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 emergent 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. EMERGENCIAS subscribes to the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” (“formerly known as the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals”) produced by the International Committee of Medical Journal Editors (ICMJE) (available from http://www.icmje.org/). Authors are particularly asked to respect the ICMJE’s ethical guidelines on authorship, duplicate publication, conflicts of interest, clinical trials, and animal experimentation. The Editorial Board also pledges to be alert to any conflicts of interest peer reviewers or other editorial consultants might have.

Accepted articles will be published in Spanish in the print journal and in both Spanish and English online regardless of the language in which they were submitted. Such articles will become the property of EMERGENCIAS and permission must be obtained for their reproduction in whole or in part. All authors of original articles must send a statement transferring copyright to the journal once their manuscript has been accepted.

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Manuscripts should be submitted electronically by means of the journal’s digital manuscript management system (available at http://emergencias.portalsemes.org). Authors should create an account at that website and follow the instructions for submitting their manuscript. The tools provided also allow authors to track their manuscript’s progress through the editorial process. If problems arise, authors can contact the publisher (carmen.ibanez@semes.org). A cover letter, whose content is explained below, should accompany the manuscript. Each author’s filled-in form stating acceptance of responsibility for the work and agreeing to copyright transfer should also be sent at this time. (The form can be downloaded from http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf) The manuscript must comply with all instructions to authors given in the section MANUSCRIPT PREPARATION: FORMAL REQUIREMENTS below. It should also conform to the instructions for the appropriate article type and section.

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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7) State that all work complied with the principles of good clinical practice.

In addition, the authors may conclude their letter by proposing individuals they consider qualified to critically review their manuscript. The proposed reviewers should not have coauthored papers or otherwise collaborated with the submitting authors in the previous 3 years. Nor should the proposed reviewers have contributed a substantive review of the manuscript prior to its submission. The Editorial Board will decide whether or not the suggested reviewers should be approached to evaluate the manuscript.

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 1200 words (including 1 table or figure), 15 references, and 2 authors.

Original articles. Reports of original basic, epidemiologic, clinical, or technical research that may be analytical or longitudinal. An original article should include the following sections: structured abstract (not exceeding 250 words), introduction, methods, results, discussion, and references. It should have a maximum of 3000 words (excluding the abstract and references), no more than 6 tables and/or figures and 30 references, and a maximum of 6 authors. (Cooperative multicenter studies are exceptions to this last rule.)

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.

Research on risk prediction models should adhere to the TRIPOD statement (Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis or Diagnosis) available from https://www.ncbi.nlm.nih.gov/pubmed/25560730.

For studies involving diagnostic procedures, follow the SQUIRE guidelines (Standards For Reporting Qualitative Research), available from https://www.equator-network.org.

The CONSORT guidelines (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.

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Viewpoints. Articles that express the views of up to 3 authors on some aspect of emergency medicine will be considered. These articles are similar to editorials and are usually commissioned by the Editorial Board. No abstract is required. Manuscripts should not exceed 1200 words and may contain a maximum of 1 table or figure and 15 references.

Scientific letters. This section prioritizes letters that report original research involving a small number of cases that lead to a specific conclusion. Examples 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 or cases, 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 CASE case report guidelines available from http://data.care-statement.org/wp-content/uploads/2016/08/CAREChecklist-English-2016.pdf.

Letters to the Editor. Letters commenting on articles that appeared recently in EMERGENCIAS will have preference. Such letters should offer arguments that support and clarify aspects of the published article or call them into question. Letters may also express authors’ opinions, describe unusual experiences, or discuss exceptional clinical observations. Manuscripts should be no more than 500 words long and may contain a maximum of 1 table or figure and 5 references. A maximum of 3 authors may sign the letter. If the letter refers to an article that was recently published in the journal, it will be sent to the corresponding author of that paper so that the authors can exercise their right to reply.

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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Manuscripts should be formatted for DIN A4 paper, be double spaced in 12-point type, have wide margins, and comply with the maximum number of words allowed for the article type. Pages should be numbered in the upper right corner. We recommend using the past tense to report findings, avoiding the passive voice when possible (for example, using first-person plural instead), and writing in a generally formal style.

The following recommendations are made in the interest of maintaining uniformity of style in the journal. Adherence to these recommendations will make it easier for us to review and process a manuscript and favor its acceptance.

Abbreviations. Only abbreviations that are common in emergency medicine should be used. Abbreviations should be avoided in titles and abstracts. Expand the abbreviation the first time it appears in the text (in both the abstract and the body of the manuscript). Exceptions are units of measure expressed in the International System.

