

# EAJEM

## Eurasian Journal of Emergency Medicine

Citation abbreviation: Eurasian J Emerg Med (Formerly Akademik Acil Tıp Dergisi)



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### **Aims and Scope**

Eurasian Journal of Emergency Medicine 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](http://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.

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Eurasian Journal of Emergency Medicine, 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/best-practice](http://doaj.org/best-practice)).

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.

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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](http://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'

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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](http://www.icmje.org)). The ICMJE recommends that authorship be based on the following 4 criteria:

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2. Drafting the work or revising it critically for important intellectual content; AND
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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

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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;

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**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

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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±standard deviation when parametric tests are used to compare continuous variables. Data must be expressed as medi-

an (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.

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**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.

**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

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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.

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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



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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 blinded. 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.

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**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:** Bengisson 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.

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# EAJEM

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