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Instructions to Authors

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I. General Information

Clinical and Experimental Emergency Medicine (Clin Exp Emerg Med, CEEM) is the official peer-reviewed, open access journal of the Korean Society of Emergency Medicine. It is to be published quarterly on the last day of March, June, September, and December, one volume per year. CEEM focuses on both basic and clinical research of emergency medicine including pathophysiology, epidemiology, diagnosis, prognosis, treatment, and simulation. CEEM accepts original research, clinical/systematic reviews, study protocols, case reports, brief research report/reviews, correspondences, editorials, images, and more. CEEM will be of interest to healthcare professionals in acute care and emergency medicine, pediatric emergency medicine, emergency medical services, emergency procedures, cardiology, neurology, resuscitation, trauma, education, emergency nurses, and so on. CEEM is one of the only journals that covers basic and clinical research fields entirely focusing on acute care and emergency medicine.

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

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 (https://publicationethics.org/) or Good Publication Practice Guideline for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13) 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 (IRB) and the Animal Care and Use Committee, respectively, of the institution where the study took place. CEEM will not consider any studies involving humans or animals without the appropriate approval. Informed consent should be obtained, unless waived by the IRB, 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. Articles that address any investigation involving humans and animals submitted to CEEM should include a description about whether the study was conducted under an approval by the IRB (with or without patient informed consent) and the Animal Care Committee, respectively, of the institution where the study was conducted. CEEM can request the statement of approval by the IRB or the Animal Care and Use Committee for other types of articles when necessary.

B. Authorship and Author's Responsibility

Authors are responsible for the whole content of each article. Co-authorship should be based on the following four 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 four 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 eight for case reports. Only one author should correspond with the Editorial Office.

CEEM 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 also requires a letter signed by all authors agreement with the change.

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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 co-authors. 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.

C. Use of Artificial Intelligence (AI)-Assisted Technologies

The journal has adopted policies, as specified by the ICMJE, regarding the use of AI in the preparation of materials intended for publication in the journal. Generative AI, including language models, chatbots, image creators, machine learning, or similar technologies, may be employed to enhance readability and language accuracy in scientific writing. However, chatbots or other AI-assisted technologies cannot be listed as authors.

Generative AI images: The use of generative AI or AI-assisted tools is allowed only for simple graphical tasks or for tools that help illustrate research methods. In such cases, authors must explicitly state that AI was used. Adjustments such as brightness, contrast, or color balance are acceptable if they do not obscure original information. If AI tools are integral to the research design or methods, full details must be provided in the methods section. Authors should adhere to AI software policies and may be asked to provide pre-AI-adjusted versions of images for editorial review.

Declaration of AI and AI-assisted technologies in the writing process: Authors are required to disclose whether AI-assisted technologies were used in the production of the submitted work at the time of manuscript submission. It must be clearly reported in a dedicated section of the Methods, or in the Acknowledgements section for article types lacking a Methods section. This disclosure should provide details about the specific tools used, including the model name, version, and manufacturer, along with an explanation of the capacity in which they were utilized. Authors should affirm that there is no plagiarism of text or images in materials produced by AI. It is not acceptable to cite AI-generated material as a primary source.

D. Originality and Duplicate Publication

Manuscripts under review or published by other journals will not be accepted for publication in CEEM, and articles published in this journal are not allowed to be reproduced in whole or in part in any type of publication without the permission of the Editorial Board. Figures and tables can be used freely if original source is verified according to the 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.

E. Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of ICMJE: 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]."

F. 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, etc., the resolving process will be followed by flowchart provided by the COPE (http://publicationethics.org/resources/flowcharts). The discussion and decision on the suspected cases are made by the Editorial Board.

G. Editorial Responsibilities

The Editorial Board will continuously work to monitor/safeguard publication ethics: provision of guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publication of corrections, clarifications, retractions, and apologies when needed; and exclusion of plagiarism and fraudulent data in publications. Editors maintain the following responsibilities: the responsibility and authority to reject/accept articles; the confirmation of no conflict of interest with respect to articles they reject/accept; the acceptance of a paper when reasonably certain; the publication of corrections or retractions when errors are found; and the preservation of the anonymity of reviewers.

H. 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 potential 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 title page. If there is a disclosure, the editors, reviewers, and readers can interpret the manuscripts with this understanding.

III. Editorial Policy

A. Copyright

The copyright of all published materials is owned by the Korean Society of Emergency Medicine.

