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## GUIDELINES FOR AUTHORS

The *International Journal of Paramedicine (IJOP)* is a forum for scholarly contributions and state-of-the-art research relevant to patient care and the growth and advancement of paramedicine, including the areas of paramedic leadership, management, education, operations, culture, professional and clinical practice. The *IJOP* encourages exploration of paramedicine from diverse theoretical and practical views from all disciplines, including business and economics; the natural, basic, and applied sciences; and the humanities, social sciences, and arts. Priority will be given to submissions that use sound theoretical or conceptual frameworks, strong methodological design, and relevance to the international paramedic community. All methodologies such as quantitative, qualitative, mixed methods, and knowledge syntheses will be considered.

NEMSMA is a longtime collaborator with National Association of EMS Physicians in support of *Pre-hospital Emergency Care*. In continuation of that relationship, *IJOP* and *PEC* have established a collaborative relationship that will facilitate the exchange of submissions in certain circumstances based in part on which journal may be the best fit for a particular manuscript.

### SUBMISSION CHECKLIST

Authors need to register with the journal prior to submitting or, if already registered, can simply log in and begin the submission process.

Download the following worksheets to assist with the submission process. Complete the forms, use them to assist with the submission process, then upload with the submission.

- Complete one of these forms per submission: [IJOP Submission Info Form](#)
- Complete one of these forms per author: [IJOP Author Info Form](#)

### GENERAL GUIDELINES AND NOTES

- The *IJOP* only publishes material in English. Please use Academic English.
- The *IJOP* accepts submissions in the following categories:
  - [Case Studies](#) ( 2,000 words)
  - [Concepts](#) ( 3,000 words)
  - [Correspondence / Commentary](#) ( 1,000 words)
  - [Education](#) ( 3,000 words)
  - [Empirical Investigations / Original Research](#) ( 4,500 words)
  - [Methodology](#) ( 2,000 words)
  - [Quality Improvement Project Reports](#) ( 3,000 words)
  - [Reviews / Synthesis](#) ( 4,000 words)
  - [Special Reports](#) ( 2,000 words)
  - [Toolbox](#) ( 1,500 words)

The word limits noted above are guidelines for the various submission types. Authors are encouraged to adhere to these guidelines and to be concise in their submissions.

- Merriam-Webster's Collegiate Dictionary (11th ed.) should be consulted for spelling.
- Contributions that explore non-clinical topics such as leadership, operations, education, professional practice, and the culture of paramedicine are strongly encouraged.
- Based on the international scope of the *IJOP*, contributions should provide a degree of generalizability and transferability to global settings and should have relevance to the *IJOP*'s broad readership.
- *IJOP* discourages multiple publications derived from a single study.
- All original research submissions must have received approval from an Institutional Research Board (IRB) or Research Ethics Board (REB).
- Once a submission has been assessed for suitability by the editorial team, it will undergo a double-blind peer-review by independent, anonymized reviewers.

As part of the submission process, authors will be required to confirm that their submission complies with all of the items below. Submissions may be returned that do not adhere to these guidelines:

### DOCUMENTS

- The submission cannot be previously published or in the submission process of another publication (or an explanation has been provided in a cover letter to the Editor).
- The Author and Funding File and the Main Submission File are both in Microsoft Word document file format.
- An ICMJE Form for Disclosure of Potential Conflicts of Interest is submitted for each author.
- All illustrations, figures, and tables should be placed within the text at the appropriate points AND submitted as separate files in a high resolution format.
- Supplemental media files (e.g., spreadsheets, slides, audio or video files) may be included for reader access. The file should be hosted by the authors unless other arrangements have been made with the Editors.
- Where available, URLs for each reference have been provided.

### MANUSCRIPT

- The text is double-spaced in a 12-point font.
- Page numbers and line numbering are used for the 'Main Submission File'
- The text adheres to the stylistic and bibliographic requirements outlined.
- Authors are strongly encouraged to follow any EQUATOR (Enhancing the QUALity and Transparency Of health Research) Guidelines that apply to their type of submission. These include, but are not limited to:
  - Randomized trials
    - [CONSORT and its extensions](#)
  - Observational studies
    - [STROBE and its extensions](#)
  - Systematic reviews
    - [PRISMA and its extensions](#)
  - Study protocols
    - [SPIRIT and the PRISMA-P extension](#)
  - Diagnostic/prognostic studies
    - [STARD and the TRIPOD extension](#)
  - Case reports
    - [CARE and its extensions](#)
  - Clinical practice guidelines
    - [AGREE and the RIGHT extension](#)

- Qualitative research
  - [SRQR and the COREQ extension](#)
- Animal pre-clinical studies
  - [ARRIVE](#)
- Quality improvement studies
  - [SQUIRE and its extensions](#)
- Economic evaluations
  - [CHEERS](#)

Note that there is a section in EQUATOR with guidelines specific to emergency medicine that may also be applicable to studies in paramedicine.

