Instructions to authors

I. General Information

Journal of EMS Medicine (J EMS Med; JEMSM) is the official peer-reviewed, open-access journal of the Korean Association of EMS Physicians/Asian Association for Emergency Medical Services. Our journal is published three times a year. JEMSM focuses on system development and quality improvement of EMS across community, prehospital, and inter-hospital emergency care including pathophysiology, epidemiology, diagnosis, prognosis, treatment, and simulation. The journal also publishes papers focusing on the different models of emergency healthcare delivery all over the world. The journal accepts editorials, position papers, original articles, reviews, letters to the editor, case reports, and preliminary reports in related areas. The journal is aimed at first responders, EMS providers including emergency medicine physicians, emergency medicine nurses, and emergency medical technicians, government stakeholders, and other organization related EMS system. The journal will be of interest to out-of-hospital emergency cares of medical disease and injury, disaster medicine, injury prevention, and global EMS.

Manuscripts for submission to JEMSM should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred to the Recommendations of International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org/recommendations/).

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

II. Research and Publication Ethics

Regarding policies on research and publication ethics not addressed in these instructions, Committee on Publication Ethics (COPE) Guidelines on Good Publication (http://publicationethics.org) or Good Publication Practice Guidelines for Medical Journals (https://www.kamje.or.kr/board/lists?b_name=bo_publication) should be applied.

A. Statement of Human and Animal Rights and Informed Consent

Any investigations involving humans and animals should be approved by the Institutional Review Board and Animal Care Committee, respectively, of the institution where the study took place. JEMSM will not consider any studies involving humans or animals without the appropriate approval. Informed consent should be obtained, unless waived by the Institutional Review Board, from patients who participated in clinical investigations. Human subjects should not be identifiable, such that patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. If experiments involve animals, the research should be based on national or institutional guidelines for animal care and use. Original articles submitted to JEMSM that address any investigation involving humans and animals should include a description about whether the study was conducted under an approval by the Institutional Review Board (with or without patient informed consent) and animal care committee, respectively, of the institution where the study was conducted. JEMSM can request an approval by the Institutional Review Board or Animal Care Committee for the other types of articles when necessary.

B. Authorship and Author's Responsibility

The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the paper arise after publication.

Authors are responsible for the whole content of each article. Co-authorship should be based on the following 4 criteria: (1) Substantial contributions to the conception or design of the work;

or the acquisition, analysis, or interpretation of data for the work; (2) Drafting the work or revising it critically for important intellectual content; (3) Final approval of the version to be published; and (4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Any persons who do not meet the above 4 criteria, may be listed as contributors in the Acknowledgments section.

There is no limitation on the number of authors except for case reports. We recommend limiting the number of authors to no more than 8 for a case report. Only one author should correspond with the editorial office. JEMSM does not allow adding authors or changing the first or the corresponding authors once its decision of 'Accept as it is' is made. If any author wishes to be removed from the byline, he or she should submit a letter signed by the author, as well as all other authors, indicating his or her wish to be deleted from the list of authors. Any change in the name order in the byline requires a letter signed by all authors indicting agreement with the same.

C. Originality and Duplicate Publication

Manuscripts under review or published by other journals will not be accepted for publication in JEMSM, and articles published in this journal are not allowed to be reproduced in whole or in part in any type of publication without permission of the Editorial Board. Figures and tables can be used freely if original source is verified according to Creative Commons Non-Commercial License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from a different journal that is not open access.

D. Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of ICMJE as followings: certain types of articles, such as guidelines produced by governmental agencies and professional organizations, may need to reach the widest possible audience. In such instances, editors sometimes deliberately publish material that is also being published in other journals, with the agreement of the authors and the editors of those journals. Secondary publication for various other reasons, in the same or another language, especially in other countries, is justifiable and can be beneficial provided that the following conditions are met. The authors have received approval from the editors of both journals (the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version). The priority of the primary publication is respected by a publication interval of at least 1 week (unless specifically negotiated otherwise by both editors).

The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient. The secondary version faithfully reflects the data and interpretations of the primary version. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: "This article is based on a study first reported in the [title of journal, with full reference]."

E. Process to Manage Research and Publication Misconduct

When the Journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problem with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and etc., the resolving process will be followed by flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/resources/flowcharts). The discussion and decision on the suspected cases are done by Editorial Board.

