DESCRIPTION

The *Journal of Emergency Nursing*, the official journal of the Emergency Nurses Association (ENA), is committed to the dissemination of high quality, peer-reviewed manuscripts relevant to all areas of emergency nursing practice across the lifespan. Journal content includes clinical topics, integrative or systematic literature reviews, research, and practice improvement initiatives that provide emergency nurses globally with implications for translation of new knowledge into practice.

The Journal also includes focused sections such as case studies, pharmacology/toxicology, injury prevention, trauma, triage, quality and safety, pediatrics and geriatrics.

The Journal aims to mirror the goal of ENA to promote: community, governance and leadership, knowledge, quality and safety, and advocacy.

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Letters to the Editor: *JEN* invites letters to the editor. While the focus of such letters can be a topic of special interest to the letter writer, all letters must be relevant to emergency nursing practice in order to be considered for publication. Most frequently letters are in response to a recent article published in *JEN* and provide additional information or discussion.

Contact for Questions
Direct questions to Managing Editor Annie Kelly at: anniewkelly@gmail.com or 413-427-3620.

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Contributions to departments/sections are double-blind peer reviewed. Contributing authors work directly with the section editor(s). The section editor reviews manuscripts, edits as necessary, and makes the recommendation to the editor-in-chief regarding acceptance. The editor-in-chief also reviews the manuscript and makes the final decision regarding publication.

Queries and/or manuscripts should be e-mailed directly to the appropriate section editor.

**Case Review**

Case reviews report unfolding, individual patient data that integrates best-practice evidence with clinical reasoning mastery relevant to emergency care. JEN prioritizes publication of case reviews that provide insights on rare disease, unusual presentations of common disease, decision making in the context of multiple morbidities, novel treatments, or the identification of unusual adverse or beneficial effects of diagnostics or therapeutics. Other case reviews to enhance the clinical reasoning of novice emergency nurses on standards of care will also be considered. Authors are strongly encouraged to adhere to the Equator Network’s CARE Guidelines, Checklist, and Resources before submitting to the Journal of Emergency Nursing. Case reviews must adhere to Elsevier's Patient Consent policy for publication.

**Case Review Section:** Submit a manuscript directly to JEN.

**Advanced Practice Spotlight**

Advanced Practice Spotlight publishes commentary, case reviews, original research and educational information as evidenced-based knowledge translation for a target audience of advanced practice clinicians, nurse practitioners, physicians, physician assistants, and clinical nurse specialists in emergency care. Published information is relevant to the practice, teaching and research of advanced practice emergency clinicians.

**Advanced Practice Spotlight Section Editors:** Send submissions to Cindy Kumar MSN, RN, AG-ACNP-BC, FNP-BC: cindyk.jenap@gmail.com, Darleen Williams DNP, CNS, CEN, CCNS, CNS-BC, EMT-P at: darleenW.JENAP@gmail.com or submit a manuscript directly to JEN.

**Clinical Nurses Forum**

Clinical Nurses Forum publishes commentary, intervention development, case reviews, original research, quality improvement programs, and educational information as evidenced-based knowledge translation for a target audience of stretcher side emergency nurses. Published information is relevant to the practice, teaching and quality improvement research of stretcher side clinical nurses. Authors are strongly advised to adhere to the Equator Network’s CARE Guidelines, Checklist, and Resources for case reviews and TIDieR Guidelines and Checklist for intervention development before submitting to the Journal of Emergency Nursing.

**Clinical Nurses Forum Section:** Submit a manuscript directly to JEN.

**Danger Zone**
Danger Zone focuses on medication and device safety topics for the frontline emergency nurse. The column aims to disseminate timely medication safety information, risk-reduction tools, and proactive error-prevention strategies.

Danger Zone Section Editor: Send submissions to Susan Paparella, MSN, RN at: spaparella@ismp.org or submit a manuscript directly to JEN.

Emergency Nursing Review Questions

The Certification review questions are written according to the blueprint of the CEN exam. Questions are presented along with correct answers and rationales for answers, with current references for further study.