### SUBMISSION FILES

The following describes the 'standard' submission files that should be uploaded via the *Journal* submission website for each manuscript. Please refer to the specific submission guidelines for each submission category for more specific instructions that may apply.

### AUTHOR AND FUNDING INFORMATION FILE

#### *AUTHOR INFORMATION*

- All authors of a manuscript should provide their full name with up to four post-nominals and up to two organizational affiliations and titles – exactly as they should appear in the publication.
- The email of all authors should also be included.
- If available, please include [ORCiDs](#) numbers for each author.
- You also include social media handles (e.g., Facebook, Twitter, LinkedIn) for each author.
- Please ensure that everyone who meets the International Committee of Medical Journal Editors (ICMJE) requirements for authorship is included as an author (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).
- If an author changes their affiliation during the peer-review process, the new affiliation information can be given to the Editorial Team and will be handled as any other manuscript revision. Please note that no changes to affiliation can be made after the pre-publication galley of the manuscript have been accepted for final publication.
- Identify one author as the corresponding author. They will be shown as such when the article is published and will be the point of contact between the editorial team and the authors.
- If the work presented in the manuscript was presented at conference or published in abstract form, identify the name of the event, location, format, and date of presentation.
- Acknowledgements, where applicable, can be provided. Brevity is strongly encouraged.

#### *FUNDING INFORMATION*

- Please provide the details for any funding that supported the submitted work, to include all details required by your funding and grant-awarding bodies. The following template sentences are suggested:
  - For single agency grants: This work was supported by the [Funding Agency] under Grant [number xxxx].
  - For multiple agency grants: This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

- If a funding source was not involved, please confirm with a statement such as, “External funding was not used to support this work.”

### MAIN SUBMISSION FILE

To provide a high level of objectivity in the peer-review process *IJOP* uses a double blind process. The identities of the authors and their institutions are not revealed to the reviewers and the identifies of the reviewers are not revealed to the authors.

Due to the double blind review process, information about the authors and their institutions should not appear anywhere in the main submission file. This should include removal of identifying information in the ‘properties’ of the Microsoft Word (.doc or .docx) files that are submitted.

Please do not use extensive formatting of the document. Use single spaces between sentences. Separate paragraphs with a carriage return. Do not indent the first line paragraphs with tabs or added spaces.

Unless stated otherwise in the directions for a specific manuscript category, all submissions should include the following elements in the following order as a single document file, called the Main Document File.

### TITLE

- Provide the suggested title for the published article. Please note that the title used for publication is subject to editorial team approval.

### ABSTRACT, KEYWORDS, DISCLOSURES / CONFLICTS, PRESENTATIONS, AND ACKNOWLEDGEMENTS

- Unless exempted or described differently in the directions for a specific submission category, abstracts MUST be limited to 300 words or less, including the section headers (e.g., Problem, Methods, etc.). Use structured abstracts when possible.
- Unless exempted or described differently in the directions for a specific submission category, this page will also include between three (3) and six (6) keywords or short phrases that will be used for title and search engine optimization. Keywords of paramedicine, EMS, and emergency medical services will be added by default and will not count towards the keyword count requirements.
- State any disclosures or conflicts for each author. This will be in addition to completion of the ICMJE Disclosure Forms for each author as described below. If there are no conflicts, please state ‘none.’

### PRIMARY MANUSCRIPT BODY

- The primary body of the manuscript will come next in the main submission file. The composition of the primary body of the manuscript may vary with the category of the manuscript. Refer to specific manuscript category descriptions for details.
- The manuscript should use a minimum of formatting. If there are multiple levels of heading and sub-headings, please indicate the heading level by placing (H1) directly after the heading text for the top level heading, H2 for sub-headings, H3 for sub-sub headings, etc.
- Tables should be used to summarize large amounts of information rather than writing it out as a narrative. Tables may be created within the word processor or inserted from another program (e.g., Excel). If another program is used to create the table, please include the original source file as a supplementation media file submission. All tables should be inserted into this primary manuscript body file. They must be labelled sequentially, and referred to in the text. Table captions must include the table number and a name for the table at a minimum. Additional

descriptive text may be added to the caption as needed to complement the reference to the table in the main body of the paper.

