

Turkish Journal of Emergency Medicine
Template for the Main Document / Article File of Original Articles
Compatible with Instructions to Authors v15 – 9 September 2024

COMBINE ABSTRACT, KEYWORDS, BOX-ED SECTION, BLINDED MANUSCRIPT, REFERENCES, TABLES and FIGURE LEGENDS IN A SINGLE FILE AND UPLOAD AS THE ARTICLE FILE

General Information

All files should be typed

- in **Arial, Helvetica, Times New Roman, or Calibri** with the font size of **11 or 12 pt.**,
- **single-column** format, **double-spaced** (Home > Line and paragraph spacing > 2.0)
- with **Normal margins** (2.5 cm on each side, Layout > Margins > Normal)
- **Without line or page numbers**

Allowances for Specific Article Types

Article Type	Word Count ¹	Abstract Word Count	References	Authors ²	Figures and Tables
Original Article³	4000	500	30	8	6
Invited Review	TBD ⁴	500	TBD	8	TBD
Clinical Policy	TBD	500	TBD	15	TBD
Clinical Guideline	TBD	500	TBD	15	TBD
Case Report / Series	2000	500	20	5	3
Letter to the Editor	1000	No abstract	5	2	0

¹ Including abstract, references and figure legends

² The number of authors may increase in multicenter studies and clinical practice guidelines involving more than one institution (to be discussed with Editor-in-Chiefs). The author number limitation in the Clinical Policies will be valid as of issue 2025-3.

³ For meta-analysis & systematic review: Word count 5000, a maximum of 50 references. Figure and table count are to be discussed.

⁴ TBD: to be discussed with Editor-in-Chiefs

Required sections:

The uploaded single Article File should include all the following sections:

- Title,
- Abstract,
 - Original Articles: *Objectives, Methods, Results, Conclusion.*
 - Case Reports: *Unstructured*
 - Invited Reviews: *Unstructured*
 - Letter to Editor: *No abstract*
- Keywords: At least 3 keywords from MESH Database.
- Box-ED section (*for Original Articles only*)
- Blinded Main Text,
 - Original Articles: *Introduction, Methods, Results, Discussion, Limitations, Conclusion*
 - Case Reports: *Introduction, Case Presentation, Discussion, Conclusion*
- References,
- Tables,
- Figure Legends,
- Figures: May be embedded to the main document. But should also be uploaded separately as well.

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Symbols:

- If symbols such as \times , μ , η , or v are used, they should be added using the Symbols menu of Word.
- Degree symbols ($^{\circ}$) must be used from the Symbol menu, not superscripted letter o or number 0.
- Multiplication symbols must be used (\times), not the letter x.
- Spaces must be inserted between numbers and units (e.g., 3 kg) and between numbers and mathematical symbols (+, -, \times , =, <, >), but not between numbers and percent symbols (e.g., 45%).

Units:

- Measurements should be reported using the metric system according to the International System of Units (SI).
- Laboratory values should be presented with normal limits.

Abbreviations:

- All abbreviations in the text must be defined the first time they are used (both in the abstract and the main text), and the abbreviations should be displayed in parentheses after the definition.
- Authors should avoid abbreviations in the title and abstract and limit their use in the main text.
- We discourage the use of any but the most necessary of abbreviations. They may be a convenience for an author but are generally an impediment to easy comprehension for the reader.

Drugs, Products, Hardware and Software

- Generic names for drugs should be used.
- Doses and routes for the drugs should be stated.
- 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)"

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DO NOT INCLUDE THE FOLLOWING SECTIONS IN THIS DOCUMENT

- Presentation(s) or Awards at a meeting – if present
- Acknowledgement(s) - optional
- Source(s) of Support and Funding - MANDATORY
- Conflict of Interest statement - MANDATORY
- Author contributions statement - MANDATORY
- Consent to Participate - MANDATORY
- Ethical Approval – MANDATORY

1 **Title:**

2 **Abstract:**

3 • Original Articles: *Objectives, Methods, Results, Conclusion.*

4 • Case Reports: *Unstructured*

5 • Invited Reviews: *Unstructured*

6 • Clinical Policy: *Unstructured*

7 • Clinical Guideline: *Unstructured*

8 • Letter to Editor: *No abstract*

9 **Keywords:** At least 3 keywords from MESH Database

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11 **Box-ED Section:**

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A brief description of study rationale and main findings are demonstrated in *Box-ED* section in Turkish Journal of Emergency Medicine. It is encouraged to highlight the outputs of the current study. No quantitative measures are required for this section, only the key questions should be answered in bullet points. Box-ED boxes are only required for research articles.