Emergency Nursing Review Questions Section Editors: Send submissions to Carrie McCoy, PhD, MSPH, RN, CEN at: MCCOY@nku.edu, Benny Marett, EdD, RN, CEN, CCRN, COHN, NE-BC, FAEN, FAHA at bmarett@comporium.net, or submit five questions with rationale and references directly to JEN.

Geriatric Update

The Geriatric Update section publishes information related to the older adult. This includes education on assessment and practice issues, identification and prevention of complications, ethical considerations, and education related to those who provide care for the older adult. The goal has been to increase awareness of geriatric issues and be a resource for geriatric care.

Geriatric Update Section Editor: Send submissions to Joan Somes, PhD, RN-BC, CEN, CPEN, FAEN, NRP at: someswasblackhole@gmail.com or submit a manuscript directly to JEN.

Images: (May not be peer-reviewed)

Images publishes a radiology diagnostic image or a forensic or clinical photograph with a brief description to share and deepen the depth and breadth of assessment and diagnostic knowledge and experience relevant to a particularly interesting or unusual emergency case. Images submissions must adhere to Elsevier's Patient Consent policy for publication.

Images Section Editor: Send submissions to Valerie Aarne Grossman, MALS, BSN, NE-BC at: valerie210@aol.com or submit a manuscript directly to JEN.

Impressions: (Not peer-reviewed)

Impressions publishes brief first-person narrative essays, art, or poetry reflecting the human emotion and experiences of emergency clinicians, patients, and families. Submissions longer than 2 double-spaced, 11-point font will be considered for the "On the Other Side of the Rails" blog.

Impressions Section Editors: Send submissions to Charlie Hawkuff, MSN, APRN, FNP-BC, CEN at: charlie.hawkuff@gmail.com, Christine Pittenger, MSN, RN, CEN at: cpitteng@kumc.edu, or submit a manuscript directly to JEN.

Injury Prevention

The Injury Prevention section is dedicated to providing evidence-based and best practice guidance for emergency nurses related to primary, secondary, and tertiary injury prevention strategies that can be used to reduce mortality and morbidity in their practice environment and communities. JEN prioritizes dissemination of programs designed to support Trauma Center Certification and manuscripts that include a program and/or program evaluation logic model are strongly encouraged.

Injury Prevention Section Editor: Send submissions to Rochelle R. Flayter (Armola), MSN, RN, CCRN, TCRN at rochelle.flayter@uchealth.org or submit a manuscript directly to JEN.

International Nursing

The International column in the Journal of Emergency Nursing enables the dissemination of best practice, evidenced-based emergency nursing with a global view. Written by both North American and international authors, the goal of the section is to disseminate or compare and contrast evidenced-based commonalities and differences in our specialty emergency nursing practice in caring for diverse patient populations.

International Nursing Section Editors: Send submissions to Pat Clutter, MEd, BSN, RN, CEN, FAEN at: prclutter@gmail.com, Nancy Bonalumi, DNP, RN, CEN, FAEN at: Nbonalumi@comcast.net or submit a manuscript directly to JEN.
Nurse Educator

Nurse Educator publishes evidence-based commentary, educational program description and evaluation, content enrichment, case reviews, and innovative educational intervention development manuscripts focusing on curriculum, pedagogy, and teaching-learning topics for educators in the professional development or academic settings.

*Nurse Educator Section Editor:* Send submissions to Jacqueline Stewart, DNP, RN, CEN CCRN, FAEN at: jacqueline.stewart@wilkes.edu or submit a manuscript directly to *JEN*.

**On the Other Side of the Rails (JEN Blog):** (Not peer reviewed)

Other Side of the Rails Blog is not peer-reviewed, and offers a story-telling forum for perspectives on emergency nursing. The JEN blog is only published online, and focuses on first-person narrative essays, art, or poetry reflecting the human emotion and experiences that create shared insights and heart-to-heart connections for emergency clinicians, patients, and families.