B. Open Access Policy

CEEM is an open access journal distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided that the original work is properly cited. Thus, when using the tables or figures of CEEM in other journals or books for scholarly and educational purposes, permission from the publisher of CEEM is not necessary. All articles are available on the journal's website to all users immediately upon publication and at no cost to readers or authors as CEEM is a platinum open access journal.

C. Data Sharing

CEEM encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the digital object identifier (DOI) within the text of the manuscript.

CEEM adheres to the data sharing statement policy in ICMJE Recommendations for Clinical Trials (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html). Authors may also refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in JKMS vol. 32, no. 7:1051-1053 (https://doi.org/10.3346/jkms.2017.32.7.1051).

D. Archiving Policy

CEEM provides the electronic backup and preservation of access to the journal content in the event the journal is no longer pub-

lished by archiving in PubMed Central (https://www.ncbi.nlm.nih.gov/pmc/journals/3081/) and the National Library of Korea (https://www.nl.go.kr).

E. Preprint Policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer-reviewed scholarly journal. CEEM allows authors to submit preprints to the journal. It is not treated as duplicate submission or duplicate publication. CEEM recommends that authors disclose the existence of a preprint with its DOI in the letter to the editor during the submission process. Otherwise, a plagiarism check program may flag the results as containing excessive duplication. A preprint submission will be processed through the same peer review process as a usual submission. If a preprint is accepted for publication, the authors are recommended to update the information on the preprint site with a link to the published article in CEEM, including the DOI at CEEM. It is strongly recommended that authors cite the article in CEEM instead of the preprint in their next submission to journals.

F. Article Sharing

Authors can share their accepted manuscript or publisher's version/PDF:

- via their non-commercial personal website or blog.
- via their research institute or institutional repository for internal institutional uses.
- directly by providing copies to their students or to research collaborators for their personal use.

IV. Preparing Manuscripts for CEEM

For initial submission, manuscripts do not need to follow CEEM formatting. Peer review will proceed using the authors' prepared format. The journal operates a single-blind peer review process, in which reviewers are blinded to their identities, while author names and affiliations are visible to the editors and reviewers.
Upon revision, authors must reformat the manuscript according to CEEM style and submit all required documents.

A. Categories of Manuscripts

1. **Original research:** Original research are original investigations in areas relevant to emergency medicine and acute care. Original research should contain a title page, capsule summary, abstract and keywords, main text, article information, references, and tables and figures. The main text should not exceed 4,000 words. The structured abstract (Objective, Methods, Results, and Conclusion) should not exceed 250 words. The number of tables and/or figures is limited to 10 and the number of references is limited to 50 for original research. Additional material may be placed in supplemental material.
2. **Clinical review:** Clinical reviews are reviews that address a specific question or issue that is relevant to clinical emergency medicine. Such articles should identify and summarize current research relevant to the questions they address, should be, to the extent possible, based on evidence, should be balanced, and should detail the importance of the clinical question or issue. Clinical reviews should contain a title page, capsule summary, abstract and keywords, main text, article information, references, and tables and figures. The main text should not exceed 5,000 words. The narrative abstract should not exceed 250 words. Do not combine a case report with your review. Clinical reviews have no limit to the number of references and the number of tables and figures.
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. Systematic reviews should contain a title page, capsule summary, abstract and keywords, main text, article information, references, and tables and figures. The main text should not exceed 5,000 words. The structured abstract (Objective, Methods, Results, and Conclusion) should not exceed 250 words. Systematic reviews have no limit to the number of references and the number of tables and figures.
4. **Study protocol:** Study protocols include proposed or ongoing trials of emergency medicine and related medical specialties. Study protocols should contain a title page, capsule summary, abstract and keywords, main text, article information, and tables and figures. The main text should not exceed 4,000 words. The structured abstract (Objective, Methods, and Discussion) should not exceed 250 words. The number of tables and/or figures is limited to 10 and the number of references is limited to 50 for study protocols.
5. **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 emergency medicine literature

will not be considered, and those reported elsewhere must be extremely important or pertinent to be considered. Case reports should contain a title page, capsule summary, abstract and keywords, main text, article information, and tables and figures. The main text should include introduction, narrative, and a discussion focusing on the implications of the case reported and should not exceed 1,500 words. The narrative abstract should not exceed 150 words. The number of tables and/or figures is limited to 4 and the number of references is limited to 20.