Example:

What is already known on the study topic?

- Coronary artery disease is a major cause of out-of-hospital cardiac arrest.
- After cardiac arrest, both immediate and delayed angiographic techniques are used in patients with cardiac etiology.

What is the conflict on the issue? Has it importance for readers?

- The role of immediate coronary angiography and percutaneous coronary intervention (PCI) in the treatment of patients who have been successfully resuscitated after cardiac arrest remains uncertain.
- The right technique may increase survival or improve discharges in neurological intact status.

How is this study structured?

- This was a single-center, prospective cohort study includes data from approximately 300 patients.

What does this study tell us?

- There was no difference in mortality and hospital discharge in terms of post-arrest strategy. However, patients with an underlying structural cardiac disease may benefit from early PCI strategy.

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ORIGINAL ARTICLE

14 Introduction

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- A three-paragraph structure should be used. Background information on study subject (1st paragraph), context and the implications of the study (2nd paragraph) and the hypotheses and the goals of the study (3rd paragraph).
- **Background:** Describe the circumstances or historical context that set the stage and led you to investigate the issue.
- **Context:** Describe why your investigation is consequential. What are its potential implications? How does it relate to issues raised in the first paragraph? Why is this specific investigation the next logical step?
- **Hypothesis and Goals of the study:** Clearly state the specific research objective or hypothesis and your primary outcome measure.

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17 **Methods** (*The below subheadings may be used if appropriate*)

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The methods section is one of the most important sections in original research articles, and should contain sufficient detail for the following parts:

- **Study design and setting:** The investigation method, or the design of the study. Describe the study design using standard terms, and describe the study setting in a fashion that conveys characteristics that could affect the external validity (generalizability) of the findings.
- **Selection of Participants:** Study population, sample, selection of the sample. Describe how participants were identified, screened, and enrolled. Remember to consider all participants including patients, providers, and outcome assessors, as appropriate. There should be a list of the inclusion and exclusion criterion with descriptions. In survey studies, information concerning who implemented the survey and how it was performed should be specified.
- **Sample size estimation:** Describe how you performed the sample size estimation, which tests, and assumptions were used, and which sample size estimation software was used (if relevant).
- **Interventions:** Describe any interventions in sufficient detail to permit replication. Describe any blinding of subjects, providers, outcome assessors, or data analysts. Describe methods for determining whether the intervention was actually received.
- **Methods and Measurements:** Details of measurements and evaluations (e.g.: make and model of biochemical test devices and kits) should all be clearly stated. Discuss how and when measurements were made. Discuss the precision and reliability of the measurements. How were spurious or missing measurements handled? Discuss who collected the data and how they collected it. Discuss how data were entered, checked, and processed.
- **Outcomes:** Describe the study's primary and secondary outcome measures, and if needed explain why they were chosen to address the study objective. When possible, use outcomes that have been previously validated, or provide evidence of your own efforts to validate the measure. Emphasize patient-centered outcomes (eg, pain, days off from work, death) over intermediate outcomes (eg, change in forced expiratory volume, change in asthma score).

- **Data (or Statistical) Analysis:** Detail the primary statistical analysis and specify any software that was used, including the name of the software and the company that produces it. Provide references for any non-routine analytic methods. If appropriate, detail sensitivity analyses that explore how results change when assumptions about the investigation are modified.

Ethical Approval: Ethical Board or Institutional Review Board Approval Statement is mandatory for all Original Articles, including retrospective studies. As per ICMJE guidelines authors should provide the journal with a written statement that they have ethical board (or similar governing body) approval, should provide the **name of the Board, number and date of the approved file** and be prepared to send a copy to the Journal if required. Since the name of the Board will unblind the manuscript during peer-review, details of the statement (name of the Board, number and date of the approval) should be included in the Title Page of the First Page File. There should also a statement declaring that Ethical approval is present be present in the Methods section without details. **Turkish Journal of Emergency Medicine will be unable to further consider manuscripts without approval or formal exemption.** (The only exceptions are for analyses of third-party anonymized databases which already have pre-existing IRB approval or exemption.)