F. Editorial Responsibilities

The editorial board will continuously work towards monitoring/safeguarding publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standard; publishing corrections, clarifications, retractions and apologies when needed; avoiding plagiarism, and fraudulent data.

Editors responsibilities shall include: responsibility and authority to reject/accept article; avoid conflict of interest with respect to articles they reject/accept; acceptance of a paper when reasonably certain; promoting publication of correction or retraction when errors are found; preservation of the anonymity of reviewers.

G. Conflict of Interest

A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could bias the author's decisions regarding the manuscript. Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts, particularly those present at the time the research was conducted and through publication, as well as other financial interests (such as patent applications in preparation), that represent poten-

tial future financial gain. All disclosures of any potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript will be disclosed by the corresponding author on behalf of each coauthor, if any, as part of the submission process. Likewise, authors without conflicts of interest will be requested to state so as part of the submission process. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office. Failure to include this information in the manuscript will prohibit commencement of the review process of the manuscript. For all accepted manuscripts, each author's disclosures of conflicts of interest and relevant financial interests and affiliations and declarations of no such interests will be published. The policy requesting disclosure of conflicts of interest applies for all manuscript submissions. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement. Authors are also required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies as part of the submission process. For all accepted manuscripts, each author's source of funding will be published.

The authors should disclose all potential conflicts of interest including any research funding, other financial support, and material support for the work, if any exists, in the unblinded full title page. If there is a disclosure, the editors, reviewers, and reader can interpret the manuscripts with this understanding.

III. Preparing Manuscripts

A. Categories of Manuscripts

1. Original research: Original investigations in areas relevant to system development and quality improvement of EMS. Maximum 4,000 words, 10 tables and/or figures, and 60 references. Additional material may be placed in supplemental material.
2. Clinical review: Reviews that address a specific question or issue that is relevant to clinical part of EMS. Such articles should identify and summarize current research relevant to the questions they address, be evidence-based to the extent possible, be balanced, and should detail the importance of the clinical question or issue. Include a narrative abstract and its length should not exceed 200 words. Do not combine a case report with your review. Maximum 5,000 words.
3. Systematic review: Systematic Reviews are critical assessments and evaluations of research (not simply summaries) that attempt to address a focused clinical question using methods designed to reduce the likelihood of bias. Meta-analyses combine this with aggregate analyses. Such articles must be compliant with relevant guidelines, not exceed 5,000 words, and include a narrative abstract and its length should not exceed 200 words.
4. Case report: Cases must be brief descriptions of a previously undocumented disease process, a unique unreported manifestation or treatment of a known disease process, or unique unreported complications of treatment regimens. Entities previously reported in the EMS literature will not be considered, and those reported elsewhere must be extremely important or pertinent to be considered. Include an abstract, introduction, case report, and a discussion focusing on the implications of the case reported. Maximum 1,500 words, 15 references, and 4 figures. The abstracts include a narrative abstract and its length should not exceed 150 words.
5. Correspondence (letter to the editor): Discussion, observations, opinions, corrections, and comments on topics appearing in JEMSM; very brief reports or other items of interest. Letters discussing a JEMSM article should be received within 8 weeks of the article's publication. The original authors will be given the opportunity to reply. Letters of political or other topics unrelated to the science of medicine, as well as those containing personal criticisms, will not be published. Maximum 500 words, 5 references.
6. Editorials: Authoritative comments or opinions on controversial matters with significant implications for EMS; or, qualified, thorough analysis and criticism of articles appearing in JEMSM. Maximum 1,500 words.
7. Images in Emergency Medical Services: Photographs of interesting or classic presentations of disease, accompanied by a 1 paragraph description of the patient's presentation and a 1–2 paragraph discussion of the final diagnosis and relevant teaching points (250 words maximum total). Images may include radiographs or microscopy.
8. Any article longer than these limits should be discussed with the editor.

B. Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000pdf/

C. Preparing Documents for Publication

1. All text files should be in Microsoft Word format (DOC or DOCX) and all figures need to be in JPG/JPEG/TIFF format. Text or figure files should not be uploaded as PDF files.
2. The manuscript should use a 12-point font size and be double spaced, with a plain font such asTimes New Roman, Sans-Serif, or Helvetica.
3. The manuscript must be written in English. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they should be fully described at first appearance in the text and should be described in the parenthesis. After that they can be used. Radiation measurements and laboratory values should be in accordance with the International System of Units (SI).
4. The manuscript should be organized in the following order: full title page (including all the author details, acknowledgments, and statements on conflicts of interest) as a separate file; blinded main document in a single file, which starts with the blinded title page (title only), abstract and keywords, introduction, methods, results, discussion, references, tables, and figure legends.
5. JEMSM performs double-blinded review of the submitted manuscripts. The authors' names, their affiliations, or any other remarks that may identify the authors should not appear in the blinded main document, figures, appendix, and supplementary materials for the blinded review. In case identifying details are found, the editorial office will ask the corresponding author to re-upload the files after masking such details or will delete them on behalf of the authors before sending the manuscript for an external peer review.
6. The names and locations (city and state/province or country) of the manufacturers of equipment and generic names should be given.
7. Please also refer to the most recent articles published in JEMSM for style.

D. Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a primary national clinical trial registration site, such as https://cris.nih.go.kr/, or other sites accredited by the WHO as listed at http://www.who.int/ictrp/en/.

E. Full Title Page

Include the following items on the unblinded full title page.

1. Title (should not exceed 50 words)
2. Full names, affiliations, and order of all authors: Each author's full name, not initials, must be provided in the order of first name, middle name (if it exists), and last name. When authors from different institutions/addresses are included, the authors should be matched with their organizations by placing the relevant organization number in superscript after each author's name.
3. Contact information of the corresponding author (addresses, phone numbers, and e-mail).
4. ORCID: Open researcher and contributor ID (ORCID) of all authors are recommended to be provided. To have ORCID, authors should register in the ORCID web site available from: http://orcid.org. Registration is free to every researcher in the world.
5. Type of manuscript
6. Acknowledgments: Those who contributed to the work, but who did not fulfill the requirements for authorship, should be included in the acknowledgments.
7. Conflict of interest statement: All funding, other financial support, and material support for the work, if it exists, should be clearly identified in the conflict of interest statement. If no conflicts of interest exist for any of the authors, this should be noted.
8. Abbreviated title: The abbreviated title will be printed at the top of each page of the published paper and should be no longer than 50 characters (including spaces and punctuation)

F. Main Document

The main document is a blinded document for review and should contain the following components in a single Microsoft Word file, each component starting on a separate page: blinded title page, abstract, main body, references, tables, and figure legends. Images should not be embedded in the main document. Tables should not be mixed with the text. The tables should be placed collectively after the references, each on a separate page.

1. Blinded title page

On the blinded title page, only the title of the manuscript should

appear. The authors' names and other details should not be included.

2. Abstract

Your abstract should be 250 words or less, and divided into the subheadings: Objective, Methods (include information on design, setting, participants, interventions, and main outcomes measured), Results, and Conclusion. In your results, you should emphasize the magnitude of findings over test statistics, ideally including the size of effect and its confidence intervals for the principal outcomes. Reference citations should not be used in the abstract. Abbreviations should be minimized and, if used, must be defined within the abstract by the full term followed by its abbreviation in parentheses. Three to five keywords (index terms) should appear after the abstract. For the selection of keywords, refer to the list of Medical Subject Headings (MeSH, http://www.ncbi.nlm.nih.gov/mesh). If an RCT the trials registry number should appear after the conclusion (ex: NCT01616745.)

3. Main body

1) Introduction: The most effective introduction sections are less than 500 words, and concisely argue how the topic is new, scientifically important, and clinically relevant. Usually, we recommend three paragraphs: The first paragraph to describe the circumstances or historical context that set the stage and led you to investigate the issue. The second to 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? The last to explain the goals of this investigation: Clearly state the specific research objective or hypothesis and your primary outcome measure.

2) Methods:

- The methods should include subsections with contents that detail the study design (include human subject or animal use committee review), study setting and population, study protocol, measurements or key outcome measures, and data analysis (include sample size determinations and other relevant information, the names of statistical tests, and software used).
- The role of funding organizations and sponsors in the conduct and reporting of the study should be included here.
- When equipment is used in a study, provide in parentheses the model number and name location of the manufacturer.
- If citing an in-press paper for the description of methods (i.e., when referencing methods used in a prior study, which is currently in press), please upload a copy of the in-press paper for the editor and reviewers. This in-press material will be handled with appropriate confidentiality.
- Research involving human subjects or animals must meet local legal and institutional requirements and generally accepted ethical principles such as those set out in the Nuremberg Code, the Belmont Report, or the Declaration of Helsinki.
- Manuscripts reporting data involving human subjects must indicate a positive review by an Institutional Review Board (IRB) or equivalent. This requirement includes studies that qualify for IRB expedited status. Most institutions require IRB review of studies that qualify for exempt status and that this determination be made by the IRB, not by the authors. The “Methods” section of the manuscript must explicitly state that IRB approval was obtained, that the IRB determined the study was exempt, or that the study did not involve human subjects (e.g., publicly available and previously de-identified information from national data sets, or other studies not meeting the definition of human subjects research as set forth in US Code of Federal Regulations, Title 45, Part 46–additional information available at www.hhs.gov/ohrp/policy/cdebiol.html). The “Methods” section should also indicate the type of consent used (written, verbal, or waived), and confirm that consent was obtained from all subjects (unless waived by the IRB).
- Manuscripts reporting the results of investigations of live vertebrate animals must indicate approval by an Animal Care and Use Committee or equivalent. We reserve the right to request submission of IRB or Animal Care and Use Committee documentation at any time.
- When working with administrative databases, authors should be diligent in checking the validity of variables (e.g., by cross-checking with other variables in the dataset) and patterns of missing data. Both factors can bias results. Authors should also recognize that causal inferences are generally limited when interpreting results from administrative data sources. For analyses using probability samples, care should be taken to use clusters, strata and weights in analyses and that substantially restricting such samples (e.g., to small age groups) may create bias and unusual associations between variables.
- All papers involving surveys are screened by one of two editorial board members with formal training in survey science; well over half are declined at this screening phase due to weak methodology. Authors considering performing survey projects and submitting survey manuscript should review the following commentary, which discusses some of the key features of survey methodology: Mello MJ, Merchant RC, Clark MA. Surveying emergency medicine. Acad Emerg Med 2013;20:409–12.

3) Results: Results should be concisely stated and include the sta-

tistical analysis of the data presented. Results presented in tabular or graphic form should be referred to in the text, but the material should not be presented again. In addition to the data collected in the study, the results should also indicate the success of protocol implementation (e.g., was blinding successful, was there a high inter-rater reliability?). In keeping with the recommendations of the Institute of Medicine regarding gender-specific research, we ask that "all papers reporting the outcomes of clinical trials report on men and women separately unless a trial is of a sex-specific condition (such as endometrial or prostatic cancer)." (Women's Health Research: Progress, Pitfalls, and Promise; National Academies Press 2010, available at https://www.ncbi.nlm.nih.gov/books/NBK210136/pdf/Bookshelf_NBK210136.pdf)

4) Discussion: Briefly summarize the results and how they relate to your area of investigation. Consider only those published articles directly relevant to interpreting your results and placing them in context. Do not stress statistical significance over clinical importance. Do not use a separate conclusion section, but instead append it as the last paragraph of the Discussion beginning something like: "In summary, . . ." Take care that the conclusion is restricted to what can be justified by your experimental results. Discuss shortcomings and biases related to study design and execution. Highlight areas where future investigations and/or different methods of analysis might prove fruitful.

4. References

1) References should be numbered consecutively in the order in which they are first mentioned in the text. Every reference must be cited at least once in the text. Each reference should be cited as [1], [1,4], or [1–3], at the end of the related sentence in the text.

2) The abbreviated journal title should be used according to the NLM Catalog: Journals referenced in the NCBI Databases (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals) and the Korean Medical Journal Information (http://journals_beta.koreamed.org/).

3) If there are six or fewer authors in a reference, then all the names of the authors should be listed. If the number of authors is greater than six, list the initial three authors, and then abbreviate the rest of the authors with "et al."

4) Personal communications and unpublished data should be cited in the body of the paper in parentheses, not listed in the references section. Manuscripts that have been accepted for publication may be listed as "in press"; manuscripts that have been submitted or are under revision but have not been accepted may not be cited as references.

5) The use of abstracts that have not been published as full manuscripts is discouraged.

6) Authors are responsible for the accuracy and completeness of the references and text citations.

The style and punctuation for references should follow the format illustrated in the following examples. For types not addressed in these examples, the author is referred to the Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (http://www.ncbi.nlm.nih.gov/books/NBK7256/).

