresponding Author(s) Full Name, contact information including address, phone, and e-mail address
   e. Funding or other financial support should be acknowledged.
   f. Conflict of interest statement: A conflict of interest statement should be provided in bottom of the Title Page. Please list of all potential conflicts of interest for each author, in accordance with ICMJE Recommendations. In case of no conflicts of interests, please provide a statement such as: "Conflicts of Interest: None declared".
   g. We will assume that you will not make reprints available unless you specify otherwise.
3. **Abstracts:** On the Abstracts Page, the author(s) should present Abstract and Keywords (at least three) in this order. Keywords must be chosen carefully from MeSH Database (http://www.ncbi.nlm.nih.gov/mesh) websites. Number of Words and Structure requirements of Abstracts regarding to different Manuscript Types are listed below the Instructions for each Manuscript Type.
4. **Main Text:** A Main Text file should be included in all types of Manuscript submissions. This file should include Title, Abstracts Page, Main Text of your manuscript, and the References Section combined into a single electronic file. Tables can be included in this file as separate pages after References section, or may be uploaded separately as you prefer. Structure of the Main Text differs between Manuscripts types. Please refer to the Instructions for each Manuscript Type.
   a. This combined file with the sections of Abstracts, Keywords, Main Text, References with/without Tables should be a blinded version of the original manuscript. The names of the authors', and any identifying information including the academic titles, institutions and addresses must be omitted. Apart from the stage of the manuscript evaluation process, manuscripts submitted with any information pertaining to the author(s) will be rejected as soon as it is noticed.
5. **Tables:** Tables summarizing the data should be clearly formatted without using any templates. Data presented in the tables should not be included in its entirety in the text.
   a. Tables must be numbered consecutively.
   b. Each Table must be referred to in the text.
   c. Number and Title of each Table should be written at the top of each page before the Table.
   d. Tables can be included in Main text file as separate pages after References section, or may be uploaded separately as you prefer. If you prefer a separate file, Tables should be uploaded in MS Word (.doc) format and the electronic file should be named accordingly (Tables_xxx_vx.doc; see below). Tables should not be uploaded as pdf, jpeg or else.
   e. Arrange tables so that the primary comparisons of interest are horizontal, left-to-right (the standard reading order). Provide the N for each column or row and marginal totals where appropriate.
6. **Figures:** If the manuscript includes Figures then each Figure should be uploaded as a separate file in all types of Manuscript submissions. The information contained in the figure/image should not be repeated in its entirety, however reference to the figure/image must be referred in the text.
   a. Technical reqirements
      i. Figure legends should be appear on a separate page after the References section.
      ii. During submission, all figures must be uploaded in a separate file from the text file and should be named accordingly (Figure1_xxx; Figure2_xxx; see below section: Electronic Filenames).
      iii. No legends or titles should be included in the Figures.
      iv. Pictures should be saved in JPEG, EPS or TIF format.
      v. Please submit photographs and figures with a resolution of at least 300 dots per inch. Figures are easiest for us to process if submitted in TIFF or EPS format.
   b. Content requirements
      i. We prefer graphics that show the distribution of data (eg, scatterplots, 1-way plots, box plots) to those showing summaries of data (eg, pie charts, bar graphs of means). Pie charts generally should not be used for research results.
      ii. If the data collected are paired (eg, pre and post, or 2 different measures on the same subject), then choose a graphical format that conveys the inherent pairing of the data. If data are paired, they should be displayed as such
      iii. Avoid background gridlines and other formatting that do not convey information (eg, superfluous use of 3-dimensional formatting, background shadings). Graphs should not be 3-D unless the data are.
      iv. Omit internal horizontal and vertical rules.
      v. If measurements are discrete, display as discrete points rather than a continuous line.
      vi. 95% CIs should be provided whenever appropriate (rather than SE)
      vii. For graphs, axes should begin at zero; if they do not, a break should be shown in the axis
      viii. Odds ratios should be displayed on a logarithmic scale
      ix. Survival curves should include number at risk below x axis
      x. Please check the references in the Resources for Authors page for many useful examples and guidelines for figure creation.
   c. Ethical requirements
      i. The owner and/or subject of the photograph must sign the Patient Consent Form, regardless of identifying material which can be found at Forms, Templates and Examples page under Resources Menu.
      ii. Figures should not be reproduced from other sources without permission
7. **Statements, permissions, and signatures:**
   a. Author Contribution Form: Designated authors should meet all four criteria for authorship in theICMJE Recommendations. All authors, and all contributors (including medical writers and editors), should specify their individual contributions and should complete a standard form, which is available at Forms, Templates and Examples page under Resources Menu.
   b. Conflict of Interest Form: A conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to The Editor is the safest course. Failure to disclose conflicts might lead to publication of an Erratum or even to retraction. All submissions to Turk J Emerg Med must include disclosure of all relationships that could be viewed as presenting a potential or actual conflict of interest. All authors are required to provide a Conflict of Interest Statement and should complete a standard form, which is available at Forms, Templates and Examples page under Resources Menu.
   c. Patient Consent Form: Publication of any personal information about an identifiable living patient requires the explicit consent of the patient or guardian We expect authors to use a standard patient consent form which is available at Forms, Templates and Examples page under Resources Menu.
   d. Copyright Transfer Form: All authors are required to provide a Copyright transfer from with complete a standard form, which is available at Forms, Templates and Examples page under Resources Menu.

