



QUICK SUMMARY GUIDE

Allowances for Specific Article Types

Article Type	Word Count ¹	Abstract Word Count	References	Authors	Figures and Tables
Original Articles	4000	500	30	8*	6
Invited Review Articles	4000	500	30	8	To be discussed
Case Report/Series	2000	500	15	5	3
Letter to Editor	1000	No abstract	5	2	N/A

¹ Including abstract, references, tables and figure legends

* The number of authors for multicenter trials will be discussed

General Information: All files should be typed

- in **Arial, Helvetica, Times New Roman, or Calibri** with the font size of **11 or 12 pt.**,
- **single-column** format, **double-spaced** (Home > Line and paragraph spacing > 2.0)
- with Normal margins (2.5 cm on each side, Layout > Margins > Normal)
- without line numbers

Submission Files

You may upload *First Page File / Cover Letter (mandatory)*, *Main Document / Article File (mandatory)*, *Figures, Supplementary Files and Videos*.

- **First Pages File / Cover Letter (.doc or .docx)** ([click to download the template](#))
 - Cover Letter
 - Title Page
 - Title, Running Title, Type of the Article
 - Authors and Affiliations (past [during the study] and present) + ORCIDs of ALL authors
 - Corresponding author and address
 - Disclosures
 - Presentation(s) or Awards at a meeting – if present
 - Acknowledgement(s) – optional
 - Source(s) of Support and Funding – Mandatory for all article types
 - Conflict of Interest Statement – Mandatory for all article types
 - Author Contributions CReDiT Statement – Mandatory for all article types
 - Consent to Participate – Mandatory for Original Articles and Case Reports
 - Ethical Approval – Mandatory for Original Articles
- **Main Document / Article File** ([click to download the template](#)):
 - Title, Abstract, Keywords
 - Box-ED section – for Original Articles
 - Blinded Main text
 - References, Tables, Figures and Figure Legends

- **Figures (.png, .jpg, .jpeg, .pdf)**

Should be uploaded as separate files even if they are embedded in the Main Document. Maximum 10 MB.

Original Articles

- Studies of basic or clinical investigations in emergency medicine. These articles may include randomized controlled trials, observational (cohort, case-control or cross-sectional) studies, descriptive studies, diagnostic accuracy studies, systematic reviews and meta-analyses, non-randomized behavioral and public health intervention trials, experimental animal trials, or any other clinical or experimental studies.
 - Abstract: *Objectives, Methods, Results, Conclusion.*
 - Box-ED section,
 - **Blinded** Main Text: *Introduction, Methods, Results, Discussion, Limitations, Conclusion*

Case Reports / Case Series

- 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.
- 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
 - Abstract: *unstructured,*
 - **Blinded** Main Text: *Introduction, Case Presentation, Discussion, Conclusion*

Letter to Editor

- Opinions, comments and suggestions made concerning articles published in Turkish Journal of Emergency Medicine or other journals.
 - No abstract

Invited Review Articles

INSTRUCTIONS TO AUTHORS

V15, November 2020

- Comprehensive articles reviewing national and international literature related to current emergency medicine practice. Turkish Journal of Emergency Medicine publishes

only invited review articles. Other authors should contact the editor prior to submission of review articles.

General Rules

Language

Manuscripts should be written in English. Contributors who are not native English speakers are strongly advised to ensure that a colleague fluent in the English language or a professional language editor has reviewed their manuscript. Concise English without jargon should be used. Repetitive use of long sentences and passive voice should be avoided. It is strongly recommended that the text be run through computer spelling and grammar programs. Either British or American spelling is acceptable but must be consistent throughout.

Symbols

If symbols such as \times , μ , η , or v are used, they should be added using the Symbols menu of Word. Degree symbols ($^{\circ}$) must be used from the Symbol menu, not superscripted letter o or number 0. Multiplication symbols must be used (\times), not the letter x. Spaces must be inserted between numbers and units (e.g., 3 kg) and between numbers and mathematical symbols (+, -, \times , =, <, >), but not between numbers and percent symbols (e.g., 45%).