Manuscript structure. Each of the following manuscript sections should begin on a new page and be arranged in the order listed: title page, abstract and keywords in English; abstract and keywords in Spanish, body of the text according to type of article, acknowledgments and possible statements regarding funding or overlapping, or duplicate, publication, appendices or lists of contributors in the case of collective authorship, references, and tables and figures.

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This manuscript section contains the following items:
- Title, in English and in Spanish, giving an appropriate account of the article’s content. It should be brief, clear, and informative.
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Provide a correct Spanish translation of the title, abstract, and 3 to 8 keywords. For keywords, use translations of the MeSH terms available from http://www.nlm.nih.gov/mesh/MeSHhome.html. These translated texts should start on a new page in the manuscript.

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The introduction (started on a new page) should be brief and aim to provide the reader with up-to-date background information on the topic of the research. A historical review is not necessary; only strictly necessary references should be cited. If a systematic search of the literature was conducted, the strategy used (search terms, period of time covered, and search date) should be described. The introduction should conclude with the hypothesis, or the reason why the research was carried out, and the aim.

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When preparing this section, authors should take into consideration the following recommendations from the Editorial Board regarding items that should be present:
- Include the study design, setting where the work was done, time frame, subjects and/or material used (characteristics, selection criteria), techniques used, the epidemiological or analytical approach used, and interventions.
- Include a flow chart (recommended) showing the phases of the study and clarifying the inclusion and exclusion criteria, how selection was carried out, when interventions and measurements were recorded (if appropriate), and how many patients completed the study.
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- A general principal is that this section should provide all the information other researchers would need if they were to replicate the study.
- Names or initials of patients should not appear.
- Use the generic names (rather than commercial names) of any drugs used and specify the dosages and routes of administration.
- Approval from a clinical or animal research ethics committee must be obtained and mentioned. In addition, the researchers should briefly explain the ethics guidelines they followed even though they will
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- Results.
Describe the results clearly and concisely without offering interpretations. Include the minimum number of tables or figures necessary and avoid repeating data in text, tables, and figures. Include the appropriate estimates of error, uncertainty, probability, or similar, as appropriate (confidence intervals and/or P values for example).
The results of randomized clinical trials should be reported following the CONSORT guidelines (http://www.consort-statement.org), which specify a flow chart illustrating the assignment of patients and their progress through the study. Meta-analyses should include the flow chart described in the PRISMA guidelines (http://www.prisma-statement.org/C/Users/MyDocuments/TranslationSANED/EMERGENCIAS/EMERGENCIES/PRISMA-products/flowchart7x9.pdf). Reports of studies validating diagnostic procedures or tests should include the flow chart described in the STARD guidelines (http://www.saregistry.org/stard-state.htm).

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- Similarities and differences between the authors’ findings and those reported in other similar publications.
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- Acknowledgments.
Only acknowledge persons or institutions that clearly contributed to making the study possible but whose contributions do not justify authorship. Authorship technical assistance in a separate paragraph from other acknowledgments. All persons mentioned by name should have and have approved their inclusion in this section.

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Potential conflicts of interest must be disclosed.

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List only references that are cited in the manuscript. Authors should have read all the references and they should cite only those they consider important. References must be numbered consecutively as they appear in the text, where they will be indicated by superscript Arabic numerals. Authors should make every effort to cite references that have been published recently and are considered important in the subject area.

Unverifiable information from unpublished observations, personal communication, conference presentations, or similar sources should not appear in the reference list, although such sources may be mentioned between parentheses in the text if necessary.

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A reference called ‘the (superscripted) citation number’ that falls next to a punctuation mark should appear before the mark (e.g., ‘... unlike previous studies 16, our results show that...’). When indicating the first and last page of a reference in the list, the final page should be indicated by only the last digit or digits necessary to differentiate it from the first page; for example, 23–7 (not 23–27) and 135–42 (not 135–142).

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Figures: Should be 2-dimensional images, with a white background and gray tones or patterns to distinguish information about different groups. Only exceptionally will color figures be presented.

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Regardless of whether the editors propose revisions, the authors should submit a new version of the manuscript through the online management system within 30 calendar days. The new submission should be accompanied by a letter detailing the changes made and replying (point by point) to the suggestions or questions of the editors themselves or the individual reviewers. If a revised manuscript is not received within 30 days, the corresponding author will be notified that the work has been withdrawn from the process.

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