MANUSCRIPT FORMATTING

Manuscript format must be in accordance with the ICMJE-Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals

Turkish Journal of
Emergency Medicine

Instructions for Authors

(updated in August 2013). Papers that do not comply with the format of the Journal will be returned to the author for correction without further review. Therefore, to avoid loss of time and work, authors must carefully review the submission rules.

Manuscript structure should be complient with the guidelines of WAME . Please check this guideline and Resources for Authors page for more information if you are not sure how to write a manuscript. Extensive number of resources, drafts, templates and articles are provided for you so you can create an excellent manuscript.

General Format

1. **General Style:**
   a. The manuscript should be typed in a Microsoft Word™ file, single-column format, double-spaced with 2.5 cm margins on each side, text should be justified on both the right and left margins of the page in Times New Roman, 12pt.
   b. Main text should include page numbers at the right bottom and consecutive line numbers.
   c. Every effort should be made to avoid medical jargon.
2. **For the Blind Initial Review:** The names of the authors', and any identifying information including the academic titles, institutions and addresses must be omitted. Manuscripts submitted with any information pertaining to the author(s) will be rejected.
3. **Use of English:** Proper use of English terminology and grammar should be employed.
4. **Statistical Analysis:** All studies should be analyzed in consultation with those experienced in statistical analysis.
5. **Units of Measure:** Measurements should be reported using the metric system according to the International System of Units (SI). Laboratory values should be presented with normal limits. Consult the SI Unit Conversion Guide, New England Journal of Medicine Books, 1992. Please check Resources for Authors page for more information.
6. **Drugs:** Generic names for drugs should be used. Doses and routes for the drugs should be stated. When a drug, product, hardware, or software mentioned within the main text product information, including the name of the product, producer of the product, city of the company and the country of the company should be provided in parenthesis in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"
7. **Abbreviations:** We discourage the use of any but the most necessary of abbreviations. They may be a convenience for an author but are generally an impediment to easy comprehension for the reader. All abbreviations in the text must be defined the first time they are used (both in the abstract and the main text), and the abbreviations should be displayed in parentheses after the definition. Abbreviations should be limited to those defined in the AMA Manual of Style, current edition. Authors should avoid abbreviations in the title and abstract and limit their use in the main text.
8. **Decimal points or commas:** Decimal numbers should be separated from the integers with points. Commas should not be used in decimals throughout the manuscript.
9. **Use of percentages:** Percent sign should be located after the percentages.
10. **References:** References should be numbered consecutively in the order in which they are first mentioned in the text, and should be formatted in AMA style (3 authors then "et al"). Avoid referencing abstracts, or citing a "personal communication" unless it provides essential information not available from a public source. Examples of Referencing are as follows:
    i. ***Article:*** Raftery KA, Smith-Coggins R, Chen AHM. Gender-associated differences in emergency department pain management. Ann Emerg Med. 1995;26:414-21.
    ii. ***Book:*** Callaham ML. Current Practice of Emergency Medicine. 2nd ed. St. Luis, MO:Mosby;1991.
    iii. ***Book Chapter:*** Mengert TJ, Eisenberg MS. Prehospital and emergency medicine thrombolytic therapy. In: Tintinalli JE, Ruiz E, Krome RL, eds. Emergency Medicine: A Comprehensive Study Guide. 4th ed. New York, NY:McGraw-Hill;1996:337-343.
    iv. ***Courses and Lectures (unpublished):*** Sokolove PE, Needlesticks and high-risk exposure. Course lecture presented at: American College of Emergency Physicians, Scientific Assembly, October 12, 1998, San Diego, CA.
    v. ***Internet:*** Fingland MJ. ACEP opposes the House GOP managed care bill. American College of Emergency Physicians. Web site. Available at: http://www.acep.org/press/pi980724.htm. Accessed August 26,1999.
    vi. ***Personal Communication:*** Use of personal communications should be avoided. If necessary, the person's name, academic title, and the month and year of the communication should be included in the reference. A letter of permission from the person referred to should accompany the manuscript.
    vii. ***Please check*** Resources for Authors page for more information.