Units

Measurements should be reported using the metric system according to the International System of Units (SI). Laboratory values should be presented with normal limits.

Abbreviations

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.

Authors should avoid abbreviations in the title and abstract and limit their use in the main text.

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.

Footnotes in the document and Tables:

The following symbols should be used, in this sequence: *, †, ‡, §, |, ¶, **, ††, ‡‡

Drugs, Products, Hardware and Software

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)".

Authorship

Authorship credit should be based only on

- 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content; and
- 3) final approval of the version to be published.

Conditions 1, 2, and 3 must all be met. Any contributor acted in condition 1 should be given chance to contribute to conditions 2 and 3. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

Initial Submissions

Turkish Journal of Emergency Medicine accepts manuscript via an online submission system. Users should create an account before submitting their manuscripts. Papers that do not comply with the format of the Journal will be returned to the author for correction without peer-review. Therefore, to avoid loss of time and work, authors must carefully review the submission rules. All the following information that you will be providing should be the same as the First Pages and Article Files.

Click the "Submit New Manuscript" button on the upper banner.

Step 1: Checklist and Disclaimer.

By clicking the button from the account registered by your e-mail from the IP address you have connected, you agree: 1) that you are the legal corresponding author, 2) that all authors approve the content provided, 3) that the content is not submitted or accepted for publication elsewhere, 4) to provide the data regarding the study or manuscript for examination (not publication) if requested, 5) that you completely disclosed all financial interests and conflicts, 6) that you provided

sources of all support, 7) that you acknowledged all supporters and 8) to transfer all copyright to the Journal. Please answer this list of disclaimer questions and click the "I/We Agree" button below to proceed.

Step 2: Document Upload and Selection of the File Type.

You can drag and drop all required submission files in a single step. As soon as you drop files in the gray upload area files are uploaded and successfully uploaded files are listed at the end of the page.

By clicking the drop-down menu next to the File Name under the File Type column, you should select the correct file type for each uploaded document.

- **First Page File / Cover Letter (Mandatory):** Only MS Word doc or docx files are accepted, do not upload pdf files. see [First Pages File](#) section below.
- **Main Documents / Article File (Mandatory):** Only MS Word doc or docx files are accepted, do not upload pdf files. see [Article File](#) section below.
- **Figures:** Images, Photographs, Charts, Line drawings. Only jpg, jpeg or png files. Images should be optimum for print

production (About 1800 x 1600 pixels or 8 x 6 inches with 300 dpi). Maximum 10 MB.

- **Supplementary files:** Maximum 10 MB. Datasets, Questionnaires, Additional documents, Infographics can be uploaded. Any file you will provide here will be visible to the reviewers.
- **Videos:** Maximum 15 MB.

Click "Save and Continue" to proceed.

Step 3: Type, Title and Abstract

- **Article Type:** Select Case Report/Series, Invited Review Article, Letter to Editor or Original Article.
 - We do not accept any *Invited Review Article* without invitation. Please contact Editors-in-chief from turkjem-eic@tatd.org.tr before proceeding further.
 - *Letters to Editor* will not be published in an issue. Will only be included in the website along the referred article.
- **Article Title: Maximum 500 characters.** Generally, nondeclarative, not a question, begins with main concept if possible, and without causal language, e.g., "effect of," unless the study is an RCT. The full title in should be in sentence case. The title of the letter to editor should start as "Correspondence". The first sentence of the manuscript file will be automatically retrieved as the title.
- **Running Title:** Shorter version of the Title to be published at the header of each page after the first page.
- **Abstract: Maximum 3500 characters.** Section after the Abstract title will be automatically retrieved as the title.
- **Word Count:** Automatically calculated
- **Number of Black and White Figures:** Automatically calculated if embedded in the manuscript file.
- **Number of Color Figures:** Automatically calculated if embedded in the manuscript file.
- **Number of Tables:** Automatically calculated from the manuscript file.
- **Number of Pages:** Automatically calculated from the manuscript file.
- **Keywords:** Copy and paste at least 3 keywords

- **Trial Registration Number:** Copy and paste from the title page if present.

