

EAJEM

Eurasian Journal of Emergency Medicine

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Aims and Scope

Eurasian Journal of Emergency Medicine (Eurasian J Emerg Med) is the open access, scientific publication organ of the Emergency Medicine Physicians' Association of Turkey that is published in accordance with independent, unbiased, double blind peer review principles. The journal is published 4 times in a year in March, June, September and December.

The journal aims to publish scientifically high quality articles which can contribute to the literature and written in the emergency medicine field and other related fields. Review articles, case reports, editorial comments, letters to the editor, scientific letters, education articles, original images and articles on history and publication ethics which can contribute to readers and medical education are also published.

The journal's target audience includes Emergency Medicine experts, School members who conduct scientific studies and work in the Emergency Medicine field, researchers, experts, assistants, practicing physicians and other health sector professionals.

Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE). The journal is in conformity with Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Eurasian Journal of Emergency Medicine is indexed in Web of Science-Emerging Sources Citation Index, TUBITAK ULAKBIM TR Index, EMCare, DOAJ, EBSCO, CINAHL, GALE and ProQuest.

Processing and publication are free of charge with Eurasian Journal of Emergency Medicine. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system which is available through the journal's web page at www.eajem.com. Journal's guidelines, technical information and the required forms are available on the journal's web page.

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Instructions to Authors

Eurasian Journal of Emergency Medicine (Eurasian J Emerg Med), as a double-blind peer reviewed journal published by the Emergency Medicine Physicians' Association of Turkey, publishes original articles on clinical, experimental and basic sciences in the Emergency Medicine field, review articles covering basic and up-to-date subjects, case reports, short editorial manuscripts and manuscripts covering medicine history and publication and research ethics.

Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE). The journal is in conformity with Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Originality, high scientific quality and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not be previously presented or published in an electronic or a printed medium. Editorial Board should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. Submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization including the name, date and location of the organization.

Manuscripts submitted to Eurasian Journal of Emergency Medicine will go through a double blind peer review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in the field in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or the editorial board members of the journal. The Editor in Chief is the final authority in the decision making process of all submissions.

An approval of research protocols by Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects", amended in October 2013, www.wma.net) is required for experimental, clinical and drug studies and some case reports. If required, ethics committee reports or an equivalent official document may be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that

they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, name of the ethics committee and the ethics committee approval number should also be stated in the materials and methods section of the manuscript. It is the authors' responsibility to carefully protect the patients' anonymity. For photographs that may reveal the identity of the patients, signed releases of the patient or of their legal representative should be enclosed.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck).

In the event of an alleged or suspected research misconduct, including plagiarism, citation manipulation, and data falsification/fabrication, among others, the Editorial Board will follow and act in accordance with COPE guidelines.

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their coauthors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

Eurasian Journal of Emergency Medicine requires corresponding authors to submit a signed and scanned version of the authorship contribution form (available for download through www.eajem.com) during the initial submission process in order to act appropriately to authorship rights and prevent ghost or honorary authorship. If the editorial board suspects a case of "gift authorship", the submission will be rejected with-

out further review. As part of submission of the manuscript, the corresponding author should also send a short statement declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

Eurasian Journal of Emergency Medicine requires and encourages the authors and the individuals involved in the evaluation process of submitted manuscripts to disclose any existing or potential conflicts of interests including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest.

Any financial grants or other support received for a submitted study from individuals or institutions should be disclosed to the Editorial Board and to disclose potential conflicts of interest ICMJE Potential Conflict of Interest Disclosure Form should be filled in and submitted by all contributing authors. Cases of potential conflicts of interest of editors, authors and reviewers are resolved by the journal's Editorial Board within the scope of COPE and ICMJE guidelines.

Editorial Board of the journal handles appeal and complaint cases within the scope of COPE guidelines. Authors should get in direct contact with the editorial office regarding their appeals and complaints. When needed, an ombudsperson can be assigned to resolve cases that cannot be resolved internally. The Editor in Chief is the final authority in the decision making process of appeals and complaints.

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Manuscript Preparation

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (updated in December 2015 -



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<http://www.icmje.org/icmje-recommendations.pdf>. Authors are required to prepare manuscripts in accordance with CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at www.eajem.com. Manuscripts submitted via any other medium will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript is prepared and submitted in accordance with the journal's guidelines. Submissions that don't conform the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the;

- Copyright Transfer Form,
- Author Contributions Form,
- and ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at www.eajem.com

Title page: A separate title page should be submitted with all submissions and this page should include;

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations and major degree(s) of the author(s)
- Grant information and detailed information on the other sources of support,
- The name, address, telephone (including the mobile phone number) and fax numbers and e-mail address of the corresponding author,
- Acknowledgement of the individuals who contributed to the preparation of the manuscript but do not fulfil the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for letters to the editor. The abstract of Original Articles should be structured with subheadings (Aim, Materials and Methods, Results and Conclusion).

Keywords: Each submission must be accompanied by a minimum of three and a maximum of six keywords for subject indexing at the end of the abstract.

The keywords should be listed in full without abbreviations.

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Materials and Methods (with subheadings), Results, Discussion, Study Limitations, Conclusion subheadings. Please check Table 1 for limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with the international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and statistical software that was used during the process must certainly be specified. Data must be expressed as mean $\pm$ standard deviation when parametric tests are used to compare continuous variables. Data must be expressed as median (minimum-maximum) and percentiles (25th and 75th percentiles) when non-parametric tests are used. In advanced and complicated statistical analyses, relative risk (RR), odds ratio (OR) and hazard ratio (HR) must be supported by confidence intervals (CI) and p values.

