Advice to Authors:
Getting Published in *Academic Emergency Medicine*
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*Academic Emergency Medicine* is the official journal of the Society for Academic Emergency Medicine (SAEM). Our goal is to promote the advancement of emergency medicine and its clinical practice, education and research. We attempt to highlight original investigations with the potential to help develop all aspects of our specialty, that emphasize topical issues in academic emergency medicine, and that provide stimulating material relevant to our practice and important for those responsible for educating emergency physicians. We also serve as a voice for the academic emergency medicine community and SAEM. We publish original scientific studies, reviews, educational articles, and special contributions on the clinical, scientific, social, political and economic factors affecting the health of patients seeking emergency care. Questions regarding the appropriateness of a manuscript for consideration for our journal can be addressed to any member of the *AEM* Editorial Board.

*AEM* was established in 1994, and is a peer reviewed journal. *AEM* is published monthly and has a circulation of about 6,800. *AEM* is available online at [www.aemj.org](http://www.aemj.org). In addition to full text journal content, online *AEM* also provides links to other journals in PubMed by topics or authors, and cited reference links to MEDLINE and ISI.

*Academic Emergency Medicine’s* Peer Review Process

*Academic Emergency Medicine* peer reviews most of the material it receives. Currently about 37% of original submissions are accepted after successful completion of peer review and requested revisions as directed by our Associate Editors. In 2006, 994 manuscripts were submitted. The turnaround time (time to first editorial decision by the assigned Associate Editor) for submitted original articles undergoing peer review during this time frame was 22 days. The turn around time for submitted revisions was 12 days. Revisions are evaluated for adequacy by the original associate editor assigned to the review of the original manuscript, and also by the Editor-in-Chief or the Senior Associate Editor. On occasion, an additional revision will be requested before the final publication decision is made. For submissions not sent for peer review, the turn around time was 8 days. Once accepted, the time to paper publication in *AEM* is currently 5-6 months; for electronic publication, the time is about 3 months from acceptance.
The Mechanics of the Peer Review Process

The first assessment of submissions occurs at the level of the Associate Editor, who determines if the article should undergo peer review. In general, an article that passes the initial screening by our Associate Editors is sent to 2-4 external expert reviewers selected from a database of about 300. For each submission, the selection of reviewers and the Associate Editor depends on the manuscript checklist that is provided by the author. The topic categories checked on the manuscript checklist are matched against the information we have about our reviewers and our editors. This allows us to appropriately pair the manuscript with identified experts in the topic of the paper. We advise that authors determine the topic and research design categories on the checklist very carefully. Since this information drives the entire subsequent evaluation of the paper, the author’s initial input can have great impact on the appropriate matching of associate editors and reviews, and consequently the subsequent evaluation of the manuscript.

Concurrent with peer review for content is a statistical review of the manuscript by our panel of statistical experts. These individuals evaluate most papers that are reviewed, and will make specific comments on the data analysis and interpretation. Their comments are incorporated into the final review of each manuscript.

The Consensus Review

Once the primary reviews have been received from our peer reviewers and our statistical experts, the Associate Editor consolidates them into a single Consensus Review that includes comments, questions, and concerns about the submission. While developing a consensus review adds a step to the traditional peer review process for scientific papers, it allows us to clarify the concerns of the reviewers, to prioritize those concerns, and to reduce redundancies that sometimes occur during the critical review of a paper. Developing the consensus review also allows us to provide only the most constructive and important criticism to our authors and eliminate any distracting concerns of our reviewers that can ultimately be addressed at a later time in the editorial process. The consensus review is sent to the authors of the paper, and the concerns pointed out in the consensus review must be addressed in any requested revisions. In most circumstances, revisions are requested before a final decision for acceptance can be made.

The consensus review is also sent to the peer reviewers who initially evaluated the submission. By comparing their concerns with those listed in the consensus review, the reviewers may see additional approaches to manuscript review and develop new strategies with the next submission they review. In this manner, the consensus review serves as an educational tool for both our authors and our reviewers.

Specific Instructions for Authors of submitted articles can be obtained on the SAEM home page (www.saem.org) or from the online version of the journal (www.aemj.org). We strongly encourage all authors to follow these instructions before submitting their manuscript. Any questions can be directed to the Editor in Chief or the Senior Associate Editor.
Why Manuscripts Fail

The usual reasons for non-acceptance of submitted manuscripts include: content that is not within the scope of the journal, lack of originality, serious flaws in the methodology of the paper, ethical concerns about the project or its implementation (even if IRB approval has been obtained for the project), failure to obtain or document IRB or Animal Research Committee care approval for performing the project, or the lack of a message that is important to our emergency medicine reading audience. Additional reasons for manuscript failure can be classified as technical and cognitive. Technical reasons for manuscript failure include 1) the purpose of the work is unclear, the style is verbose, and unfocused; 2) there is a backlog of higher priority work; and 3) the author is unwilling to revise the manuscript to address reviewers’ concerns. Cognitive reasons for manuscript failure include: 1) the study concept is not unique, and/or the study question is trivial, 2) the methodologic flaws detected during peer review cannot be corrected with the information and data the author has at hand, 3) selection bias is detected, 4) the study is underpowered, 5) the wrong groups are studied or are being compared, 6) the methods are inadequate to answer the study question, 7) the results are statistically significant but not clinically significant, and 8) the conclusions are overstated or cannot be supported; they simply restate the results and do not answer the study question.