MANUSCRIPT TYPES AND SPECIFIC FORMATTING GUIDELINES

Identification of article type is the first step of manuscript submission because article type dictates the guidelines that should be used, including formatting and word limits of the manuscript. The main categories are outlined below:

Research Article: Original studies of basic or clinical investigations in emergency medicine. These articles can include randomized controlled trials, observational (cohort, case-control or cross-sectional) studies, destructive studies, diagnostic accuracy studies, systematic reviews and meta-analyses, nonrandomized behavioral and public health intervention trials, experimental animal trials, or any other clinical or experimental studies. Maximum 8 authors, 4000 words (including references, tables, and figure legends), 30 references, 6 tables and/or figures. Submission of research articles should include below mentioned pages, sections and files as defined above in required filetypes section:

1. **Abstracts Page:** Both English and Turkish (if relevant) abstracts are required. Abstracts should not exceed 250 words and should be structured with the following subheadings: Objectives, Material and Methods (with design), Results, and Conclusion (case control study, cross sectional study, cohort study, randomized controlled trial, diagnostic accuracy study, meta-analysis and systemic review, animal experimentation, non-randomized study in behavioral sciences and public health, etc.). In your results emphasize the magnitude of findings over test statistics, ideally including the size of effect and its confidence intervals for the principal outcomes.
2. **Main Text:** The main text should be structured with the following subheadings: Introduction, Material and Methods, Results, Discussion, Acknowledgments, References, Tables, and Figure Legends.
   a. Introduction: A three-paragraph structure should be used. Background information on study subject (1st paragraph), context and the implications of the study (2nd paragraph) and the hypotheses and the goals of the study (3rd paragraph). Background: Describe the circumstances or historical context that set the stage and led you to investigate the issue. Context: Describe why your investigation is consequential. What are its potential implications? How does it relate to issues raised in the first paragraph? Why is this specific investigation the next logical step? Goals of the study: Clearly state the specific research objective or hypothesis and your primary outcome measure.
   b. Material and Methods: The method section, is one of the most important sections in original research articles, and should contain sufficient detail. The investigation method, study sample, analyses performed, commercial statistical programs used, details of measurement and evaluation (e.g.: make and model of biochemical test devices and kits) should all be clearly stated. The names of local ethics committee or other approving bodies should be provided in Methods section for prospective studies. The Methods section should be organized with logical and sequential subheadings. The optimal subheading choices will vary with the analysis, but the following examples applicable to most clinical research:
      i. Study design and setting: Describe the study design using standard terms, and describe the study setting in a fashion that conveys characteristics that could affect the external validity (generalizability) of the findings.
      ii. Sample size estimation: Describe how you performed the sample size estimation, which tests and assumptions were used, and which sample size estimation software was used (if relevant).
      iii. Selection of Participants: Describe how participants were identified, screened, and enrolled. Remember to consider all participants including patients, providers, and outcome assessors, as appropriate. There should be a list of the inclusion and exclusion criterion with descriptions. In survey studies, information concerning who implemented the survey and how it was performed should be specified.
      iv. Interventions: Describe any interventions in sufficient detail to permit replication. Describe any blinding of subjects, providers, outcome assessors, or data analysts. Describe methods for determining whether the intervention was actually received.
      v. Methods and Measurements: Discuss how and when measurements were made. Discuss the precision and reliability of the measurements. How were spurious or missing measurements handled? Discuss who collected the data and how they collected it. Discuss how data were entered, checked, and processed.
      vi. Outcomes: Describe the study's primary and secondary outcome measures, and if needed explain why they were chosen to address the study objective. When possible, use outcomes that have been previously validated, or provide evidence of your own efforts to validate the measure. Emphasize patient-centered outcomes (eg, pain, days off from work, death) over intermediate outcomes (eg, change in forced expiratory volume, change in asthma score).
      vii. Power of the study: Provide the achieved power of the study according to the primary outcome that you used to calculate the sample size.
      viii. Analysis: Detail the primary analysis and specify any software that was used, including the name of the software and the company that produces it. Provide references for any non-routine analytic methods. If appropriate, detail sensitivity analyses that explore how results change when assumptions about the investigation are modified.
   c. Results: The demographic properties of the study population, the main and secondary results of the hypothesis testing must be provided. Commenting on the results and discussing the literature findings should be avoided in this section. Present as much data as possible at the level of the unit of analysis, graphically if possible. Emphasize the magnitude of findings over test statistics, ideally using size of effect and associated confidence intervals for each outcome.
   d. Discussion: The main and secondary results of the study should briefly presented and compared with similar findings in the literature. Providing intensive background information should be avoided in this section. Consider only those