*On the Other Side of the Rails Blog Editors:* Send submissions to Lynn Visser, MSN, RN, PHN, CEN, CPEN at: LynnVisserRN@gmail.com or Charlie Hawknuff, MSN, APRN, FNP-BC, CEN at: charlie.hawknuff@gmail.com, or submit a manuscript directly to *JEN*.

**Pediatric Update**

The Pediatric Update section is for emergency nurses who provide direct care to pediatric patients in emergency settings that treat both pediatric and adult patients. Innovative pediatric topics should focus on ways the bedside emergency nurse can improve pediatric care. Multidisciplinary pediatric case reviews are welcomed.

*Pediatric Update Section Editor:* Send submissions to Patricia A. Normandin, DNP, RN, CEN, CPN, CPEN, FAEN at: pnormandinrn@aol.com or submit a manuscript directly to *JEN*.

**Pharm/Tox Corner**

Pharm/Tox Corner provides evidence-based updates and best practice guidance on pharmacology and toxicology information for the frontline emergency clinician.

*Pharm/Tox Section:* Submit a manuscript directly to *JEN*.

**Trauma Notebook**

Trauma Notebook publications focus on new or emerging trends and psychomotor skill techniques for the care of the injured patient. Case studies and evidence-based short papers that provide clinician-to-clinician insight are strongly encouraged.

*Trauma Notebook Section Editor:* Send submissions to Steve Weinman, MSc, BSN, RN, CEN, TCRN, NHDP-BC, TR-C, EMT at: rescsteve@gmail.com or submit a manuscript directly to *JEN*.

**Triage Decisions**

The Triage Decisions section focuses on all aspects of triage process and practice, including symptom-based triage considerations, throughput processes, and disaster triage practice.

*Triage Decisions Section Editor:* Send submissions to Andi Foley, DNP, RN, ACCNS-AG, CEN at: andii42@yahoo.com or submit a manuscript directly to *JEN*.

**Understanding Research**

The Understanding Research section is generally authored by members of the Institute for Emergency Nursing Research advisory council to support generating, interpreting and applying original emergency nursing research.

*Understanding Research Section Editor:* Contact Lisa Wolf, PhD, RN, CEN, FAEN at: lwolf@ena.org.

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*Manuscript Preparation*

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The generic name of a drug is used instead of the proprietary name whenever possible. If it is necessary to use a trade name for a drug, the name is capitalized and inserted parenthetically after the generic name when first mentioned. Product names are treated similarly, and the manufacturer's full name, city, and state are cited in a footnote or in parentheses in the text.

Weights and measurements are expressed in metric units and temperature in degrees centigrade, followed with Fahrenheit degrees in parentheses.

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**Preparation of Research Manuscripts**

Authors may submit their manuscript (text, figures and tables) as a single file. This can be a Word or PDF file, in any format or layout, and figures and tables can be placed within the text. Author names and identifying information may be placed in the body of the text as research papers are single-blind peer reviewed. All text pages numbered, along with 'Continuous' line numbering. Figures should be of high enough quality for refereeing. There are no strict formatting requirements but all manuscripts must contain the essential elements needed to evaluate a manuscript (Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions). References can be in any style or format, as long as the style is consistent. Author(s) name(s), journal title/book title, article title (where required), year of publication, volume and issue/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. When a paper reaches the revision stage, authors will be requested to deliver any items that are still required for publication, for example editable source files.

Authors also are strongly encouraged to include the following on the initial submission to facilitate editor and reviewer evaluation for coherence with journal aims and scope: Contribution to Emergency Nursing Practice (3 bullet points described below), Implications for Emergency Nursing section between Discussion and Conclusions sections in body of text.

Research manuscripts are encouraged to begin with the heading "Contribution to Emergency Nursing Practice" followed by three bullet points using the format provided below. Limit this section to 120 words or less. The current state of scientific knowledge on [insert topic] indicates [insert statement]. The main finding of this research is [insert statement]. Key implications for emergency nursing practice from this research are [insert statement].