Click "Save and Continue" to proceed.

Step 4: Authors and Institutions.

You should provide the complete affiliation details exactly as they are provided in the First Pages File.

You will be listed in the author list with the information you provided during the registration. You can update your information by clicking the green "Update" button at the last column named "Action".

You can add authors from the button on the right upper corner, and then you may order them with the button next to it.

- Write the First Name (start with a capital letter), Middle Name (if present, start with a capital letter) and Last Name (all capital letter).
- **Affiliation** (in English, in the order of Department or Division, Faculty, Institution or University, City, State, Country).
- **ORCID:** Articles with missing ORCIDs for any of the authors will not be published. You can click the Validate ORCID to check the number provided.

Click "Save and Continue" to proceed.

Step 5: Author Review and Final Submit

You may suggest reviewers by clicking the button on the right upper corner.

Click "Preview Your Manuscript" to review the submission files. If you are satisfied click the box to confirm your file. An answer should be provided.

Click the Appropriate answer for the "Declaration of Conflict of Interest". An answer should be provided.

Click the *Copyright Form* link under the "Copyright Agreement" to view, confirm and transfer copyright.

Click the last box to confirm that you "have read, understood, and agreed to the submission guidelines, policies and submission declaration of the journal."

Click "Submit" or "Submit Later" as convenient.

Submitting Technical Modifications or Revised Documents

When you log in to the system, you will see the status of your manuscripts on your dashboard under 5 sections:

- Manuscripts requiring technical modification
- Manuscripts requiring revision
- Manuscripts in decision
- Manuscripts for proofing
- Incomplete Submissions

- **Technical Modification:** Your submission is not fully compatible with this submission guidelines.

- Click the *Comments and Files* button to read why the editor send your submission back.
- After you corrected your article click *Action* to restart submission process. Delete the files you do not want to

preserve and upload the new ones. Proceed as initial submission and submit your article.

- **Revision:** This is the default mode for minor and major revision requests.

- Click the *Comments and Files* button to read reviewer comments and download any files they have sent.
- After you corrected your article click *Action* to restart submission process. Delete the files you do not want to preserve and upload the new ones.
- You need to upload your Replief to Reviewers in a separate Comment File. You may download the template file from the Templates menu of your submission dashboard.

INSTRUCTIONS TO AUTHORS

V15, November 2020

- **Request for withdrawal:** You may click the *Request for withdrawal* if you decide not to proceed with your submission, and would like to try another journal. Remember that you electronically signed the copyright

transfer agreement during your initial submission, and submitting your manuscript to another journal without proper withdrawal may cause legal and ethical problems.

Submission files

First Pages File / Cover Letter (Mandatory)

([download](#))

This is a combined file of the *Cover Letter*, *Title Page* and *Disclosures*.

Cover Letter

What is the main strength of your article? The title and type of the article, prior publication, support, conflicts of interest, and permissions may also be provided.

Title Page

- **Title:** Generally, nondeclarative, not a question, begins with main concept if possible, and without causal language, e.g., "effect of," unless the study is an RCT. The title page should contain the full title in sentence case. The title of the letter to the editor should start as "Correspondence".
- **Running Title:** a short title of no more than 50 characters.
- **Type of Article** (Case Report, Case Series, Original Article, Meta-Analysis, Invited Review, Letter to the Editor)
- **Authors and Affiliations (past and present)**
 - **Full names** (last names fully capitalized), **Academic degrees** (up to 2 per author: MD, DO, PhD, etc.), **Affiliations** (in English, in the order of Department or Division, Faculty, Institution or University, City, State, Country) in order in separate lines, **E-mail address**.
 - **State the corresponding author** by writing (Corresponding Author) in the same line
 - Do NOT include honorary affiliations such as fellow status in an organization (FEMAT, FACEP etc.), titles or positions (Professorship or Consulting positions, etc.).
 - **ORCIDs:** ORC IDs of all authors should be included
- **Corresponding Author and Address:** Full Name, contact information including address, phone, e-mail address and Twitter Handle (so we can use it to disseminate your article if accepted).