JOURNAL ARTICLE

1. Wagner EH, Sandhu N, Newton KM, McCulloch DK, Ramsey SD, Grothaus LC. Effect of improved glycemic control on health care costs and utilization. JAMA 2001;285:182–9.
2. Shapiro AM, Lakey JRT, Ryan EA, et al. Islet transplantation in seven patients with type 1 diabetes mellitus using a glucocorticoid-free immunosuppressive regimen. N Engl J Med 2000; 343:230–8.
3. Turner CH, Robling AG. Mechanisms by which exercise improves bone strength. J Bone Miner Metab 2005;23 Suppl:16-22.

BOOK & BOOK CHAPTER

4. Buchman A. Clinical nutrition: a guide for gastroenterologists. Slack Incorporated; 2005.
5. Goadsby PJ. Pathophysiology of headache. In: Silberstein SD, Lipton RB, Dalessio DJ, editors. Wolff's headache and other head pain. 7th ed. Oxford University Press; 2001. p.57–72.

ONLINE

6. Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act [Internet]. Centers for Medicare & Medicaid Services; 2011 [cited 2012 Jan 30]. Available from: http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4221

5. Tables

Tables should be created using the table tool in MS Word. Tables must be referenced in the text in sequential order. Each table should be submitted on a separate page with a descriptive title. Define all abbreviations in a footnote to the table. For special remarks, lower case letters in superscripts $^{a), b), c), d), e)}$…. should be used and also be defined in a footnote. If a table has been previously published, it should be accompanied by the written consent of the copyright holder and the footnote must acknowledge the original source.

6. Figures and legends

Figures must be referenced in the text in sequential order. Figures should clarify and augment the text. Put figure legends on a separate page. Figures in PDF are not of acceptable quality for publication. Photographs must be submitted electronically according to the following specifications: color photographs should be saved as TIF files in RGB at a minimum of 12.5 cm (5 in.) in width at 300 dpi; black and white photographs should be saved as TIF files in grayscale at a minimum of 12.5 cm (5 in.) in width at 300 dpi. Figure reproduction cannot improve on the quality of the originals. Any special instructions about sizing, placement, or color should be clearly noted. Symbols, arrows, or letters used to identify parts of the illustration must be explained clearly in the legend. The illustrations of pathological tissue should state clearly the type of stain (ex: H&E, ×400), and the main contents should be marked by signs or arrows on the picture. If a figure has been previously published should be accompanied by the written consent of the copyright holder and the legend must acknowledge the original source. The ability to reproduce figures and photographs in color is limited, and at the discretion of the Editor-in-Chief. In some circumstances, color figures and photographs may be published.

7. Video clips

Videos of interest to our readers are published in this online-only section of the journal. Each submission must be accompanied by a brief written description of the video contents. Examples of acceptable content include the demonstration of a procedure, an overview of a disease process, an interview with an author, and any other creative or professional presentation of useful Emergency Medicine-related content. Videos should not exceed ten minutes in length, and will undergo peer review. The preferred formats are Apple QuickTime, MPEG or Windows Media. Upload the video as "supplemental materials for online publication." The section editor will contact you if there are file size, quality, or compatibility issues with the video you submit.

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

IV. Submitting Manuscripts

A. First Submission

Step 1. Title, abstract, and corresponding author: Choose manuscript type, and enter your title and abstract into the appropriate boxes. If you need to insert a special character, click the "Special Characters" button. If you are submitting a manuscript that does not require an Abstract, please type N/A in the Abstract box. Please click the check box, if the corresponding author is the first author.

Step 2. Authors: Enter the personal information for the first author in the boxes under "Add the First Author."

Step 3. File upload: The manuscript file (main text) should not include author's' name or name of affiliation. Upload and select the correct file designation for each.

Step 4. PDF conversion: Merger file will be created as PDF format.

Step 5. Cover letter & additional Info: Please, write down the additional notes to Editor-in-Chief.

Step 6. Suggest reviewers: This is particularly important when the manuscript deals with a highly specialized subject. Use the fields below to give us contact information for each suggested reviewer. Please note that the journal may not use your suggestions, but your help is appreciated and may speed up the selection of appropriate reviewers.

Step 7. Preview: Review the information in the Preview chart for correctness; make changes if needed. If you have not completed a required step, you will not be able to submit your manuscript.

Step 8. Submit: Once it is submitted, you will be able to monitor the progress of your manuscript through the peer review process.