The total recommended length of the manuscript is 15 double-spaced pages, including all references, tables, charts, and figures.

Reports of randomized controlled trials address all items in the CONSORT checklist (http://www.consort-statement.org). Reports of qualitative studies follow the COREQ checklist (http://www.equator-network.org/reporting-guidelines/coreq).

An electronic copy of the Ethical Statement (also called the IRB permission letter) from the institution that granted permission to conduct the study must accompany the first revision. If the Ethical Statement is not in English, an English translation must also be submitted. The Ethical Statement is to be uploaded to the "Ethical Statement" section of the manuscript in the EM submission system at https://www.editorialmanager.com/jen.

If copyrighted material is used in the manuscript, a permission statement from the copyright holder must be uploaded with the first revision. Upon actual submission of the manuscript at Editorial Manager, instructions for concurrent submission of the permission letter(s) will be provided.

**Preparation of Systematic Reviews, Integrative Reviews, and Meta-analysis**

Authors may submit their manuscript (text, figures and tables) as a single file. This can be a Word or PDF file, in any format or layout, and figures and tables can be placed within the text. To facilitate double-blind review, author names and identifying information should be on the title page separate from the body of the text. All text pages numbered, along with "Continuous" line numbering. Figures should be of high enough quality for refereeing. There are no strict formatting requirements but all manuscripts must contain the essential elements needed to evaluate a manuscript (Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions). References can be in any style or format, as long as the style is consistent. Author(s) name(s), journal title/book title, article title (where required), year of publication, volume and issue/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. When a paper reaches the revision stage, authors will be requested to deliver any items that are still required for publication, for example editable source files.
Authors also are strongly encouraged to include the following on the initial submission to facilitate editor and reviewer evaluation for coherence with journal aims and scope: Contribution to Emergency Nursing Practice (3 bullet points described below), Implications for Emergency Nursing section between Discussion and Conclusions sections in body of text.

Manuscripts that are Systematic Reviews, Integrative Reviews, and Meta-analysis are encouraged to begin with the heading "Contribution to Emergency Nursing Practice," followed by three bullet points using the format provided below. Limit this section to 120 words or less. The current state of scientific knowledge on ________________ [insert topic] indicates ________________. The main finding of this paper is ________________. Key implications for emergency nursing practice from this study are ________________.

The recommended length of the manuscript is 15 double-spaced pages, including all references, tables, charts, and figures.

If appropriate, an electronic copy of the Ethical Statement (also called the IRB permission letter) from the institution that granted permission to conduct the study is to accompany the first revision. If the Ethical Statement is not in English, an English translation must also be submitted. The Ethical Statement is to be uploaded to the "Ethical Statement" section of the manuscript in the EM submission system at https://www.editorialmanager.com/jen.

Authors are encouraged to use the PRISMA reporting guidelines (http://www.equator-network.org/reporting-guidelines/prisma/) to prepare the manuscript. Please be advised that while much of the content in the PRISMA Guidelines is appropriate for inclusion, every numbered subject headings (1-27) might not be applicable to every manuscript.

References
There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

Preparation of Practice Improvement Manuscripts
Authors may submit their manuscript (text, figures and tables) as a single file. This can be a Word or PDF file, in any format or layout, and figures and tables can be placed within the text. To facilitate double-blind review, author names and identifying information should be on the title page separate from the body of the text. All text pages numbered, along with "Continuous" line numbering. Figures should be of high enough quality for refereeing. There are no strict formatting requirements but all manuscripts must contain the essential elements needed to evaluate a manuscript (Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions). References can be in any style or format, as long as the style is consistent. Author(s) name(s), journal title/book title, article title (where required), year of publication, volume and issue/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. When a paper reaches the revision stage, authors will be requested to deliver any items that are still required for publication, for example editable source files.

Authors also are strongly encouraged to include the following on the initial submission to facilitate editor and reviewer evaluation for coherence with journal aims and scope: Contribution to Emergency Nursing Practice (3 bullet points described below), Implications for Emergency Nursing section between Discussion and Conclusions sections in body of text.