Compliance with manuscript writing guidelines: You will be asked to verify compliance with guidelines for each corresponding study design (**Check Table in the Instructions**). You should add a statement clarifying which guideline you used while drafting the document. For further information on the reporting guidelines for health research, authors are suggested to refer to the EQUATOR network website (<http://www.equator-network.org/>)

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20 **Results**

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- The demographic properties of the study population should be given. A table summarizing demographics will be preferred.
- The main and secondary results of the hypothesis testing must be provided.
- Commenting on the results and discussing the literature findings should be avoided.
- Present as much data as possible at the level of the unit of analysis, graphically if possible. Emphasize the magnitude of findings over test statistics, ideally using size of effect and associated confidence intervals for each outcome.

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24 **Discussion**

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The main and secondary results of the study must be briefly presented and compared with similar findings in the literature. Providing intensive background information should be avoided. Consider only those published articles directly relevant to interpreting your results and placing them in context. Do not stress statistical significance over clinical importance. Avoid extrapolation to populations or conditions that you have not explicitly studied in your investigation. Avoid claims about cost or economic benefit unless a formal cost-effectiveness analysis was presented in the Methods and Results sections. Do not suggest "more research is needed" without stating what the specific next step is. Optionally, you may include a paragraph "In retrospect, . . ." to candidly discuss what you would do differently if given the opportunity to repeat the study, so others can learn from your experience.

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27 **Limitation(s)**

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The limitations of the study should be mentioned in a separate paragraph subtitled as the "Limitations" in the end of the discussion. Explicitly discuss the limitations of your study, including threats to the internal and external validity of your results. When possible, examine the magnitude and direction of each bias and how it might affect the interpretation of results.

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30 **Conclusion(s)**

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A clear conclusion should be made in the light of the results of the study. The potential effects of the results of the study on the current clinical applications should be stated in a single sentence. Inferences that are not supported by the study results should be avoided.

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CASE REPORT / SERIES

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37 **Introduction:**

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39 **Case Presentation:**

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You should include a statement that consent to participate has been granted by the patient or next of kin at the end of this section.

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41 **Discussion:**

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43 **Conclusion:**

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Article Type	References
Original Research	30
Case Report/Series	20
Letter to Editor	5

- The referencing style of the Turkish Journal of Medicine is **AMA (American Medical Association) style**.
- References should be **numbered consecutively** with Arabic numerals in the order in which they are cited in the text.
- References should be cited in the text by numbers in **SUPERSCRIPT**.
- When more than two references are cited at a given place in the manuscript, use hyphens to join the first and last numbers of a closed series; use commas without space. Example: As reported previously,^{1,4-7,19,24}
- You may use author names in your text, as long as these mentions are accompanied by numbered citations. Use last names only. For items with one or two authors, include both names. For items with three or more authors, include the first author's surname and then 'et al' or 'and colleagues'. Examples: Smith and Jones² reported on the questionnaire. Hammersmith et al³ reported on the survey.
- Avoid referencing abstracts or citing a "personal communication" unless it provides essential information not available from a public source. As with citation of an abstract of an article rather than citation of the original document, citation of the original document is preferred unless it is not readily available. Only items actually consulted should be listed.
- Use **sentence case** for all titles (capitalize only the first word of the title). Abbreviate and italicize names of journals according to the listing in the National Library of Medicine database.
- Do not include unnecessary bibliographic elements such as month of publication, online publication date etc.
- When citing online journals, the **DOI number** is preferred over the URL link.
- Journal titles are abbreviated and in italics. Abbreviate and italicize names of journals according to the listing in the National Library of Medicine database. Single word titles, such as Pediatrics, are not abbreviated. In journal titles, capitalize all major words.