6. **Brief research report/review:** Brief research report/review should contain a title page, capsule summary, abstract and keywords, main text, article information, and tables and figures. Brief research reports are short manuscripts of original research that include preliminary results or small-scale studies. The main text should not exceed 2,000 words. The structured abstract (Objective, Methods, Results, and Discussion) should not exceed 250 words. Tables and/or figures are limited to 5 and the number of references is limited to 30. Brief reviews are short articles that summarize current research on a specific topic and provide evidence-based recommendations. The main text should not exceed 2,000 words. The narrative abstract should not exceed 200 words. The number of tables and/or figures is limited to 5 and the number of references is limited to 50.
7. **Correspondence (Letter to the editor):** Correspondences or letters to the editor include discussions, observations, opinions, corrections, and comments on topics appearing in CEEM; very brief reports or other items of interest may be accepted. Letters discussing a CEEM 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. Correspondences should contain a title page, main text, article information, and tables and figures. Letters should not exceed 1,000 words and should not include more than 2 figures and/or tables. The number of references is limited to 20.
8. **Editorials:** Editorials are authoritative comments or opinions on controversial matters with significant implications for emergency medicine; or, if qualified, thorough analysis and criticism of articles appearing in CEEM. Editorials should contain a title page, main text, article information, and tables and figures. Editorials should not exceed 1,500 words and should not include more than 5 figures and/or tables. The number of references is limited to 50.
9. **Images in Emergency Medicine:** Images are photographs of interesting or classic presentations of disease, accompanied by a one paragraph description of the patient's presentation and a one to two paragraph discussion of the final diagnosis and relevant teaching points. Images should contain a title page, capsule summary, main text, article information, and tables and figures. Images should not exceed 250 words and should not include more than 5 figures and/or tables. The number of references is limited to 15. Images may include radiographs or microscopy.
10. **Other submission:** Critical Care Corner presents brief diagnostic or therapeutic "pearls" that should be very useful to practicing emergency and critical care physicians. This section should include a capsule summary and will be limited to 500–1,000 words, 20 references, and a single table or figure. Free open access medical education at home discusses information that we believe would be of interest to the readers of CEEM. In this section you can take on a variety of formats (e.g., audio, text, etc.). Commentaries will include discussion about a recent study or an important issue in emergency medicine (maximum 1,500 words, 30 references, 5 tables and/or figures). Mini reviews should not exceed 1,500 words, 30 references, and 5 tables and/or figures.

Table 1. shows the recommended maximums of manuscripts according to publication type; however, any article longer than these limits should be discussed with the editor.

Publication type	Text (word)	Abstract (word)	Capsule summary	Table and Figure	Reference
Original research	4,000	250, structured	Required	10	50
Clinical review	5,000	250	Required	NL	NL
Systematic review	5,000	250, structured	Required	NL	NL
Study protocol	4,000	250, structured	Required	10	50
Case report	1,500	150	Required	4	20
Brief research report	2,000	250, structured	Required	5	30
Brief review	2,000	200	Required	5	50
Correspondence	1,000	NR	NR	2	20
Editorial	1,500	NR	NR	5	50
Image	250	NR	Required	5	15
Critical care corner	1,000	NR	Required	1	20
Commentary	1,500	NR	NR	5	30
Mini review	1,500	NR	NR	5	30

NL, no limit; NR, not required.

Table 2. Reporting guidelines for study designs

Initiative	Type of study	Source
CONSORT	Randomized controlled trial	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	https://www.equator-network.org/reporting-guidelines/stard/
PRISMA	Preferred reporting items of systematic reviews and meta-analyses	http://www.prisma-statement.org/
STROBE	Observational studies in epidemiology	https://www.strobe-statement.org/
CARE	Case reports	https://www.equator-network.org/reporting- guidelines/care/
SPIRIT	Study protocols	https://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials/

B. Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized controlled studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table. If Table 2 does not include the study design relevant to the research design, authors are encouraged to consult other reporting guidelines. A good source for reporting guidelines is the EQUATOR Network (https://www.equator-network.org/) and the United States National Institutes of Health/National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

C. Preparing Documents for Publication

All text files should be in Microsoft Word format (DOC or DOCX) and all figures need to be in JPG/JPEG/TIFF/PNG/PPT/PDF format.