published articles directly relevant to interpreting your results and placing them in context. Do not stress statistical significance over clinical importance. Avoid extrapolation to populations or conditions that you have not explicitly studied in your investigation. Avoid claims about cost or economic benefit unless a formal cost-effectiveness analysis was presented in the Methods and Results sections. Do not suggest "more research is needed" without stating what the specific next step is. Optionally, you may include a paragraph "In retrospect, . . ." to candidly discuss what you would do differently if given the opportunity to repeat the study, so others can learn from your experience.

e. **Limitations:** The limitations of the study should be mentioned in a separate paragraph subtitled as the "Limitations" in the end of the discussion. Explicitly discuss the limitations of your study, including threats to the internal and external validity of your results. When possible, examine the magnitude and direction of each bias and how it might affect the interpretation of results.

f. **Conclusion:** A clear conclusion should be made in the light of the results of the study. The potential effects of the results of the study on the current clinical applications should be stated in a single sentence. Inferences that are not supported by the study results should be avoided.

g. **Acknowledgments:**

h. **References:** References section should be in a separate page.

i. **Figure Legends:** Figure Legends should be included in the Main Text in a separate page and this page should be the at the end of the Main text file.

3. **Tables:** At the end of the Main Text file as separate pages or as a separate file.

4. **Figures:** Should not be included in the Main text file and should be uploaded as separate files as with the properties describes above in required filetypes section:

5. **Ethics or Review Board Approval:** If your manuscript involves original research, you will be asked to verify approval or exemption by an institutional review or ethics board. Turkish Journal of Emergency Medicine will be unable to further consider manuscripts without approval or formal exemption. (The only exceptions are for analyses of third party anonymized databases which already have pre-existing IRB approval or exemption.)

6. **Compliance with manuscript writing guidelines:** If your manuscript involves original research, you will be asked to verify compliance with guidelines for each corresponding study design. Please check Resources for Authors page for checklists and relevant documents.

Case Reports: Brief descriptions of clinical cases or the complications that are seldom encountered in emergency medicine practice and have an educational value. Consideration will be given to articles presenting clinical conditions, clinical manifestations or complications previously undocumented in the existing literature and unreported side of adverse effects of the known treatment regimens or scientific findings that may trigger further research on the topic. Abstracts of case reports should mainly include information about the case, should not exceed 150 words, must be on a separate page and should be unstructured. The main text of Case Series should be structured with the following subheadings: Introduction, Case Presentations, Discussion and References. Maximum 5 authors, 1500 words (including references, tables, and figure legends), 15 references, 2 tables and/or figures. Case reports should be compatible with The CARE Guidelines: Consensus-based Clinical Case Reporting Guideline which can be found on the Resources for Authors Page.

Case Series: Brief descriptions of clinical cases or the complications that are seldom encountered in emergency medicine practice and have educational value. Abstracts should not exceed 250 words and be unstructured as case reports. Maximum 6 authors, 2500 words (including references, tables, and figure legends), 15 references, 3 tables and/or figures. The main text of Case Series should be structured with the following subheadings: Introduction, Case Presentations, Discussion and References.

Brief Report: Original reports of preliminary data and findings or studies with small numbers demonstrating the need for further investigation. Abstracts should not exceed 250 words and structured as research articles. Limitations include: maximum 6 authors, 4000 words (including references, tables, and figure legends), 15 references, 4 tables and/or figures. Besides these constraints, all the formatting, approval, ethics and writing guidelines of research articles also applies to brief reports.

Concept: Clinical or non-clinical articles related to the field of emergency medicine and detailing improvements to emergency medicine practice. Abstracts should not exceed 250 words with free structure. Maximum 3 authors, 4000 words (including references, tables, and figure legends), 15 references, 3 tables and/or figures.