- Figures shall be inserted directly into the text at the appropriate position. These may be lower resolution images to simply show their correct placement. Figures must be labelled sequentially and referred to in the text. Figure captions must be included with the figure number and a name for the figure at a minimum. Additional descriptive text may be added to the caption as needed to complement the reference to the figure in the main body of the paper. In addition to including figures in the text, submit each figure as a supplemental media files in high resolution PDF, .jpeg, .tiff, or .png file formats, with a 300dpi minimum resolution.

### REFERENCES

- Where applicable, the references for the manuscript come next. Use endnotes rather than footnotes. The APA style in-text reference marks and in endnotes must be used.
- In each endnote reference, include hyperlink whenever possible to the referenced document. A DOI hyperlink is preferred, which will have a format of <https://doi.org/XXXXX>. If a DOI is not available, provide a link to the source journal, publisher website or similar source.
- Authors are responsible for the accuracy of all references, links and in text citations.

### APPENDICES

- Where applicable, any appendices to the manuscript are inserted next.

### ICMJE FORMS FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

- One form per author should be submitted.
- The form is available at: <https://icmje.org/disclosure-of-interest/>

### SUPPLEMENTAL MEDIA FILES

- If the submission includes any supplemental tables or figures, they would be each be uploaded individually for inclusion at the end of the article.
- For spreadsheets used to generate tables, upload them as individual files and clearly indicate which table they are associated with.
- If there are any supplemental media files (e.g., spreadsheets, slide decks, audio or video files), provide links to where readers can access them. They must be readily accessible without passwords or other restrictions.

### GUIDELINES FOR CATEGORY-SPECIFIC SUBMISSIONS

#### CASE REPORTS (≤2,000 WORDS)

- These manuscripts share the experience of unusual clinical presentations, circumstances, or treatment approaches. Case reports should be structured as described in the Consensus-based Clinical Case Reporting Guideline (CARE; <https://www.equator-network.org/reporting-guidelines/care/>).

#### CONCEPTS (≤3,000 WORDS)

- These papers present a specific management or clinical concept, idea, or theory – and describes its practical application. If the paper presents a new concept, it may also suggest research, improvement projects, or pilot implementations of its application. Along with other standard submission file elements, the primary manuscript body pages file for Concept papers should contain:

- Introduction - The introduction should describe the problem, issue, or circumstance that the concept is intended to address. Where applicable, address the current literature that demonstrates a gap and any pertinent background information.
- Concept Description – Provide a description of the concept and how it can be applied. Where applicable, provide sufficient detail and clarity of any methods or procedures and the setting and population to which the concept applies.
- Discussion - Authors are encouraged to include a critical review of related research and a fulsome discussion that highlights how the concept contributes to the field of paramedicine. Address any limitations of the concept.

### DIALOGUES (≤1,000 WORDS)

- The Dialogues section will publish comments and questions from readers related to previously published articles. Along with other standard submission file elements, the primary manuscript body pages file for correspondence should include:
  - Subject Paper Information - Provide the title, name of the first author, and the *IJOP* issue for the paper that is the subject of the correspondence.
  - The narrative of the correspondence.

### EDITORIALS (≤2,000 WORDS)

- Editorials are a venue for the expression of opinion and perspective on topics relevant to the paramedicine community. They should make clear point(s) in a concise manner with a scholarly approach and tone. They should not be used for the presentation of data, findings, or research that has not been previously published.

### EDUCATIONAL METHODS AND PROCESSES (≤3,000 WORDS)

- These submissions explore a specific educational process, approach, or method. The paper should also discuss any issues to consider in its practical application. Along with other standard submission file elements, the primary manuscript body pages file for Education papers should contain:
  - Introduction - The introduction should describe the problem, issue, or circumstance that the educational process, approach, or method is intended to address. Where applicable, address the current literature that demonstrates a gap and any pertinent background information.
  - Description – Provide a description of the educational process, approach, or method and how it can be applied. Where applicable, provide sufficient detail and clarity of any methods or procedures and the setting and population to which the process, approach or method applies.
  - Discussion - Authors are encouraged to include a critical review of related research and a fulsome discussion that highlights how the concept contributes to the field of paramedicine. Address any limitations of the concept.

### EMPIRICAL INVESTIGATIONS / ORIGINAL RESEARCH (≤4,500 WORDS)

- The submission of manuscripts for empirical investigations / original research may be clinical or non-clinical. Several of the EQUATOR guidelines, described previously, may apply to any given study in this category. Please apply them as appropriate to your particular investigation.
- Authors may provide, or editors may suggest, that some information be provided as a supplemental file so that the main paper remains concise. The supplemental content may include data sets, images, video clips, and in-depth details on methodology. Along with other standard

submission file elements, the primary manuscript body pages file for empirical investigations / original research should include elements as called for in the applicable EQUATOR guidelines.

