The CDEM/CORD WestJEM Special Issue in Educational Research & Practice strives to publish educational scholarship that supports emergency medicine clinical educators in their mission to promote and provide a culture of education for medical students, residents, fellows and faculty.

To facilitate prompt peer review before submitting please adhere to the following guidelines. Papers submitted without these features will be returned to the authors for completion.

### SUBMISSION CATEGORIES

## **Original Research**

Abstract: Structured (see Format/Headlines below). 250 word limit

Word Limit: 3000 words (excluding abstract, legend, and references)

Illustrations: \*Limit of 5 (figures and tables combined)

Original quantitative and qualitative works are appropriate for submission in this category. For qualitative works it is recommended that the author(s) review, O'Brien et al.<sup>1</sup> For all submissions in this category it is important that the introduction include: (1) a concise and cogent discussion of the research relevant to the topic at hand, (2) a clear research question identifying the gap in knowledge being addressed (3) the conceptual basis and best practices that guided this scholarly work.<sup>2,3</sup> Survey based research should be mindful of the works of Artino et al.<sup>4</sup> and Gehlbach et al.<sup>5</sup>

Successful manuscripts will articulate a balanced discussion of the value and limitations of the authors' findings as well as potential next steps.

- 1. O'Brien et al. Standards for Reporting Qualitative Research: A Synthesis of Recommendations. Acad Med 2014;89:1245-1251.
- 2. Bordage G. Conceptual Frameworks to Illuminate and Magnify. *Med Educ* 2009;43:312319.
- 3. Zackoff et al. Enhancing Educational Scholarship Through Conceptual Frameworks: AChallenge and Roadmap for Medical Educators. Acad Pediatr 2019;19:135-141.
- 4. Artino et al. Developing Questionnaires for Educaitonal Research: AMEE Guide No. 87. *Med Teach* 2014;35:463-474.

### 5. Gehlbach H et al. The Survey Checklist (Manifesto). Acad Med 2018;93:360-366.

## **Brief Research**

Abstract: Structured (see Format/Headlines below). 250 word limit

Word Limit: 1500 Words (Excluding abstract, legend, and references)

Illustrations: \*Limit of 2 (figures and tables combined)

Submissions to this category include works reporting preliminary/pilot results or those with a narrower scope. Guidelines and requirements are otherwise the same as "Original Research".

# **Educational Advances/Innovations**

No Abstract: See Format/Headlines below

Word limit: 2000 Words (excluding legend and references)

Illustrations: \*Limit of 3 (figures and tables combined)

Educational advances are structured reports of innovative programs or curricular interventions including meaningful insights gained through the implementation of new ideas. In addition to appropriate formatting noted below, it is a requirement of this submission category that.....

- A conceptual basis that informed the development of the initiative needs to be clearly articulated.
- Sound educational principals/best practices must be the basis for the initiatives' development (e.g. Kern et al).<sup>6</sup>
- Sufficient details of the innovation are provided so that other programs are able to recreate the educational experience (resources, logistics, etc).
- Tips for success, challenges and lessons learned are included so others may learn from the author's experience.
- Circumstances that may limit the ability of other program to adopt the intervention.
- Impact/Effectiveness: <u>Higher level outcomes are required for publication</u>. <u>Participants reporting a positive experience or that they learned from participation alone fall short of the expectation for an Educational Advance</u>.<sup>7,8</sup>
- 6. Kern DE, Thomas PA, Hughes MT. *Curriculum Development for Medical Education: A SixStep Approach*. 2<sup>nd</sup> ed. Baltimore, MD: Johns Hopkins University Press; 2009.

- 7. Kirkpatrick DL, Kirkpatrick JD. *Evaluating Training Programs: The Four Levels* (3<sup>rd</sup> Ed) San Francisco, CA, Berrett-Koehler, 2006.
- 8. Armstrong, P. 2018. "Bloom's Taxonomy." Vanderbilt University Center for Teaching. https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/.

