

Prehospital and Disaster Medicine

Editorial Policy

Manuscripts in one of five different categories can be submitted for review and publication in *Prehospital and Disaster Medicine* (PDM): (1) Original Research; (2) Brief Report; (3) Special Report; (4) Case Report; or (5) Comprehensive Review. Other types of manuscripts must have the approval of the Editor before being submitted. The characteristics specific to each of these categories are described below:

1. Original Research—structured research that uses quantitative and/or qualitative data collection methods and analyses to establish a hypothesis or prove a cause and effect relationship is included in this category. The manuscript must be structured as follows:

Abstract—concise summary (not to exceed 375 words) in the following format:

Introduction: Describes the need for the study

Hypothesis/Problem: What was tested (experimental studies only) If qualitative, statement of problem addressed.

Methods: Summary of methods used with subsections as appropriate (type of subjects, number of subjects, study design, statistical tests). If the work is qualitative, the types of instruments used and the scope and type of work must be described.

Results: Summary of principal findings.

Conclusion: Implications of findings.

Introduction—provide justification for the effort with appropriate references annotated. If quantitative, the concluding sentence should define the hypothesis. If qualitative, the problem being addressed should be stated clearly.

Methods—detailed description of methods used, including type and number of subjects, study design, statistical tests, software and equipment. This section should be sufficiently detailed that other investigators would be able to reproduce the study. Statistical methods used must be annotated. Approval by an Institutional Review Committee must be included when appropriate.

Results—results must be presented in text using both numbers and percentages where applicable, and may be accompanied by tables and figures (tables and figures must be referred to in text). The text must explain all data included in tables and figures, but should not be unnecessarily redundant. All direct results from the study must appear in this section. **No discussion of the results may be included.**

Discussion—the discussion should provide an interpretation of the results in terms of meaning and application. **Results should not be repeated.** Computations or extrapolations that may help explain the results may be provided. Limitations of the study should be defined and suggestions for future research should be included. Also include references that support or negate explanations provided.

Conclusion—the findings in terms of implications for the practice of prehospital, emergency, and/or disaster (humanitarian) medicine should be summarized in a few sentences.

References—a numbered list of references in the order in which they appear in the text. References should not be formatted as footnotes.

2. Brief Report—a short report on work that does not meet all of the criteria required for original research. Preliminary reports also are included in this category. The format used should be identical to that used for Original Research.

3. Special Report—describes activities or aspects of our science that provide information necessary for the progression of the science. The manuscript should be structured as follows:

Abstract—concise summary (not to exceed 375 words)

Introduction—highlight the problem being addressed and the reasons that it needs to be addressed.

Report—describes an aspect of science or information. Any subsections should be subtitled. Include citations for sources of the material.

Discussion—describes the significance of the report in terms of the science. Includes a comprehensive review of the pertinent literature.

Conclusion—the findings in terms of implications for the practice of prehospital, emergency, and/or disaster (humanitarian) medicine should be summarized in a few sentences.

References—a numbered list of references in the order in which they appear in the text. References should not be formatted as footnotes.

4. Case Report—uses one or more cases of specific patients or events/responses to highlight a current aspect of medical care or a phenomenon. Case reports also may have value in the development of definitive research projects by the same or other investigators. The format for a Case Report is the same as that for Special Report described above.

5. Comprehensive Review—a review of the literature to be used to clarify areas in which there seems to be disagreement. Comprehensive reviews seek to establish the evidence base for the area being addressed. The format used should be identical to that described for Special Reports.

Manuscript Submission

All manuscripts must be submitted through the Journal's online submission platform, ScholarOne Manuscripts, at <http://mc.manuscriptcentral.com/pdm>. The following must be included with the submitted manuscript:

Cover Letter—each manuscript should be accompanied by a cover letter addressing the following:

- The primary author attests to the original nature of the material, that the paper has not been published elsewhere, and is not under consideration by any other publication
- If the paper has been, or is to be presented in a forum orally or as a poster, indicate the title of the forum, sponsoring institution, and the date of presentation.
- The authors agree to transfer copyright to *Prehospital and Disaster Medicine* if accepted for publication
- The institution(s) in which the work was performed, the sponsoring institution(s), and the respective departments are annotated
- The name of the author to whom any correspondence should be directed, along with correspondence street address and email address
- Three to five keywords or phrases in alphabetical order separated by semicolons to facilitate indexing or electronic searches. Use the US National Library of Medicine Medical Subject Headings database (<http://www.ncbi.nlm.nih.gov/mesh>) to develop these keywords or phrases.

Cover Page—includes the title of the paper, first names, middle initials, last names, and highest academic degrees of all authors (abbreviated as MD, MPH, etc.), along with institutions each author is affiliated with. Reiterate from the cover letter the name of the author to whom any correspondence should be directed, and the street address and email address. **Do not indicate author names or institutions anywhere in the manuscript other than on the cover page.**

Manuscript Format

In general, manuscripts should be formatted using the AMA Manual of Style.

File Format—please submit manuscripts as Word or rich text files.

Language—all manuscripts must be submitted in American English. Do not use *I*, *We*, or *Our* when describing the researchers. The fact that the research was conducted by the authors is implicit.

Type Style—use Times New Roman 12 point font. Double space all text, including references. Left-justify the text; leave right margins unjustified.

Abbreviations—provide a list of abbreviations used more than once and what they stand for at the beginning of the manuscript (example: WHO: World Health Organization). Whenever such abbreviations are used, they also must be annotated with the initial mention of words within the manuscript followed by the abbreviation in parentheses.