Examples of citations are as follows:

- **Original Articles:** Cevik E, Karakus Yilmaz B, Acar YA, Dokur M. Systematic Analysis of Theses in the Field of Emergency Medicine in Turkey. *Turk J Emerg Med.* 2016;15(1):28–32. doi:10.5505/1304.7361.2014.37074
- **Reviews:** Akoglu H. User's guide to correlation coefficients. *Turk J Emerg Med.* 2018;18(3):91–93. doi:10.1016/j.tjem.2018.08.001
- **Book:** Callaham ML. Current Practice of Emergency Medicine. 2nd ed. St. Luis, MO: Mosby; 1991.
- **Book Chapter:** Mengert TJ, Eisenberg MS. Prehospital and emergency medicine thrombolytic therapy. In: Tintinalli JE, Ruiz E, Krome RL, eds. Emergency Medicine: A Comprehensive Study Guide. 4th ed. New York, NY: McGraw-Hill; 1996:337-343.
- **Internet:** Fingland MJ. ACEP opposes the House GOP managed care bill. American College of Emergency Physicians. Web site. Available at: <http://www.acep.org/press/pi980724.htm>. Accessed August 26, 1999.
- **Cited by a citation:** Cauley JA, Lui L-Y, Ensrud KE, et al. Osteoporosis and fracture risk in women of different ethnic groups. *JAMA.* 2005;293(17):2102-2108. Cited by: Acheson LS. Bone density and the risk of fractures: should treatment thresholds vary by race [editorial]? *JAMA.* 2005;293(17):2151-2154.

You can find the CSL style of Turkish Journal of Emergency Medicine in the following reference manager software: Zotero, Mendeley Desktop and Papers.

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49 **Tables**

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Article Type	Figures and Tables
Original Research	6
Case Report/Series	3
Letter to the Editor	0

Tables should be included in the ARTICLE FILE after references section.

- Data presented in the tables should not be included in its entirety in the text.
- Tables must be numbered consecutively.
- Each table should be placed in a new page.
- Each table must be referred to in the text.
- Number and Title of each Table should be written at the top of each page before the Table.
- Arrange tables so that the primary comparisons of interest are horizontal, left-to-right (the standard reading order).
- Provide the N for each column or row and marginal totals where appropriate.

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PLEASE REMOVE THIS BOX BEFORE SUBMISSION**What is a Figure and what is not?**

- All images, illustrations, photographs, drawings, graphs, flowcharts, are Figures.
- Scanned or photocopied graphs and diagrams are not accepted.
- Tables, questionnaires, handouts are not Figures.

Technical Specifications

- Figures should have at least 300 dots per inch (dpi) resolution, especially if they are in color.
- Black and White drawings and charts may have 150 dpi.
- Graphs and diagrams must be drawn with a line weight between 0.5 and 1 point.
- Avoid background gridlines and other formatting that do not convey information (e.g., superfluous use of 3-D formatting, background shadings). Graphs should not be 3-D unless the data are.
- Omit internal horizontal and vertical rules.
- No titles should be included in the Figures.
- For graphs, axes should begin at zero; if they do not, a break should be shown in the axis

How to Upload Figures

- Figures can be embedded in the Main Document /Article File in the text where the figure is used, or at the end of the document in separate pages.
- You should upload figures as PNG, JPG, JPEG or PDF files with their corresponding CAPTION and LEGEND during the Document Upload step.

Content requirements

- We prefer graphics that show the distribution of data (e.g., scatter plots, 1-way plots, box plots) to those showing summaries of data (e.g., pie charts, bar graphs of means). Pie charts should not be used for research results.
- If the data collected are paired (e.g., pre and post, or 2 different measures on the same subject), then choose a graphical format that conveys the inherent pairing of the data. If data are paired, they should be displayed as such.
- If measurements are discrete, display as discrete points rather than a continuous line.
- Odds ratios should be displayed on a logarithmic scale
- Survival curves should include number at risk below x axis

Figure Captions and Legends

- The information contained in the figure should not be repeated in its entirety, however reference to the figure must be referred in the text.
- **Figure Captions and Legends** should appear on a separate page after the References and Tables, with or without Figures. Figure Captions must be written in sentence case at this part of the manuscript (e.g., Macroscopic appearance of the samples.)
- All tables and figures must have a caption and/or legend and be numbered (e.g., Table 1, Figure 2), unless there is only one table or figure, in which case it should be labelled "Table" or "Figure" with no numbering.

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