# **Brief Educational Advances/Brief Innovations**

No Abstract: See Format/Headlines below

Word limit: 1000 words (excluding legend and references)

Illustrations: \*Limit of 1 (figures and tables combined)

Brief Educational Advances (BEA): Innovative educational pilot projects that present preliminary findings. The BEA has the same requirements as an Educational Advance. The exception to this is that lower level <u>subjective outcomes may be acceptable</u> (e.g. Kirkpatrick Levels 1 & 2)<sup>5</sup> depending on the degree of innovation and potential value of the advance to our educational community

### **All Reviews**

Abstract: Structured (See Format/Headlines below). 250 word limit

Word limit: 3000 words (excluding abstract, legend, and references)

Illustrations: \*Limit of 5 (figures and tables combined)

## **Narrative Reviews**

The value of a narrative review is based on standards that attenuate some of the common limitations of these types of reviews. Submissions in this category are judged by the "RER Criteria" which include:<sup>9</sup>

- Quality of the literature used (and conclusions that reflect the quality of the data that they are based on)
- Quality of the analysis
- Significance of the topic
- Impact of the article
- Advancement of the field

- Style
- Balance and fairness
- Purpose
- 9. McGaghie WC. Varieties of Integrative Scholarship: Why Rules of Evidence, Criteria and Standards Matter. *Acad Med* 2015;90:294-302.

# **Systematic Reviews**

Please refer to the PRISMA site ( <a href="http://www.prisma-statement.org/">http://www.prisma-statement.org/</a>) and Moher et al <sup>10</sup> for detailed guidelines on developing and presenting systematic reviews.

10. Moher D et al. Preferred Reporting Items for Systematic Reviews and Meta-Analysis: The PRISMA Statement. *PLoS Med* 2009;6(7)

# **Scoping Reviews**

This submission type should include the PRISMA-ScR (20 item checklist)-see systematic reviews- and the following reference should also be included:

Mak S, Thomas A. Steps for Conducting a Scoping Review. JGME 2022;14:565-567.

## **Best Practices**

Abstract: Structured (see Format/Headlines). 350 word limit

Word limit: 3500 words (excluding abstract, legend, and references)

Illustrations: \*Limit of 5 (figures and tables combined)

In an ongoing effort to disseminate knowledge that informs learning, teaching, scholarship and leadership in medical education, "Best Practices" is a submission category aimed at a specific area of educational practice, curricula or programing (e.g. teaching skills, scholarship, leadership, etc.). The subject should pertain to practice that is a foundation of education provided by the majority of clinician educators and/or residency leadership. Successful submissions will be informed by:

- A review of the relevant literature,
- Based on education concepts,
- Includes insights from the authors based on their personal experience
- Generally requires outcome data supporting the value of the initiative. As opposed to an educational advance (innovation) where interesting new ideas are shared with others,

"Best Practices" are initiatives with a sound basis and proven success that serve as exemplars for how others can meet a need within their educational environment

# **Perspectives/Commentaries**

Word limit: 1000 word limit

By invitation only. If you have a topic suggestion please contact one of the Co-Guest Editors. \*Consider adding essential information such as surveys, data, etc. as a digital appendix.

# **Scholarly Perspective Submissions**

#### General

- Perspectives present a new and unique viewpoint on existing
  problems, fundamental concepts, or prevalent notions on a specific topic,
  propose and support a new hypothesis, or discuss the implications of a newly
  implemented innovation. Perspective pieces may focus on current
  advances and future directions on a topic, and may include original data as
  well as personal opinion that is supported by evidence.
- These are short peer-reviewed articles of limited to 2500 words. A
  perspective article includes a short abstract with a word limit of ≤150 words
  and a few tables and figures, if required.

### **Structure**

- A perspective is based on ideas, opinions, and insights, and hence does not follow a strict structure. As long as the ideas flow logically, the author is free to structure the article as he feels. Broadly, these articles have an introduction, a few body paragraphs, and a conclusion.
- **Abstract:** An unstructured abstract of <150 words is required.
- **Introduction:** The introduction provides background information and usually includes a brief review of the literature. The thesis or statement of purpose is presented towards the end of the introduction.
- **Body:** The body comprises several coherent paragraphs. Each paragraph supports the thesis statement and builds on the previous paragraph. The logical flow of the argument is of utmost importance in a perspective, opinion, or commentary article. The author should ensure that each paragraph flows smoothly into the next. Paragraph headings may be added if required.
- Conclusion: The conclusion summarizes the arguments provided in the body paragraphs and supports the thesis. Implications of the proposed ideas or opinions are discussed, future directions for research are proposed, and drawbacks or limitations are mentioned.