B. Following Submission

1. A Major Revision and a Minor Revision should be submitted within 180 days and 60 days, respectively, of the decisions. Otherwise, the manuscript will be treated as a new submission.
2. Please carefully read and follow the instructions written here and those included in the manuscript decision e-mail.
3. To start the submission of a revised manuscript, log in at http://submit.jemsmed.org. Click the "Manuscripts in Revision" queue in the "My Manuscripts" area. Then, find the submission you wish to start the revision process for and click on the "Create Revision" link for that manuscript.
4. To continue with a revised manuscript that has yet to be submitted, click on the "Revised Manuscripts in Draft" queue in the "My Manuscripts" area. Find the submission you wish to continue with and then click on the "Continue Submission" button.
5. Please submit a point-by-point response to the editor/reviewer

comments by directly pasting it in the box provided in "View and Response to Decision Letter" page as well as by uploading the same as a Microsoft Word document file (DOC/DOCX) on the "File Upload" page.

6. Any changes in the authorship should be reported to the editor in the cover letter.
7. For file uploading, if you have updated a file, please delete the original version and upload the revised file. To designate the order in which your files appear, use the dropdowns in the "order" column on the "File Upload" page.
8. For a revision, we require two copies of the Main Document. Each should be a Microsoft Word document. The FIRST COPY should represent the final "clean" copy of the manuscript. The SECOND "annotated" COPY should have changes tracked using the track changes function in Microsoft Word with marginal memos indicating changes (e.g., E-1 indicates a response to comment #1 of the Editor; R2-3 indicates a response to comment #3 of Reviewer #2).

V. Review Process

1. The submitted manuscript will first be evaluated at the editorial office regarding the completeness of the submitted materials and their suitability to JEMSM. Modifications/corrections may be requested from the authors at this stage before starting the peer review.
2. Submitted manuscripts will generally be reviewed by the editors, as well as two to three peer reviewers who are experts in the submitted subject matter and the peer reviewers will make suggestions to the editor(s).
3. JEMSM performs double-blinded peer review of the submitted manuscripts. Neither the peer reviewers nor the authors are revealed to each other. Authors may suggest preferred and non-preferred reviewers during manuscript submission. However, the ultimate selection of the reviewers will be determined by the editor(s).
4. The authors can monitor the progress of the manuscript throughout the review process at the submission site (http://submit.jemsmed.org).
5. Submitted manuscripts will be rendered one of the following decisions: Accept: The manuscript is accepted for publication. Minor Revisions: A revision needs to be submitted within 60 days of the decision. Otherwise, the manuscript will be treated as a new submission. Major Revisions: A revision needs to be submitted within 180 days of the decision. Otherwise, the manuscript will be treated as a new submission. Reject, Resubmission allowed: The authors are allowed to resubmit their work. However, it is effective only when they are able to respond to the various reviewer comments and make substantial changes to the study. The resubmitted manuscript will be treated as a new submission. Reject, No further consideration: The paper will no longer be considered for publication.
6. The decision to accept a manuscript is not based solely on the scientific validity and originality of the study content; other factors are considered, including the extent and importance of new information in the paper as compared with that in other papers being considered, the Journal's need to represent a wide range of topics, and the overall suitability for JEMSM.
7. Decision letters usually, but not always, convey all factors considered for a particular decision. Occasionally, the comments to the authors may appear to be inconsistent with the editorial decision, which takes into consideration reviewers' comments to the editor, as well as the additional factors listed above.
8. If the author(s) believe that the journal has rejected their article in error, perhaps because the reviewers have misunderstood its scientific content, an appeal may be submitted by e-mail to the editorial office (office@jemsmed.org). However, appeals are ineffective in most cases and are discouraged.

VI. Copyrights and Publication Fee

A. Copyrights

The manuscript, when published, will become the property of the journal. Copyrights of all published materials are owned by the Korean Association of EMS Physicians/Asian Association for Emergency Medical Services and must not be published elsewhere without written permission. They also follow the Creative Commons Attribution Non-Commercial License available from: http://creativecommons.org/licenses/by-nc/4.0/.

B. Publication Fee

There is no author's submission fee or other publication-related fee since all costs of the publication process are underwritten by the Korean Association of EMS Physicians/Asian Association for Emergency Medical Services. JEMSM is an open access journal that does not charge author fees.