The manuscript should use a 12-point font size and should be double spaced, with a plain font such as Times New Roman, Sans-Serif, or Helvetica.

The manuscript must be written in English. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used for the first time, the abbreviation should be added in parentheses after the written-out form. Radiation measurements and laboratory values should be in accordance with the International System of Units (SI).

Authors may submit the manuscript as a single file, including the title page and main text. Separate submission of a title page and a blinded manuscript is not required. The manuscript file should include the following components: the full title page (including all author details, acknowledgments, and statements on conflicts of interest), the abstract and keywords, a capsule summary (if applicable), the main text (Introduction, Methods, Results, and Discussion), references, tables, and figure legends.

Please also refer to the most recent articles published in CEEM 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 websites accredited by the World Health Organization as listed at https://www.who.int/clinical-trials-registry-platform.

E. Main Document (Original Research)

The main document should be submitted as a single Microsoft Word file and should contain the following components, each starting on a separate page: a full title page, abstract, main body, references, tables, and figure legends. Images should not be embedded in the main document. Tables should not be integrated into the text and should be placed collectively after the references, with each table on a separate page.

1. Full Title Page:

1) **Title**: Titles 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 (address and e-mail).
4) **Type of manuscript**
5) **Running title:** The running 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).
6) **Capsule summary:** Papers submitted for publication in original research, clinical/systematic review, study protocol, case report, brief research report/review, image, and critical care corner must include a capsule summary. It should not contain abbreviations and should be composed of the two following statements: (1) What is already known and (2) What is new in the current study.

7) Article information:

• *Ethical statements:* When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the IRB for the study and whether informed consent from the patients was obtained.

• *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 also be noted.

• *Funding:* Funding for the research should be provided here. Providing a FundRef ID is suggested, including the name of the funding agency, the country, and if available, the number of the grant provided by the funding agency. If the funding agency does not have a FundRef ID, please ask the agency to contact the FundRef registry (e-mail: fundref.registry@crossref.org). A detailed description of the FundRef policy can be found at https://www.crossref.org/services/funder-registry/.

• *ORCID:* Providing Open Researcher and Contributor ID (ORCID) of all authors are recommended. ORCID is available through registration via ORCID website (https://orcid.org). Registration is free to all researchers in the world.

• *Author contributions:* For transparency, the contributions of all authors must be described using CRediT (Contributor Roles Taxonomy; https://credit.niso.org/) roles: Conceptualization, Data curation, Formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, writing–original draft, writing–review & editing.

• *Acknowledgments:* Those who contributed to the work, but did not fulfill the requirements for authorship, should be included in the Acknowledgments.

2. Abstract: The abstract should be 250 words or less, and divided into the following subheadings: Objective, Methods (including 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 the effect and its confidence intervals for the principal outcomes. The abstract of a study protocol should include the following sections; Objective, Methods, and Discussion (implication of study). 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. Keywords should appear after the abstract. If the study is a randomized controlled study, the trial's registry number should appear at the end of the abstract (e.g., ClinicalTrials.gov identifier: 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 the following 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 the 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, name, and 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 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 (including IRB number), that the IRB determined the study was exempt, or that the study did not in-

volve 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 https://www.hhs.gov/ohrp/regulations-andpolicy/guidance/research-involving-coded-private-information/index.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(4):409-12 (https://doi.org/10.1111/acem.12103).

3) **Results:** Results should be concisely stated and include the statistical 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 interrater 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).

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 with 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

- 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 with Arabic numerals in brackets,e.g., [1], [1,4], or [1–3], at the end of the related sentence in the text.
- The abbreviated journal title should be used according to the NLM Catalog: Journals referenced in the NCBI Databases (https://www.ncbi.nlm.nih.gov/nlmcatalog/journals) and the Korean Medical Journal Information (https://journals.koreamed.org/).
- If there are six or fewer authors in a reference, 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 by "et al."
- 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.
- The use of abstracts that have not been published as full manuscripts is discouraged.
- 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 (https://www.ncbi.nlm.nih.gov/books/NBK7256/).

Journal Article

1. Kang BH, Jung K, Huh Y. Suicidal intent as a risk factor for mortality in high-level falls: a comparative study of suicidal and accidental falls. Clin Exp Emerg Med 2021;8:16–20.
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3. Turner CH, Robling AG. Mechanisms by which exercise improves bone strength. J Bone Miner Metab 2005;23 Suppl:16–22.

Book and 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.

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