Disclosures

- **Presentation(s) or Awards at a meeting:** Provide the name of the organization, place and the date.
- **Acknowledgement(s):** Verify and confirm that everyone who contributed to this manuscript is either listed as an author or acknowledged as a contributor in the acknowledgement section, and that the title page details any professional writing assistance or others paid to provide manuscript support.
- **Source(s) of Support and Funding:**
Acknowledge all organizations that funded your research and provide grant numbers where appropriate. The statement should include: specific grant numbers, Initials of authors who received each award, full names of commercial companies that funded the study or authors, initials of authors who received salary or other funding from commercial companies, URLs to sponsors' websites.
If the study was unfunded, please state: "*The author(s) received no specific funding for this work.*"
- **Conflict of Interest statement:**
Please disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) your work.
If no such conflict of interest exists; please state: "*The authors declare no conflict of interest.*"

• Author Contributions Statement (CRediT Statement):

Authorship provides credit for a researcher's contributions to a study and carries accountability. *Check the Authorship section above.* The individual contributions of authors to the manuscript should be specified in this section so readers can judge that the authorship criteria for each author has been met, and who is accountable for which section of the article. This list may be revised according to the research and article type. **We encourage the use of Contributor Role Taxonomy (CRediT) for listing author contributions – for details check: <https://casrai.org/credit/>**

Possible contributor roles that you may use are listed below. Multiple roles are possible and encouraged. Authors should be mentioned with their INITIALS, after each role.

- **Conceptualization** – Ideas; formulation or evolution of overarching research goals and aims.
- **Data curation** – Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use.
- **Formal analysis** – Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.
- **Funding acquisition** – Acquisition of the financial support for the project leading to this publication.
- **Investigation** – Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.
- **Methodology** – Development or design of methodology; creation of models.
- **Project administration** – Management and coordination responsibility for the research activity planning and execution.
- **Resources** – Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.
- **Software** – Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components.
- **Supervision** – Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team.
- **Validation** – Verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs.
- **Visualization** – Preparation, creation and/or presentation of the published work, specifically visualization/data presentation.
- **Writing – original draft** – Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).
- **Writing – review & editing** – Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre- or post-publication stages.

While preparing the statement, follow the below principles:

- **List all Contributions** – All contributions should be listed, whether from those listed as authors or individuals named in acknowledgements;
- **Multiple Roles Possible** – Individual contributors can be assigned multiple roles, and a given role can be assigned to multiple contributors;
- **Degree of Contribution Optional** – Where multiple individuals serve in the same role, the degree of contribution can optionally be specified as 'lead', 'equal', or 'supporting';
- **Shared Responsibility** – Corresponding authors should assume responsibility for role assignment, and all contributors should be given the opportunity to review and confirm assigned roles.

An example of an Authors' Contribution statement using CRediT:

- AB: review and editing (equal). CD: Conceptualization (lead); writing – original draft (lead); formal analysis (lead); writing – review and editing (equal). EF: Software (lead); writing – review and editing (equal). GH: Methodology (lead); writing – review and editing (equal). JK: Conceptualization (supporting); Writing – original draft (supporting); Writing – review and editing (equal).
- **Consent to Participate:**
For Case Reports: A detailed statement that written patient consent/next of kin is present should be included in the Title Page and as the final sentence of the Case Presentation section of the Manuscript File.
For Original Articles: A detailed statement that written patient consent/next of kin is present should be included in the Title Page and in the Methods section of the Manuscript File.
A signed patient consent form should be available for mailing if required by the Editorial Office. If requested, we accept all kinds of consent forms (including forms with the logo of other journals, any hospital or affiliation).
- **Ethical Approval:**
We do not consider any original articles for publication without an Ethical Board and/or Institutional Review Board (IRB) Approval (or with an official letter showing exemption status) including retrospective studies and questionnaires. As per ICMJE guidelines a statement that an Ethical Board or Institutional Review Board (IRB) Approval is present should be included:
- in the *First Pages file* under the "Ethical Approval" section. The name of the board, approval number, and approval date should be included here.
- in the *Methods section of the Manuscript File*. The name of the board should *not* be written here for *blinding* purposes. Authors should be prepared to send a copy to the Journal if required.