Generic Names—whenever possible, use generic names. Brand names may be indicated parenthetically and the name and location of the manufacturer must be provided in parentheses followed by a generic description of the medication, drug, product, or equipment.

Software and Equipment Descriptions—specify version number, name, manufacturer or developer of all software and equipment used. Include the city, state or province and country in which the manufacturer or developer is headquartered. Example: the data were entered into a Microsoft Excel spreadsheet Version 7.0.25 (Microsoft Corporation, Redmond, Washington, USA).

Numbers and Percentages—both numbers and percentages should be presented in the text, in the n (%) format.

Mean and Standard Deviation—when presenting means and standard deviations in the text, the mean (SD) format should be used, rather than the $\pm$ format.

References—references **must** be cited in the References section at the end of the manuscript in the order in which they appear in the text. **Do not use automatic numbering, and remove any formatting (such as that from EndNote) linking the reference to citations in the text.** References should not be formatted as footnotes. All references must be cited by superscript Arabic numbers in the text, tables, and legends for illustrations. Citations in the text should be placed after punctuation such as periods or commas. Titles of journals referenced must be annotated using US National Library of Medicine abbreviations (<http://www.ncbi.nlm.nih.gov/nlmcatalog>) and must be italicized. If there is no US National Library of Medicine abbreviation, please do not abbreviate the journal title. Include volume and issue numbers when possible, and do not omit digits from inclusive page numbers. The following format for references **must** be used:

Journals—White SJ, Hamilton WA, Veronesi JF. Comparison of field techniques used to pressure infuse intravenous fluids. *Prehosp Disaster Med.* 1991;6(4):429-434.

Books—Schwartz GR, Safar P, Stone JH, et al, eds. *Principles and Practice of Emergency Medicine.* 2nd ed. Philadelphia, PA, USA: WB Saunders Co.; 1985:1198-1202.

Chapters—Lindberg R. Pathology of head injuries. In: Cowley RA, Trump BF, eds, *Pathophysiology of Shock.* Baltimore, MD, USA: Williams and Wilkins; 1982:588-592.

Presentations at meetings (published)—Jones M. Lessons learned during the Haiti earthquake. Paper presented at: 17th Annual Meeting of the World Association for Disaster and Emergency Management; May 31-June 3, 2011; Beijing, China.

Presentations at meetings (unpublished)—Jones M. Lessons learned during the Haiti earthquake. Paper presented at: 17th Annual Meeting of the World Association for Disaster and Emergency Management; May 31-June 3, 2011; Beijing, China.

Web sites—The importance of behavior in cancer prevention and early detection. American Cancer Society Web site.

<http://www.cancer.org/Research/ResearchProgramsFunding/BehavioralResearchCenter/TheImportanceofBehaviorinCancerPreventionandEarlyDetection/the-importance-of-behavior-in-cancer-prevention-and-early-detection>. Accessed January 1, 2012.

Online government or organization reports—World Health Organization. World Health Statistics 2011.

http://www.who.int/gho/publications/world_health_statistics/EN_WHS2011_Full.pdf. Published 2011. Accessed February 6, 2012.

Tables and Figures

Only essential figures and tables should be included. Further tables, figures, photographs and appendices may be published as supplementary material with the online version on the journal. All tables and figures must be referred to in text.

Tables—submit tables either at the end of the manuscript or as separate Word or rtf files. Tables should be numbered in the order in which they appear in the text, using Arabic numerals. Include table title above each table. Tables should be black and white, with text in Times New Roman 12 point font. Do not use shading, and do not include spaces, tabs, or hard returns. Table footnotes should be indicated with superscript lowercase letters in alphabetical order. Tables should be no more than nine columns wide, and should fit on one printed page (portrait orientation). Tables longer or wider than a page should be split into two or more tables.

Data presented as numbers and/or percentages must add up to totals; any discrepancies must be explained in table footnotes. Numbers and corresponding percentages should be presented in the same cell, using the n (%) format. Mean and standard deviation should also be presented in the same cell, using the mean (SD) format rather than the $\pm$ format.

Figures—number all figures in the order they will appear in the text using Arabic numerals. Do not include place markers for figures in the text. Titles and legends for figures should be included as text at the end of the manuscript, and should not be included in the figure. Graphs, line art, diagrams, charts, and other figures should be submitted as black and white high resolution (300 dpi/120 pix per cm or higher) tiff files. Color photographs and graphs may be submitted as supplemental material for online publication.

Converting images to high resolution tiff files generally requires graphics software such as PhotoShop, InDesign, or Adobe Illustrator. In some cases, it is possible to convert Word or Excel files to pdf files, then pdf files to tiff files. To convert PowerPoint files to high resolution files, see instructions at <http://support.microsoft.com/default.aspx?scid=kb;en-us;827745>. Do not submit figures as Word, PowerPoint, Excel, jpeg, or similar files. Photographs should be black and white tiff files with at least 600 dpi resolution. Please ensure that your figures are saved at final publication size (see the latest issue of the journal for column widths).

Even when your figure is saved as a 300 dpi tiff file, it may not be of sufficient resolution for print publication. If your original figure was lower resolution, simply saving it as a higher resolution file may not be helpful. Try sizing your figure to 1/4 or 1/3 of a page, and printing it. Is all the text clear? Is there enough contrast between bar graphs or lines and the background? White or no background is usually best.

Permissions—illustrations or tables from other publications must be accompanied by written permission from the author and

publishers of the document in which they originally appeared.

Proofs and Offprints

Page proofs will be sent to the author designated to receive correspondence. Corrections other than to printer's errors may be charged to the author. A final PDF version of the article will be supplied to the corresponding author when the article is published. **Please note that no changes can be made after a paper is published online.**