INSTRUCTIONS TO AUTHORS AND PUBLICATION POLICIES

EMERGENCIAS, which publishes 6 regular issues per year (available from http://emergencias.portalsemes.org/english), is the official journal of the Spanish Society of Emergency Medicine (SEMES). EMERGENCIAS will consider articles written in Spanish or English on subjects related to any aspect of emergency medicine, such as urgent and emergency care, health catastrophes, emergency rescue and transfer procedures, and coordination and management of health care in these settings. The journal is open to the work of physicians, nurses, paramedics, or any other professionals who do research in the context of emergency health care.

Before acceptance, all manuscripts will be evaluated by the journal’s Editorial Board and undergo review by blinded referees assigned by the Editors.

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Cover letter

Address the letter to the Editor in Chief and include each author’s signature and a means of identification (for example, national identity number, passport number, or similar). The letter should ask that the manuscript be considered for publication in EMERGENCIAS and include the following information:

1) The section where the authors would like to see the manuscript published.
2) A brief description of what is important about the article, including its contribution to emergency medicine and the goals of EMERGENCIAS.
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INSTRUCTIONS FOR SPECIFIC SECTIONS

Regular article categories

Editorials. Articles about scientific issues or expressing opinions. Editorials may offer commentaries on original articles published in the same issue of the journal or discuss controversial subjects or areas witnessing important developments. These articles, which are commissioned by the Editorial Board, have a maximum of 1000 words (including 1 table or figure), 15 references, and 2 authors.

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The reporting of longitudinal observational studies (cohort or case-control designs) and cross-sectional studies should follow the STROBE guidelines (for Strengthening the Reporting of Observational studies in Epidemiology), available from http://www.strobe-statement.org.

Clinical trial reports should comply with the recommendations in the CONSORT statement (CONsolidated Standards Of Reporting Trials), available from http://www.consort-statement.org. Furthermore, clinical trials must be registered in one of the international databases created for the purpose; the registry and assigned trial number must be reported in the manuscript.

Consult the EQUATOR website (http://www.equator-network.org) for guidelines for reporting other research designs.

Brief reports. Original research articles which have aims, designs, or results that can be conveniently published in shorter formats. Brief reports should be organized like original articles but have no more than 1500 words, a maximum of 3 tables or figures, 15 references, and 6 authors. They should also have a structured abstract (150 words or less).

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Special articles. This section contains articles that explain noteworthy experiences in emergency medicine that might be of interest to others in this specialty. Professionals’ reflections on their own experiences or narrative reviews of reports found in the literature will also occasionally be considered for publication. Special articles should have a maximum of 5000 words, 10 tables or figures, 50 references, and 3 authors. They are accompanied by an unstructured abstract of 150 words or fewer.

Updated June 2018
Consensus statements. Experts or scientific associations that follow a method to arrive at consensus on a clinical question can produce statements for publication. If the statement is submitted on behalf of associations, the authors should provide a clear account of funding or other support received. Before submitting a consensus statement for review and possible acceptance, the authors should contact the Editorial Board of EMERGENCIAS to inquire about the appropriateness of a topic for the journal and to clarify the journal’s requirements. EMERGENCIAS recommends that authors use the AGREE framework for drafting clinical practice guidelines available from https://www.agreetrust.org/wp-content/uploads/2013/06/AGREE_II_Spanish.pdf.

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Scientific letters. This section prioritizes letters that report original research involving a small number of cases that lead to a specific conclusion. An example would be a series of patients with the same diagnosis or a single noteworthy case. The letter should have the following structure: introduction, presentation of the case, and discussion. Scientific letters should be no more than 800 words long and contain a maximum of 2 tables or figures and 10 references. They may have up to 6 authors. When reporting cases, the authors are advised to follow the CARE case report guidelines available from http://data.care-statement.org/wp-content/uploads/2016/08/CAREchecklist-English-2016.pdf.

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New article categories

Shift changes. Health care professionals’ experiences on the job, especially those that highlight values intrinsic to emergency medicine or shed light on emotional or other dimensions of working together. These brief contributions may be prose or poetry. They must be no longer than 1000 words and may include 1 table or figure and up to 5 references (if necessary). No more than 2 authors may sign the manuscript. No particular structure need be followed. Nor is an abstract required.

Wide angle. This section contains striking personal narratives about the practice of emergency medicine. These contributions differ from those of the preceding section because they attempt to provide the patient’s point of view as well as the professional’s. Or they might present the professional as patient or reflect on the views of others on staff in emergency care settings. This type of article can be organized in sections and conclusions might be drawn. Manuscripts of varying length can be considered, but submissions should have no more than 2500 words, 4 tables or figures, and 10 references (if necessary). Up to 4 authors may be named. No particular structure need be followed. Nor is an abstract required.

Historical notes. Submissions of interest will treat the history of emergency medicine, equipment or other material used in providing emergency care, or the organization of emergency health services over time—in fact the history of any aspect of emergency care is a candidate topic. The larger historical context might be alluded to if it aids comprehension. Likewise, the historical context of the health care system or any other information that complements the main topic might be relevant if it will be helpful to the reader. Length should not exceed 2500 words. A maximum of 4 tables or figures, and 10 references (if necessary) will be allowed. Up to 4 authors may sign the manuscript. No particular structure need be followed and the author is free to divide the article into helpful subsections. No abstract is required.

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Acknowledgments.
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A reference called (the superscripted cite number) that falls next to a punctuation mark should appear before the mark (e.g., “… unlike previous studies [2]..., our results show that…”.)

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### Ethics

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