Review Article: Comprehensive articles reviewing national and international literature related to current emergency medicine practice. Generally Turkish Journal of Emergency Medicine publishes only invited review articles. Other authors should contact the editor prior to submission of review articles. Maximum 2 authors, 4000 words (including references, tables, and figure legends). There is no limit to the number of references.

Evidence-Based Emergency Medicine: Articles seeking to detail clinical and medical practices should present a clinical scenario followed by the research question(s), followed by a selection of the best available evidence, analysis of the evidence and the application of the evidence. Abstracts should not exceed 250 words with free structure. Maximum of 4 authors, 4000 words (including references, tables, and figure legends), 15 references, 3 tables and/or figures. The authors should also submit copies of the articles proposed as supporting evidence.

Visual Diagnosis: These are short case reviews with interesting and educative visual material. Visual Diagnosis is to be presented in two parts. In the first part, the case is summarized and the image is presented. In the second part, the diagnosis is provided in the heading, followed by a discussion of the management of the case and the specifications of the images. Maximum 2 authors, 500 words (including references), 5 references, 2 figures. No tables are allowed. There is no need for an abstract.

Letter to the Editor: Opinions, comments and suggestions made concerning articles published in Turkish Journal of Emergency Medicine or other journals. Letters should contain a maximum of 1,000 words and 5 references are allowed for these single author submissions. No abstract is required.

GUIDELINES FOR SPECIFIC RESEARCH STUDY DESIGNS

Randomized controlled trials (RCTs)

RCTs must be reported in accordance with the CONSORT statement, summarized as follows:

1. Title includes the phrase "randomized controlled trial"
2. Clear depiction of the three elements of randomization: sequence generation, allocation, and concealment
3. Clear description of which outcome assessments were and were not blinded
4. A figure summarizing participant flow through the trial
5. Protocol deviations described, and whether analysis is intention to treat
6. Outcomes each reported with size of effect and associated confidence intervals.

Chart reviews

Least methodological elements that Turkish Journal of Emergency Medicine seek in retrospective research are as follows:

1. Trained and monitored abstractors use explicit protocols, precisely defined variables, and standardized abstraction instruments.
2. Authors clearly describe how missing, conflicting, and/or ambiguous chart elements were coded.
3. Interrater agreement assessed by having a sample of charts reviewed independently by two or more abstractors.
4. When possible, abstractors are blinded to the study hypothesis and/or study group assignment, particularly for chart elements that are not wholly objective.

Observational studies

We prefer observational studies to be compliant with the latest STROBE guidelines.

Studies on diagnostic tests

Weprefer studies on diagnostic tests to be compliant with the latest STARD guidelines.

Clinical Decision Rules

Weprefer clinical decision rules performed and reported in compliance with Green: Methodologic standards for interpreting clinical decision rules in emergency medicine: 2014 update.

Meta-analyses

Meta-analyses of therapeutic trials should be compliant with the PRISM-P 2015 guidelines, while meta-analyses of observational studies should be compliant with the MOOSE guidelines.

POLICY FOR THE REPORTING OF METHODOLOGY AND STATISTICS

Reporting Size of Effect and Its Confidence Intervals

Turkish Journal of Emergency Medicine strongly prefers that each comparative study outcome be reported with an estimated size of effect and its confidence intervals. Such reporting is advocated by the CONSORT statement, and lets readers to understand the approximate power and clinical importance of the observed magnitude of effect.

An example for the un-preferred type of reporting without size of effect:

1. A successful outcome was noticed in 98% of patients given Drug X versus 88% of patient given Drug Y.
2. In categorization of EF, the agreement (Weighted Kappa) between EPs and the cardiologist was 0.861 and 0.876, respectively.
3. For men, the average CWT on the right 5th intercostal space at the mid-axillary line was 32.7 mm and for women it was 39.3 mm (p=0.04)…

Examples for the preferred type of reporting with size of effect and confidence intervals:

1. A successful outcome was noticed in 98% of patients given Drug X versus 88% of patients given Drug Y (difference 10%, 95%CI -2%, 17%).
2. In categorization of EF, the agreement (Weighted Kappa) between EPs and the cardiologist was 0.861 (SE: 0.045, 95% CI: 0.773, 0.948) and 0.876 (SE:0.042, 95% CI: 0.793, 0.959), respectively.
3. For men, the average CWT on the right 5th intercostal space at the mid-axillary line was 32.7 mm (SD 13.9; 95% CI: 30.3, 35.1) and for women it was 39.3 mm (SD 15.9; 95% CI: 32.4, 46.1). The average CWT on the right 5th intercostal space at the mid-axillary line was significantly higher in women than in men (p=0.04)