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DESCRIPTION

The *African Journal of Emergency Medicine (AfJEM)* is the official journal of the *African Federation for Emergency Medicine*. It is an Africa-centric, peer-reviewed journal aimed in particular at supporting emergency care across, you guessed it, Africa. *AfJEM* publishes original research, reviews, brief reports of scientific investigations, case reports as well as commentary and correspondence related to topics of scientific, ethical, social and economic importance to emergency care in Africa. Articles will be of direct importance to African emergency care, but may have originated from elsewhere in the world.

*AfJEM* publishes manuscripts of international quality. This is ensured through a process of rigorous peer-review (see below) where manuscripts are evaluated for accuracy, novelty and importance. It is however recognised that African researchers in emergency care are disadvantaged in the available range of journals into which they can publish their work. The editorial team is aware that this is due to many reasons, including that developing world topics are often considered too basic for western Emergency Medicine journals, or that topics are concerned with conditions which are largely irrelevant to those audiences. Furthermore, the quality of submitted manuscripts is often lower than acceptable international journal standards due to inadequate research training. *AfJEM* is dedicated to support all authors who wish to make an attempt at publication on an African Emergency care topic. In order to maintain and produce a high quality, international standard Emergency Medicine journal, *AfJEM* has devised *Author Assist*. For more detail go to [http://www.afjem.com/author-assist.html](http://www.afjem.com/author-assist.html).

*AfJEM* is uniquely tailored to the needs and requirements of emergency care workers dedicated to improving emergency medicine in Africa. *AfJEM* specifically aims to address resource limitations as it pertains to the African continent. It will be ideal reading material for physicians, nurses and pre-hospital care workers wishing to improve their knowledge on general emergency medicine, trauma care, paediatrics, injury and disease prevention, service improvement, policy and ethics, disaster preparedness and response, and all other aspects of emergency care. In keeping with the *African Federation for Emergency Medicine*, it is our aim to be recognised as the international voice of quality emergency medical care in Africa.
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GUIDE FOR AUTHORS

INTRODUCTION

The African Journal of Emergency Medicine (AfJEM, ISSN: 2211-419X) is the official journal of the African Federation for Emergency Medicine. It is an international, peer-reviewed journal aimed in particular at supporting emergency care across Africa. AfJEM publishes original research, reviews, brief reports of scientific investigations, case reports as well as commentary and correspondence related to topics of scientific, ethical, social and economic importance to emergency care in Africa. Articles will be of direct importance to African emergency care, but may have originated from elsewhere in the world.

TYPES OF ARTICLES

Original Article: Original studies of basic or clinical investigations in areas relevant to emergency medicine. Reference to the relevance of the research in a resource poor setting is essential and should be alluded to in the discussion section. References and a structured abstract (see Preparation below) are required. Maximum length: 3,000 words, 5 tables and/or figures, plus the abstract (300 words) and references (max 50). The checklists found on the following websites should be used to structure your manuscript (a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form and Author statement form - see below- should be submitted with your manuscript):

a. For randomised control trials: http://www.consort-statement.org
b. For cohort, case-control, and cross-sectional studies: http://www.strobe-statement.org/
c. All other studies: http://www.equator-network.org/

2. Review Articles: Extensive reviews of the literature on a narrow clinical topic. References must include, but need not be limited to, the past 3 years of the literature. A structured abstract is required (see Preparation below). Maximum length: 3,000 words, plus the abstract (max 300 words) and references (max 50). Please contact the editor in chief before you submit a review. The following reporting checklists should be used to structure your manuscript (a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form and Author statement form - see below- should be submitted with your manuscript):

a. A Resourced-tiered review checklist is the standard reporting format for publication in AfJEM: http://www.afjem.com/resource-tiered-checklist.html
b. If your topic does not lean itself towards a resourced tiered review consider alternative reporting checklists for systematic reviews and meta-analyses such as Prisma checklist (http://www.prisma-statement.org) or similar. Please check with the editor-in-chief before using a checklist other that the resources-tiered checklist.

3. Case Reports: 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. Case reports should be structured as follow: Introduction, Case report and Discussion. It should not contain an exhaustive review of the literature. Consider consent for patient identifiable information (download from website). A structured abstract (see Preparation below) is required. Maximum length: 1,000 words, plus abstract (max 150 words) and references (max 10), and 1 table or figure a copy of the checklist indicating which elements of the reporting format you adhered to, a signed conflict of interest form and Author statement form - see below- should be submitted with your manuscript). Case reports listed for publication after 2015 are published online only and compiled within a virtual issue once a year.

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Please submit your article via https://www.evise.com/profile/api/navigate/AFJEM

Submission Checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

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BEFORE YOU BEGIN

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article Structure
Ensure that author identifiers are not included in the main manuscript file submitted. Inclusion of an abstract in the manuscript is not required. Consult the guidance and checklists described in Types of Articles above to structure your manuscript correctly. All article types will require the signed conflict of interest form to be submitted as a supplementary file. Original articles, abbreviated papers, case reports and review articles will require the reporting checklist and Author statement form to be submitted as e-component. Where these have not been supplied, the manuscript will be returned to the author.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.
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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices
If there is more than one appendix, it should be identified starting with Appendix B, C, etc. Do not use Appendix A. Formulae and equations in appendices should be given separate numbering: Eq. (B.1), Eq. (B.2), etc.; in a subsequent appendix, Eq. (C.1) and so on. Similarly for tables and figures: Table B.1; Fig. B.1, etc. All appendices will be considered online material only.

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- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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A concise and factual abstract of no more than 300 words is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. Non-standard or uncommon abbreviations should be avoided, but if essential, it must be defined at the first mention. With the exception of a submission for Editorials, Practical pearl, Correspondence and Erratum, structured abstracts are required for all article types

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The submission system will prompt authors to provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).
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Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. References for the design of the study and complex or unusual statistical methods should be to standard works when possible (with pages stated). Commonly used methods such as the chi-square test, t-test, ANOVA, linear and logistic regression need not be referenced. Define statistical terms, www.afjem.com abbreviations, and most symbols. Technical statistical terms should ideally be replaced by simpler terms where possible and referenced if not. Specify the computer software used. The results section must be written so the average reader can understand the findings. The methods section is allowed to be more complex if unavoidable. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). For normally distributed data give means and confidence intervals and for data that is not normally distributed give the median and interquartile range. Avoid relying solely on statistical hypothesis testing, such as p-values. If p-values are used, include 2 digits of precision (i.e. p=0.65) for values greater than 0.01. Give 3 digits for values between 0.01 and 0.001 and report values smaller than 0.001 as p < 0.001. Describing non-significant p-values as NS is not acceptable and a numerical value should be given. When using tables consider including counts and percentages. In general, including the chi-square statistic, t statistic, F statistic and degrees of freedom is not useful. Regression output should be limited to the most important findings. Estimates of variance explained (R², correlation coefficients, and standardised regression coefficients or effect size) should not be presented as the main result of the analysis.

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