Practice Improvement manuscripts begin with the heading "Contribution to Emergency Nursing Practice," followed by three bullet points using the format provided below. Limit this section to 120 words or less. The purpose of this practice improvement project was ________________. The primary outcome of this practice improvement project was ________________. Key implications for emergency nursing practice based on this project are ________________.
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Practice Improvement manuscripts are written in the first person according to JEN style.

References are to be the original sources of information in most instances.

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The recommended length of the manuscript is 15 double-spaced pages, including all references, tables, charts, and figures.

**Preparation of Clinical Paper Manucripts**

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Clinical manuscripts are encouraged to begin with the heading "Contribution to Emergency Nursing Practice," followed by three bullet points using the format provided below. Limit this section to 120 words or less. Limit to 120 words or less.

The current literature on ________________ [insert topic] indicates _________________.
This article contributes _________________. Key implications for emergency nursing practice found in this article are _________________.

Clinical papers are timely, clinically-oriented manuscripts and should be well organized in presenting information that summarizes up-to-date current knowledge on a topic relevant to emergency nursing. Clinical papers need not include an exhaustive literature review nor must they include a rigorous evaluation of the level of evidence of the articles cited. Rather, they should provide a broad overview of a selected topic. Cited references should be within the past 5 years with the exception of seminal articles. A section detailing the implications for emergency nursing practice as presented in the paper must be included prior to the papers concluding summary. The manuscript is not to exceed 15 pages, including references, tables, and figures.
References are to be the original sources of information in most instances.

If copyrighted material is used in the manuscript, a permission statement from the copyright holder is to be uploaded with the first revision. Upon actual submission of the manuscript at Editorial Manager, instructions for concurrent submission of the permission letter(s) will be provided.

The recommended length of the manuscript is 15 double-spaced pages, including all references, tables, charts, and figures.

**Preparation of Clinical Science Translation Review Manuscripts**

Authors may submit their manuscript (text, figures and tables) as a single file. This can be a Word or PDF file, in any format or layout, and figures and tables can be placed within the text. To facilitate double-blind review, author names and identifying information should be on the title page separate from the body of the text. Figures should be of high enough quality for refereeing. There are no strict formatting requirements but all manuscripts must contain the essential elements needed to evaluate a manuscript (Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions). References can be in any style or format, as long as the style is consistent. Author(s) name(s), journal title/book title, article title (where required), year of publication, volume and issue/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. When a paper reaches the revision stage, authors will be requested to deliver any items that are still required for publication, for example editable source files.

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Clinical Science Translation Reviews are to begin with the heading "Contribution to Emergency Nursing Practice," followed by three bullet points using the format provided below. Limit this section to 120 words or less. This review synthesizes the current state of scientific knowledge on ______________ [insert topic]. The main recent advances address ______________. Key implications for emergency nursing practice are ______________.

Clinical Science Translation Reviews are timely, authoritative and clinically-oriented manuscripts with an evidenced-based synthesis of current knowledge on a topic that is fundamental to the practice of emergency nursing and emergency care (including advanced practice nursing in the emergency setting). Many Clinical Science Translation Reviews will be by invitation to authors who are recognized experts in the field and who also have substantive prior publications on the topic. While it is expected that the author’s previously published work may be succinctly summarized with proper citation, the manuscript must differ from previous publication and be sufficiently tailored to the emergency nursing audience with elaboration on portions of the work most relevant to emergency clinical practice. Thus, it is expected that the work is not reiterated, repetitive, or duplicated. The paper will include: a synthesis of the evidence along one or more clinically pertinent themes, implications for emergency care, and scrutiny of overall evidence quality and gaps with future directions for research that informs clinical practice in the emergency care setting.

Methodology and search strategy are not required as Clinical Science Translation Reviews are a venue for leading experts and researchers engaged in active programs of research to communicate timely updates and recent advances relevant to the clinical reader. Infographics, illustrations, and figures are strongly encouraged.