## **Determination of Appropriateness for Publication (for editors/reviewers)**

- 1. Is this topic relevant/important to many, if not most educators/programs?
- 2. How compelling is the perspective?
- 3. Is the argument provided scholarly and well supported by the literature?
- 4. Do the author(s) provide an accurate representation of the subject?

- 5. Is the perspective well written (e.g. logic progression, understandable)? Is the conclusion reached by the author(s) appropriate based on the authors presentation (and perhaps the editor's experience)?
- 6. To what degree may the educational community stand to benefit from the perspective?

## **MANUSCRIPT PREPARATION & SUBMISSION**

- O Upload manuscript as a Microsoft Word document o Entire paper in one document (but without title page) including abstract, text with tables and figures embedded within the paper in the order in which they are cited, and references. o Blinded with all author information and study locations removed throughout o List "CDEM/CORD Education Special Issue" as the first line of the manuscript
- Each individual table/figure with its associated legend and footnotes (if present) on the same page (All legends must be sufficiently explanatory that they could be understood without reference to the article itself.)
- Appendices should be uploaded as separate documents under "Supplemental Files"
- Cover letter including corresponding author contact information
  - Please indicate that the submission is intended for the CDEM/CORD Education Special Issue o Conflicts of interest (outside jobs, consultations, stocks, research support, financial interests, honoraria, speaker fees, military support, etc.)
  - o Address and complete contact information for corresponding author o List any grants received for the manuscript both in the acknowledgements section of the manuscript as well as in the cover letter. If it was an NIH or CDC grant, provide the grant number. o Include in the cover letter if any authors are members of one of WestJEM's sponsoring societies: ACOEP, California ACEP, & Cal/AAEM. Please list the relevant authors' names.
- Title page should include (not to be shared with reviewer to maintain blinding):
  - o Authors with respective titles (MD, PhD, MS, etc), institutions, and departments, city, state, and contact emails (12 author limit).
  - o Which meeting (if any) where the research was presented. o Word count
  - Corresponding author with complete contact information including phone number(s) – (please use institutional email addresses, personal emails will not be accepted)
- O Individual files for figures, tables, and videos o Images in original format (.jpeg, .png, .gif, .tiff, .bmp, etc)
  - Videos must be in .mov, .mp4, or .flv format o Tables in Microsoft Word documents

O Signed patient waiver and permissions form acknowledging potential publication and accessibility on the internet for figures/videos containing a patient's face, eyes, or other identifiers

### **Format**

- List "CDEM/CORD Education Special Issue" as the first line of the manuscript. Include title at the top of the first page (limited to 100 characters including spaces). Spell out all abbreviations no matter how obvious, for example, "emergency department"
- O Include abstract before body
- O Structured abstract: Introduction, Methods, Results, Conclusion
- O Continuous line numbering is included in left-hand margin [WORD directions: Page Layout →Line Numbers →Continuous]
- O Text in 12 point Times New Roman font
- Entire manuscript is double-spaced including references
- All footnote numbering must be in superscript format (Ctrl shift +) with the number following punctuation per this example: ...to develop a standard of care.<sup>23</sup>

### Headlines

- O List major headlines in **BOLD**, **UPPERCASE** lettering without colon \ \ \circ \ Subheadings are in bold and in title case lettering (first letter of each word is capitalized)
- Original Research/Brief Research Report/Review: ABSTRACT, INTRODUCTION, METHODS, RESULTS, DISCUSSION, LIMITATIONS, CONCLUSION, REFERENCES O Educational Advances/Brief Educational Advance: BACKGROUND, OBJECTIVES, CURRICULAR DESIGN, IMPACT/EFFECTIVENESS O Best Practices: : ABSTRACT, INTRODUCTION, METHODS, RESULTS, DISCUSSION, \*FIELD NOTES, CONCLUSION, REFERENCES