Main Documents / Article File (Mandatory)

[\(download\)](#)

The uploaded single Article File should include all the following sections:

- Title, Abstract,
 - Original Articles: *Objectives, Methods, Results, Conclusion*.
 - Case Reports: *Unstructured*
 - Invited Reviews: *Unstructured*

- Letter to Editor: *No abstract*
- Keywords: At least 3 keywords from MESH Database.
- Box-ED section (*for Original Articles only*)
- Blinded Main Text,
 - Original Articles: *Introduction, Methods, Results, Discussion, Limitations, Conclusion*
 - Case Reports: *Introduction, Case Presentation, Discussion, Conclusion*
- References, Tables, Figure Legends,
- Figures: May be embedded to the main document. But should also be uploaded separately as well.

Box-ED Section

A brief description of study rationale and main findings are demonstrated in *Box-ED* section in Turkish Journal of Emergency Medicine. It is encouraged to highlight the outputs of the current study. No quantitative measures are required for this section, only the key questions should be answered in bullet points. Box-ED boxes are only required for research articles.

Example:

What is already known on the study topic?

- Coronary artery disease is a major cause of out-of-hospital cardiac arrest.
- After cardiac arrest, both immediate and delayed angiographic techniques are used in patients with cardiac etiology.

What is the conflict on the issue? Has it importance for readers?

- The role of immediate coronary angiography and percutaneous coronary intervention (PCI) in the treatment of patients who have been successfully resuscitated after cardiac arrest remains uncertain.
- The right technique may increase survival or improve discharges in neurological intact status.

How is this study structured?

- This was a single-center, prospective cohort study includes data from approximately 300 patients.

What does this study tell us?

- There was no difference in mortality and hospital discharge in terms of post-arrest strategy. However, patients with an underlying structural cardiac disease may benefit from early PCI strategy.

Main Text of the Manuscript

[\(download\)](#)

You can download first page and article page template files case reports/series, original articles and invited reviews from <https://turkjemergmed.com/pages/forms-templates-and-examples>. Letter to the editor has no specific instructions.

Original Articles

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?
- **Hypothesis and Goals of the study:** Clearly state the specific research objective or hypothesis and your primary outcome measure.

Methods

The methods section is one of the most important sections in original research articles, and should contain sufficient detail for the following parts:

- **Study design and setting:** The investigation method, or the design of the study. 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.
- **Selection of Participants:** Study population, sample, selection of the sample. 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.
- **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).
- **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.
- **Methods and Measurements:** Details of measurements and evaluations (e.g.: make and model of biochemical test devices and kits) should all be clearly stated. 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.
- **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).
- **Data (or Statistical) Analysis:** Detail the primary statistical 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.
- **Consent to participate:** A statement that informed consent was granted by the participants should be present.
- **Ethical Approval:** There should be a statement declaring that Ethical approval is present without details of the governing body for blinding purposes.
- **Compliance with manuscript writing guidelines:** You will be asked to verify compliance with guidelines for each

corresponding study design (**Check Table Below**). You should add a statement clarifying which guideline you used while drafting the document. For further information on the reporting guidelines for health research, authors are suggested to refer to the EQUATOR network website (<http://www.equator-network.org/>)

Type of Study	Guideline
Randomized controlled studies	CONSORT (http://www.consort-statement.org/home/ CONSORT translations (www.consort-statement.org/consort-statement/translations/) Standard protocol items for randomized trials, SPIRIT (http://www.spirit-statement.org/)
Observational research: cohort, case-control, and cross-sectional studies	STROBE (www.strobe-statement.org/)
Diagnostic accuracy studies	STARD (www.stard-statement.org/)
Systematic reviews and meta-analyses	PRISMA (www.prisma-statement.org/)
Experimental animal studies	ARRIVE (www.nc3rs.org.uk/arrive/)

Results

- The demographic properties of the study population should be given. A table summarizing demographics will be preferred.
- The main and secondary results of the hypothesis testing must be provided.
- Commenting on the results and discussing the literature findings should be avoided.
- 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.