In addition, manuscripts that do not conform to the Instructions for Authors may not be sent out for peer review. The most problematic areas for manuscript formatting seem to be the Methods section and the References. We advise strict adherence to the Instructions to Authors in order to ensure a timely peer review of your paper.

Avoidable Errors in Manuscripts

Based on our experience in editing, we have developed a list of frequent errors seen in submissions. These are described for each general section of a manuscript and assumes that the research design has been appropriately chosen and implemented. An additional resource for writers is Lang TA, Secic M: How to Report Statistics in Medicine, 2nd edition. BMJ Publishing Group, ACP, Philadelphia, 2006. Much of the information presented here is a summary of, or inspired by, material presented in this excellent book.

1. Title: The title is misleading and does not set the limits of the research. An example would be a basic investigation using an animal model. A title that does not indicate that the study is an animal study may be misleading to readers scanning the table of contents of the journal.

2. Abstract: The abstract results are not the same as the reported results, the abstract reports different measures than the study itself, or the conclusions of the abstract are not the same as the conclusions of the paper. Most frequently this occurs when abstracts have been presented several months before the paper is written and the abstract is not updated with more recently acquired data.
3. **Introduction:** The study question, hypothesis, study objectives are not specified or are confused; the importance, novelty, originality of the study is not shown; the presentation is not intriguing (ie, the introduction is boring).

4. **Methods:** Methods are reported that were not actually used. This most frequently occurs when an author has published similar methods previously and has devised a template for the methods section that is reused from paper to paper. Reproducing the template exactly is self-plagiarism and can be misleading if the template is not updated to reflect the current research project. Other errors in the reporting of the methods include lack of details, or omitting some methods (ie some results do not relate to or could not possibly be obtained by the described methods).

5. **Results:** Not all study subjects who are enrolled are accounted for in the results; the number of subjects described in a table or graph is not the same as the number enrolled in the study; percentages reported in tables add up to more than 100% without an explanation; there is inconsistency between the results presented in tables and in the text; tables, graphs and figures are of poor quality or too "busy" to reproduce well in the journal. Additional areas of error in the results are inappropriate statistical evaluation of the data, or errors in the interpretation of the statistical results.

6. **Discussion:** The logic is loose and the paper wanders from the point; the content is too expansive and includes justification or explanation of commonly known ideas or concepts; the presentation is biased, and clearly excludes reference to previous reports that are contrary to what has been found by the current authors; some reported results are not explained or mentioned; the references are not current; the author’s speculations about the results are not identified as such; the possible implications and/or the study’s importance are overstated; the author has not pointed out the study’s limitations.

7. **Conclusions:** The conclusions simply restate the results and do not answer the study question: the conclusions do not set limits for application of the results or call for more study.

**Other Author Concerns**

**Authorship**

Criteria for authorship have been defined. In general, authorship credit should be based on "substantial contributions to the conception, design, analysis or interpretation of the data, to the drafting of the article or revising it critically (not for typographical errors) for important intellectual content, and on final approval of the version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General
supervision of the research group is not sufficient for authorship. Any part of the article critical to its main conclusions must be the responsibility of at least one author* (International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to medical journals NEJM 324:424-428, 1991). We encourage the primary authors of papers to establish their own specific criteria for authorship inclusion before the article is written and, in fact, before the research is performed.

Many papers are submitted with a long list of authors. In general, this occurs because the research group has not pre-determined their criteria for authorship inclusion, or the article is being submitted by the representative authorship group of a large multi-centered study. The question of how many authors will be included on a paper is currently under discussion by the AEM Editorial Board. In general, including up to six authors is preferred. Authorship lists of more than 12 require justification and should be discussed with the Editor-in-Chief or the Senior Associate Editor. For all manuscripts, regardless of the number of authors, we request that a description of the involvement of each author be included in the cover letter accompanying all submissions. This information may answer questions the editors may have regarding the authorship list, and provide the primary author a concrete method to determine the adequacy of involvement of all individuals who are listed as authors.

The journal cannot assume a role of negotiator or judge for authorship disputes among a group of researchers. When questions of authorship arise and are brought to our attention, we will refer them back to the primary author and hold any processing or decision regarding the manuscript until we are satisfied that the concerns that arose have been addressed. When such questions arise, we suggest you discuss them within your research work group, your department or with appropriate institutional committees involved with research and development. If the discussion within these groups does not yield a reasonable solution, the primary author should consider asking for an opinion by a disinterested outside party, such as an institutional ethics committee or the SAEM Ethics Consult Service.