\*Field Notes: Authors sharing what they learned from their experience that would help others who are interested in instituting a similar experience. This information can be presented separately in its own section or integrated into the discussion

# Figures/Tables

- For the ease of peer-review, all figures/tables/videos are to be referenced within text of manuscript in the order that they appear, and all figures/tables/videos are presented at the point of which they are referenced in the text (as opposed at the end of the manuscript)
- Must include original file used to create graphs/figures (e.g. excel, word, etc.)
- Remove any titles or bold fonts in graphs/figures
- Fully descriptive legends for each figure and table such that they could stand alone if removed from the context of the larger paper. Tables legends are above the Table and legends are below the Figure

- Abbreviations in figures/tables must be spelled out or notated in legend or footnote, even if already done so in text
- O All line art figures have a minimum resolution of 600 dots per inch (DPI) and images 300 DPI. To check DPI: Right click image file, Click "Properties", found under Details. To change DPI: Open image using Photoshop, Click "Image"→Image Size→ Resolution→ 600 pixels/inch
- Every figure/video includes contrasting black or white arrows clearly pointing to important (even obvious) findings
- O Tables are made in a Microsoft Word document using "Insert Table" function. (1)Each column must have a heading. (2)Minimum size of 2 X 2. (3)Every row/column, including subcategories (i.e. female and male subcategories below gender category) should be split into own cells. This includes corresponding data for each sub-category. (5)Subcategories should be indented by 0.125 inches. (6)Sub-subcategories should be indented by 0.25 inches

Example Table: Type fully descriptive legend here. (List all abbreviations here).

Heading 1 Heading 2
Gender 0.00
Female 0.00
Male 0.00

#### Videos

- Up to 1 minute for radiologic findings such as ultrasound, CT, or MRI
- Up to 5 minutes for other videos (e.g. demonstrations of a procedure)
- Videos must be narrated or annotated

#### References

- All submissions must contain references
- References created by the EndNote application will not be accepted
- They must be listed in the order in which they first appear in text (not alphabetically)
- References follow the American Medical Association Citation Style Guide. (<a href="https://owl.purdue.edu/owl/research\_and\_citation/ama\_style/">https://owl.purdue.edu/owl/research\_and\_citation/ama\_style/</a>) except:
  - o Authors: List up to three authors, before putting et al.
  - o Remove DOI
  - o Delete spaces between publication year, volume, issue, and page numbers
- In-text reference numbers should be placed after the period as a superscript, like this. 1 o Arabic numerals (i.e. 1,2,3) are used instead of roman numerals (i.e. i, ii, iii)

Journal names must be abbreviated and italicized

Please submit your manuscript to <a href="https://westjem.com/submit-manuscript">https://westjem.com/submit-manuscript</a> by **June 15, 2022**. Submissions will be opening **March 15, 2022**. The article processing fee for accepted manuscripts to the education supplement is covered through the sponsorship of CORD and

### CDEM.

- Reference the *West*JEM submission guidelines prior to submission: http://westjem.com/cdem-cord-submission-guidelines
- Please indicate in your cover letter that the submission is intended for the CDEM/CORD 2023 Special Issue in Educational Research & Practice.
- List "CDEM/CORD Special Issue in Educational Research and Practice" as the first line of the manuscript.
- It is anticipated that accepted publications will be published in January of 2023. All manuscripts will be published electronically and some in print to be mailed out.
- WestJEM will notify authors of a first decision approximately 90 days from the June 15th, 2022 deadline. A rapid turnaround of revisions will be required within two weeks, to meet a September 30th deadline.

Thank you for making this a great success. We look forward to your submissions.

If you have any questions, please feel free to contact our guest editors, Dr. Jeffrey Love (CORD) <u>jlove01@georgetown.edu</u> and Dr. Douglas Ander (CDEM) <u>dander@emory.edu</u>, or the *West*JEM Editorial Office <u>editor@westjem.org</u> / 714-456-6389.