Discussion

The main and secondary results of the study must be briefly presented and compared with similar findings in the literature. Providing intensive background information should be avoided. 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.

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

INSTRUCTIONS TO AUTHORS

V15, November 2020

of each bias and how it might affect the interpretation of results.

Conclusion(s)

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.

Acknowledgement(s), Disclaimer, Funding, Author contribution statement, Conflict of interest statement

All acknowledgements, disclaimers, funding, author contributions and conflicts of interests should be present in the **Disclosures section of the First Page File** and in the electronic submission system. We DO NOT ALLOW any of this information in the ARTICLE FILE for blinding purposes.

References

We recommend you use a Reference Manager Software (RMS). You may find the reference style (CSL) of Turkish Journal of Emergency Medicine in the following RMS:

- [Zotero \(click to download style\)](#) - free
- [Mendeley Desktop \(click to download style\)](#) - free
- [Papers app](#) (now Readcube Papers)
- RefWorks
- [EasyBib](#)
- [SciWheel](#)
- [GitHub](#) (to import)

General guide for the number of References for each article type:

Article Type	References
Original Research	30
Invited Review	30
Case Report/Series	15
Letter to Editor	5

In-text Citations:

- The referencing style of the Turkish Journal of Medicine is **AMA (American Medical Association) style**.
- References should be **numbered consecutively** with Arabic numerals in the order in which they are cited in the text.
- References should be cited in the text by numbers in **SUPERScript**.
- When more than two references are cited at a given place in the manuscript, use hyphens to join the first and last numbers of a closed series; use commas without space.
 - Example: As reported previously, ^{1,4-7,19,24}
- You may use author names in your text, as long as these mentions are accompanied by numbered citations. Use last names only. For items with one or two authors, include both names. For items with three or more authors, include the first author's surname and then 'et al' or 'and colleagues'. Examples: Smith and Jones² reported on the questionnaire. Hammersmith et al³ reported on the survey.
- Avoid referencing abstracts or citing a "personal communication" unless it provides essential information not available from a public source. As with citation of an abstract of an article rather than citation of the original document, citation of the original document is preferred unless it is not readily available. Only items actually consulted should be listed.
- Use **sentence case** for all titles (capitalize only the first word of the title). Abbreviate and italicize names of journals according to the listing in the National Library of Medicine database.
- Do not include unnecessary bibliographic elements such as month of publication, online publication date etc.
- When citing online journals, the **DOI number** is preferred over the URL link.
- Journal titles are abbreviated and in italics. Abbreviate and italicize names of journals according to the listing in the National Library of Medicine database. Single word titles,

such as Pediatrics, are not abbreviated. In journal titles, capitalize all major words.

Examples of citations are as follows:

Original Articles: Cevik E, Karakus Yilmaz B, Acar YA, Dokur M. Systematic Analysis of Theses in the Field of Emergency Medicine in Turkey. *Turk J Emerg Med.* 2016;15(1):28-32. doi:10.5505/1304.7361.2014.37074

Reviews: Akoglu H. User's guide to correlation coefficients. *Turk J Emerg Med.* 2018;18(3):91-93. doi:10.1016/j.tjem.2018.08.001

Book: Callahan ML. Current Practice of Emergency Medicine. 2nd ed. St. Luis, MO: Mosby; 1991.

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.

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.

Cited by a citation: Cauley JA, Lui L-Y, Ensrud KE, et al. Osteoporosis and fracture risk in women of different ethnic groups. *JAMA.* 2005;293(17):2102-2108. Cited by: Acheson LS. Bone density and the risk of fractures: should treatment thresholds vary by race [editorial]? *JAMA.* 2005;293(17):2151-2154.

Citing Electronic Resources

Online Journals with Volume and Page Information:

Kapur VK. Obstructive sleep apnea: diagnosis, epidemiology, and economics. *Respir Care.* 2010;55(9):1155-1167. <http://www.rcjournal.com/contents/09.10/09.10.1155.pdf> Accessed November 8, 2011.