- NEMSMA is a longtime collaborator with National Association of EMS Physicians in support of *Prehospital Emergency Care (PEC)*. In continuation of that relationship, *IJOP* and *PEC* have established a collaborative relationship that exchanges manuscripts in certain circumstances. Empirical investigations on clinical topics may be forwarded to *PEC* for their initial consideration with author consent.

### METHODOLOGY (≤2,000 WORDS)

- This category of submissions provides deep explorations of methods used or may be used in research studies or improvement projects. These methods should be novel in some way that makes them of significant interest in their own right, separate from the studies in which they are utilized. These papers can also provide a more detailed description of the methods than would otherwise be appropriate in the primary research or improvement project manuscript. The primary paper's methods section may direct readers to a methodology paper in this category for more detailed descriptions of the methods it utilized.
- Along with other standard submission file elements, the primary manuscript body pages file for Methodology papers should contain appropriate elements from the EQUATOR guidelines, as described for empirical investigations.

### QUALITY IMPROVEMENT PROJECT REPORTS (≤3,000 WORDS)

- *IJOP* acknowledges the importance of quality improvement activities to optimize EMS system performance and patient outcomes and welcomes manuscripts describing quality improvement projects.
- United States regulations do not require quality improvement activities to have Institutional Review Board (IRB) or Research Ethics Board (REB) approval. The distinction between manuscripts requiring or not requiring IRB/REB approval may be subtle. Manuscripts not requiring approval will generally be those which do not apply clinical treatments or diagnostic methods that have not been previously established in the literature. A manuscript that explores different ways to implement a clinical treatment or diagnostic method may not require approval.
- The *IJOP* shall reject manuscripts that appear to have framed an activity as quality improvement to circumvent research compliance, conduct, or reporting standards.
- Authors may contact the editorial office if they are uncertain whether their work should be submitted as a quality improvement or a research manuscript. If there any doubt, authors are encouraged to submit QI projects to an IRB to obtain their independent judgement of the need for IRB oversight.
- Quality improvement project reports should adhere to the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines (<http://www.squire-statement.org>). With permission of the Editorial Team, authors may submit manuscripts that use other generally accepted improvement project frameworks (e.g., IHI Model for Improvement; DMAIC).
- In general, quality improvement project reports should describe the process being examined; the process change(s) that were tested; the baseline process performance level; the methods used for conducting process tests and evaluating the results; the results, including the post-intervention performance levels; any confounding variables and balancing measures; and the process change iterations as applicable.
- The manuscript discussions and conclusions should highlight what the external audience can learn from the reported experience, not just the activity's internal success or failure.

- Authors may provide, or editors may suggest, that some information be provided as a supplemental file so that the main paper remains concise. The supplemental content may include data sets, images, video clips, and in-depth details on methodology.

### REVIEWS / SYNTHESIS (≤4,000 WORDS)

- *IJOP* invites the submission of reviews of all types, including those with and those without meta-analytic components. In addition to the guidelines for original research provided elsewhere in these guidelines, any submissions in this category should be consistent with the Prisma 2020 guidelines for reporting systematic reviews <https://www.equator-network.org/reporting-guidelines/prisma/>.

### TOOLBOX (≤3000 WORDS)

- These submissions will explain a tool or technique and describe its practical use. Where applicable, the articles may include a supplemental file or link that contains the tool and a data file where the reader may try out the tool.
- Along with other standard submission file elements, the primary manuscript body pages file for Toolbox papers should contain:
  - Introduction - The manuscript shall include an introduction that provides an overview of the type(s) of projects that the tool or technique could be used for or the specifics of the project that it was actually used in.
  - Description of the Tool / Technique – As the central focus on the paper, this section shall provide in an in-depth examination of the tool or technique and its mechanics. Describe how the tool or technique should be applied in context of a clinical, operational, or administrative setting.
  - Discussion – Discuss the underlying rationale for the tool or technique and why it may be favored over other options.
  - Provide a critique of related methods. Also include discussion of any limitations of the tool or technique.
  - Exercise – Where applicable, describe how to use the tool or technique in conjunction with a sample data set or scenario.

### SPECIAL REPORTS

- This submission category will be used for articles of a scholarly nature that do not fit into one of the other *IJOP* submission categories. Authors are encouraged to use the guidelines described in this document that seem to be most applicable to their Special Report, but consultation with the Editorial Team before manuscript submission is strongly encouraged.