**Conflict of Interest**

Authors must notify AEM if they have a potential conflict of interest that may be perceived as a possible influence in the performance and reporting of their research. Conflicts may take the form of financial, personal, political, or academic. When the editors are provided with information about a potential conflict of interest, we include this with the publication of the article to inform our readers about potential conflicts of interest, so they can decide for themselves whether or not published material has been influenced. All sources of funding for research should be explicitly identified on the title page of the submission, and will be identified with the articles.

In general, Associate Editors and peer reviewers are asked not to participate in evaluation of papers submitted from their own institution, or if they can identify the source of the material under review. If reviewers are able to identify the institution or authors in the masked manuscript they have been asked to review, they are asked to inform us and indicate whether or not they perceive this to be a conflict of interest.
Redundant Publications

When a paper is submitted to *Academic Emergency Medicine* that overlaps more than 10% with previously published papers or papers that are currently under consideration at another journal, we generally decline publication. Authors are therefore requested to send us copies of other papers they have published or have submitted elsewhere that have overlapping information or are on the same topics. This will allow the editors of *AEM* to independently decide on the degree of overlap of similar papers.

Pre-Release of Material

On occasion, the editors of *Academic Emergency Medicine* are asked if an author can distribute an accepted paper prior to the publication date. This request may come from the author, or someone who has approached the author with this request. Usually this occurs in the context of a conference or lecture that the author is developing. In general, we do not allow the author to pre-release a paper that has been accepted, but not yet published. If questions arise regarding this policy we encourage the authors to contact the Editor-in-Chief or the Senior Associate Editor to discuss this further.

Simultaneous Publications

Simultaneous (duplicate) publication occurs when editors of different journals agree to publish the same article simultaneously. The decision for simultaneous publication is based on editors’ agreement and not by negotiations made by authors. Simultaneous publication is rare, but can occur when important messages are to be delivered to broadly different audiences. Please contact the editors with questions regarding this policy.

Copyright

Authors are asked to transfer copyright of their material to *Academic Emergency Medicine* before publication. This is done by signing an authorship disclosure and copyright release form that is required at the time of submission. The release form must be signed by the first author of the paper, and if possible, all authors of the original submission.

Many authors do not understand the implications of signing the copyright release form. In essence, this transfers ownership of the paper and all of its contents from the author to the publisher. Subsequent papers written by the same author therefore must be careful not to reproduce in any way material that has previously been published, even if it is written by them. Such copying constitutes self-plagiarism.

Plagiarism

Plagiarism is representing the work of another as if it were your own. This is an extremely serious offense and can destroy an academic career. In addition, plagiarism can reduce the credibility of the perpetrator’s coauthors, his or her professional colleagues and department and institution, not to mention its effects on the credibility of the specialty’s research endeavor as a
whole. Lodging an allegation of plagiarism is also an extremely serious action, with very far reaching consequences. If questions arise about the authenticity of a submission submitted to AEM, we will investigate the complaint and require an explanation from the author. Subsequent action will depend on the results of our inquiry.

Some Final Tips for Writers – an Editor’s Perspective

The following suggestions are based on common errors we have encountered in the processing of manuscripts submitted to AEM. While many of these are simply common sense, they represent common errors we have seen even from the most experienced of authors. We provide them in hopes of making the process of writing easier for authors, and the process of reviewing easier for us. (reproduced in part and with permission from the Emergency Medicine: An Academic Career Guide, 2000).

1. Write to share your message and not to protect yourself during peer review. Be concise in your presentation, especially your discussion. It is not necessary to re-present or re-prove what is common knowledge on a topic; instead, focus your discussion to put your results into the context of what is currently known. Writing in an "if- then" manner can help with this.

2. Follow the instructions. Failure to follow the Instructions for Authors can result in delays in the peer review of your work or outright rejection before peer review.

3. Proof read your final submission. Although grammatical, typographical and spelling errors are usually corrected by copyeditors in the final version of accepted papers, your manuscript will not be corrected before it goes out for peer review.

4. Proof read for logic. Authors sometimes become so involved in the writing of the paper that a step in the logical development of the paper is missed. This can be avoided if a colleague not involved with the writing of the paper is asked to read the paper before it is submitted.

5. Proof read for accuracy. Common inaccuracies in presentation include 1) numbers presented in the tables or the text do not add up to what the author states they should, 2) there is a discrepancy between the abstract and the manuscript, 3) there are discrepancies between various parts of the paper, 4) the discussion is not related to the results, 5) tables and graphs are referred to in the text but not included in the submission, 6) tables and graphs are included with the submission but not referred to in the text, 7) the conclusions overstate the results, 8) the conclusions do not answer the study question, and 9) the title is inaccurate.

6. Don’t ignore requests for revisions. Authors occasionally believe that a requested revision is not justified. In this circumstance, the author may decide not to address the
issue. If this is done, the author must justify in the cover letter why the request has not been addressed.

7. **Adhere to scientific and writing ethics.** An extensive discussion of this important topic is beyond the scope of this document, but some of the most important concepts are presented above.

8. **Be a responsible author.** Anyone included as an author on a paper should be able to take personal responsibility for its contents and be able to defend it in a forum. This requires that the authors have seen the final submitted version of the paper, and not just the original submission.

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