Unsolicited proposals for Clinical Science Translation Reviews are welcome with an outline submitted to the Editor-in-Chief at jcastner@castnerincorp.com. Please include “Clinical Science Translation Reviews Editor Inquiry" in the subject line of the email.

All submitted manuscripts, including invited, will undergo peer review. Invited manuscripts will undergo expedited peer review. Even invited manuscripts may be declined for publication in JEN.
Most Clinical Science Translational Reviews will be 5-10 pages in length, with a limit of 15 pages of text with 4-6 figures and 50-75 references. An abstract of no more than 100 words should briefly summarize the main ideas and themes of the manuscript. Three to five key words, prioritizing the use of MeSH (Medical Subject Heading) terms will be included.

**Formatting requirements**

There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions.

If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.

Divide the article into clearly defined sections.

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Authors may submit their manuscript (text, figures and tables) as a single file. This can be a Word or PDF file, in any format or layout, and figures and tables can be placed within the text. To facilitate double-blind review, author names and identifying information should be on the title page separate from the body of the text. All text pages numbered, along with "Continuous" line numbering.

Figures should be of high enough quality for refereeing. There are no strict formatting requirements but all manuscripts must contain the essential elements needed to evaluate a manuscript (Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions). References can be in any style or format, as long as the style is consistent. Author(s) name(s), journal title/book title, article title (where required), year of publication, volume and issue/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. When a paper reaches the revision stage, authors will be requested to deliver any items that are still required for publication, for example editable source files.

Authors also are strongly encouraged to include the following on the initial submission to facilitate editor and reviewer evaluation for coherence with journal aims and scope: Contribution to Emergency Nursing Practice (3 bullet points described below), Implications for Emergency Nursing section between Discussion and Conclusions sections in body of text.

Case Review manuscripts are encouraged to begin with the heading "Contribution to Emergency Nursing Practice," followed by three bullet points using the format provided below. Limit this section to 120 words or less.

The current literature on ___________________________ indicates ___________________________. This article contributes ___________________________. Key implications for emergency nursing practice found in this article are ___________________________.

Case Review presentations should include new, unusual, or complex clinical problems, new therapies that were utilized, aspects that inspired improvements in care, and/or cases where emergency nurses/nursing were instrumental to the outcome. The disease or condition and the patient's outcome should be briefly discussed. The review summary should focus on the emergency care phase and may include pre-hospital events, initial assessment, diagnostic process, interventions, and follow-up. The teaching message of the paper is to be supported by recent definitive references from original sources of information, such as published studies. Discussion should include how clinical presentation, diagnosis, and treatment relates to the current literature. Patients' names are not included nor are patient descriptors that are not integral to the case.

The recommended length of the manuscript is 3-5 double-spaced pages, including references, tables, charts, and figures.

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This journal uses double-blind review, which means the identities of the authors are concealed from the reviewers, and vice versa, and, for research papers only, is currently testing single-blind review, in which author name(s) and affiliation(s) are revealed to the reviewers while the identity of the reviewers remains blinded to the author. More information on blind review is available on our website. Research papers may include author information in the body of the text. To facilitate double-blind review for all other papers, please include the following separately:

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A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

**Keywords**

Immediately after the abstract, 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.
**Abbreviations**
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.

**Formatting of funding sources**
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

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References used only in a figure but not in text must be listed in chronological order in the references cited section. Refer to the AMA Manual of Style, 10th Edition for more information (http://www.amamanualofstyle.com).

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- Indicate per figure if it is a single, 1.5 or 2-column fitting image.
- For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
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**You are urged to visit this site; some excerpts from the detailed information are given here.**

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There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the following examples:

Reference style

Text: Indicate references by (consecutive) superscript arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas, inside colons and semicolons. For further detail and examples you are referred to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9.

List: Number the references in the list in the order in which they appear in the text.

Examples:
Reference to a journal publication with an article number:
Reference to a book:
Reference to a chapter in an edited book:

Reference to a website:

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