Editorial Comments: Editorial comments aim at providing brief critical commentary by the reviewers having expertise or with high reputation on the topic of the research article published in the journal. Authors are selected and invited by the journal. Abstract, Keywords, Tables, Figures, Images and other media are not included.

Review Articles: Reviews which are prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into high volume of publication and higher citation potential are taken under review. The authors may be invited by the journal. Reviews should be describing, discussing and evaluating the current level of knowledge or topic used in the clinical practice and should guide future studies. Please check Table 1 for limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in the diagnosis and treatment, those offering new therapies or revealing knowledge not included in the books, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, Conclusion subheadings. Please check Table 1 for limitations for Case Reports.

Letters to the Editor: This type of manuscripts can discuss important parts, overlooked aspects or lacking parts of a previously published article. Articles on the subjects within the scope of the journal that might attract the readers' attention, particularly educative cases can also be submitted in the form of "Letter to the Editor". Readers can also present their comments on the published manuscripts in the form of "Letter to the Editor". Abstract, Keywords, Tables, Figures, Images and other media are not included. The text should be unstructured. The manuscript that is being commented on must be properly cited within the manuscript.

Scientific letter: Manuscripts with prior notification characteristics, announcing new, clinically important scientific developments or information are accepted as Scientific Letters. Scientific Letters should not include sub-headings and should not exceed 900 words. Number of references should be limited to 10 and number of tables and figures should be limited to 2.

Clinical Imaging / Visual Diagnosis: Images must be typical for diagnosis, and should facilitate rapid diagnosis for emergency medicine and / or should be educational. Except for the header and references, it must consist of maximum 400 words. A maximum of three authors name, six images and five references should be included.

History: This type of manuscript explains events related to emergency and general medicine and presents information on the history of diagnosis and treatment of diseases. Historical findings should be a result of relevant research studies. Manuscript should not include sub-headings, should not exceed 900 words and total number of references should be limited to 10.

Publication ethics: This type of manuscript includes current information on research and publication ethics and presents cases of ethics infringement. Main text should not exceed 900 words and total number or references should be limited to 10.

Tables

Tables should be included in the main document, presented after the reference list and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide an easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Table 1. Limitations for each manuscript type.

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	5000 (Structured)	200	50	6	7 or total of 15 images
Review Article	5000	200	50	6	10 or total of 20 images
Case Report	1500	200	10	No tables	10 or total of 20 images
Letter to the Editor	500	N/A	5	No tables	No media
Scientific letter	900	N/A	10	No tables	2 or total of 4 images
Clinical Imaging/ Visual Diagnosis	400	N/A	5	No tables	3 or total of 6 images
History	900	N/A	10	No tables	3 or total of 6 images
Publication ethics	900	N/A	10	No tables	No media

Figures and Figure Legends

Figures, graphics and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labelled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blind. The minimum resolution of each submitted figure should be 300DPI. To prevent delays in the evaluation process all submitted figures should be clear in resolution and large in size (minimum dimensions 100x100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and the main text. The abbreviation should be provided in parenthesis following the definition.

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)"

All references, tables and figures should be referred to within the main text and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks and shortcomings of original articles should be mentioned in the "Discussion" section before the conclusion paragraph.

References

While citing publications, preference should be given to the latest, most up to date publications. If an ahead of print publication is being cited the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ Medline/PubMed (for journal abbreviations consult the List of Journals indexed for MEDLINE, published annually by NLM). When there are 6 or fewer authors, all authors should be listed. If there are 7 or more authors the first 6 authors should be listed followed by "et al". In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples:

Journal article: Lewin MR, Stein J, Wang R, Lee MM, Kernberg M, Boukhan M, et al. Humming is as effective as Valsalva's maneuver and Trendelenburg's position for ultrasonographic visualization of the jugular venous system and common femoral veins. *Ann Emerg Med* 2007; 50: 73-7.

Book Section: Sherry S. Detection of thrombi. In: Strauss HE, Pitt B, James AE, editors. *Cardiovascular Medicine*. St Louis: Mosby; 1974.p.273-85.

Books with Single Author: Cohn PF. Silent myocardial ischemia and infarction. 3rd ed. New York: Marcel Dekker; 1993.

Editor(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

Conference Proceedings: Bengissson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92*. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992.p.1561-5.

Scientific or Technical Report: Smith P. Golladay K. Payment for durable medical equipment billed

during skilled nursing facility stays. Final report. Dallas (TX) Dept. of Health and Human Services (US). Office of Evaluation and Inspections: 1994 Oct. Report No: HHSIGOE 169200860.

Thesis: Kaplan SI. Post-hospital home health care: the elderly access and utilization (dissertation). St. Louis (MO): Washington Univ. 1995.

Manuscripts accepted for publication, not published yet: Leshner AI. Molecular mechanisms of cocaine addiction. *N Engl J Med* In press 1997.

Epub ahead of print Articles: Sarıtaş A, Güneş H, Kandıç H, Çıkman M, Çandar M, Korkut S, et al. A Retrospective Analysis of Patients Admitted to our Clinic with Aortic Dissection. *Eurasian J Emerg Med* 2011 Dec 10. doi: 10.5152/jaem.2011.035. [Epub ahead of print]

Manuscripts published in electronic format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be cancelled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30 day period is over.

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