Online Journals without Volume and Page Information:

Mast CT, DeMuro-Mercon C, Kelly CM, Floyd LE, Ealter EB. The impact of rotavirus gastroenteritis on the family. *BMC Pediatrics.* 2009;9:11. doi:10.1186/1471-2431-9-11

Web Site:

King MW. The Medical Biochemistry Page. <http://themedicalbiochemistrypage.org>. Updated July 14, 2009. Accessed July 14, 2009.

Online Book: Neinstein, L, ed. *Adolescent Health Care*. 5th ed. Philadelphia: Lippincott W&W; 2008.

http://www.r2library.com/marc_frame.aspx?ResourceID=931. Accessed November 9, 2011.

Chapter from an Online Book: Creating safety systems in health care organizations. In: Kohn, LT, Corrigan, JM, and Donaldson MS, eds. *To Err is Human: Building a Safer Health System*. Washington, DC: Committee on Quality of Health Care in America, Institute of Medicine; 2000. http://www.nap.edu/openbook.ptp?record_id=9728&page=155. Accessed November 1, 2011.

Database: Amoxicillin. In: *DRUGDEX System* (Micromedex 2.0). Greenwood Village, CO: Truven Health Analytics; c1974-2013. <http://www.micromedexsolutions.com/micromedex2/librarian#>. Accessed October 22, 2013.

Tables

Tables should be included in the ARTICLE FILE after references section.

General guide for the number of Tables and Figures for each article type:

Article Type	Figures and Tables
Original Research	6
Invited Review	6
Case Report/Series	3
Letter to Editor	Not allowed

- Data presented in the tables should not be included in its entirety in the text.

- Tables must be numbered consecutively.
- Each table should be placed in a new page.
- Each table must be referred to in the text.
- Number and Title of each Table should be written at the top of each page before the Table.
- 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.

For the footnotes of the tables: The following symbols should be used, in this sequence: *, †, ‡, §, ||, **, ††, ‡‡

Figures

What is a Figure and what is not?

- All images, illustrations, photographs, drawings, graphs, flowcharts, are Figures.
- Scanned or photocopied graphs and diagrams are not accepted.
- Tables, questionnaires, handouts are not Figures.

Technical Specifications

- Figures should have at least 300 dots per inch (dpi) resolution, especially if they are in color.
- Black and White drawings and charts may have 150 dpi.
- Graphs and diagrams must be drawn with a line weight between 0.5 and 1 point.
- Avoid background gridlines and other formatting that do not convey information (e.g., superfluous use of 3-D formatting, background shadings). Graphs should not be 3-D unless the data are.
- Omit internal horizontal and vertical rules.
- No titles should be included in the Figures.
- For graphs, axes should begin at zero; if they do not, a break should be shown in the axis

How to Upload Figures

- Figures can be embedded in the Main Document / Article File in the text where the figure is used, or at the end of the document in separate pages.
- You should upload figures as PNG, JPG, JPEG or PDF files with their corresponding CAPTION and LEGEND during the Document Upload step.

Content requirements

- We prefer graphics that show the distribution of data (e.g., scatter plots, 1-way plots, box plots) to those showing summaries of data (e.g., pie charts, bar graphs of means). Pie charts should not be used for research results.
- If the data collected are paired (e.g., 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.
- If measurements are discrete, display as discrete points rather than a continuous line.
- Odds ratios should be displayed on a logarithmic scale
- Survival curves should include number at risk below x axis

Figure Captions and Legends

- The information contained in the figure should not be repeated in its entirety, however reference to the figure must be referred in the text.
- Figure Captions and Legends** should appear on a separate page after the References and Tables, with or without Figures. Figure Captions must be written in sentence case at this part of the manuscript (e.g., Macroscopic appearance of the samples.)
- All tables and figures must have a caption and/or legend and be numbered (e.g., Table 1, Figure 2), unless there is only one table or figure, in which case it should be labelled "Table" or "Figure" with no numbering.

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.

Diagnostic accuracy studies

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

Studies on Clinical Decision Rules

We prefer 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.