International Journal of Paramedicine

Published by the National EMS Management Association (USA)

GUIDELINES FOR AUTHORS

Effective Date (supersedes all prior versions): April 14, 2026

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 the 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 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 before 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 them 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.

USE OF ARTIFICIAL INTELLIGENCE

IJOP recognizes that artificial intelligence (AI) tools are increasingly used in research, clinical education, and manuscript preparation. This policy establishes standards for the responsible, transparent, and ethical use of AI in all materials submitted for consideration in the Journal and is aligned with the policies of the International Committee of Medical Journal Editors (ICMJE, 2023; ICMJE, 2024) and the Committee on Publication Ethics (COPE, 2025).

The goal is to ensure academic integrity, patient safety, and accountability in the dissemination of paramedicine research and other scholarly content.

AI Authorship

Artificial intelligence tools, including large language models (LLMs) such as ChatGPT, Gemini, Claude, and similar systems, cannot be listed as authors or co-authors on any *IJOP* submission. Authorship requires the ability to take accountability for the work, approve the final manuscript, and respond to questions about the accuracy and integrity of the research. AI tools cannot fulfill these responsibilities. Any submission listing an AI tool as an author will be returned without review. This policy applies without exception, regardless of the extent of AI involvement in the work.

Permitted Uses of AI by Authors

AI tools may be used to assist authors in limited and transparent ways, including:

- Grammar, spelling, or stylistic editing
- Organizing or formatting reference lists (all references must be independently verified by authors against original sources prior to submission)
- Language translation for non-native English authors
- Programming support for simulations or modeling (when described in the Methods section)
- Statistical analysis or data visualization (when described in the Methods section)

AI tools may not be used to:

- Generate or fabricate data, patient information, or references
- Produce substantive portions of the manuscript, including but not limited to the introduction, results, discussion, or conclusions
- Create, alter, or enhance clinical photographs, diagnostic images, or figures without explicit disclosure and validation

- Circumvent originality or plagiarism checks
- Generate research questions, design the study, select participants, code or analyze data, or interpret findings
- Conduct literature searches that are not independently verified by the authors

Disclosure Requirements for Authors

Any use of AI tools in preparing a submission must be disclosed. The disclosure must appear in the Acknowledgements section of the manuscript and, where applicable, in the Methods section if AI was used in data collection, analysis, or figure generation. The disclosure must include:

- The name of the AI tool
- The developer and specific version or model (e.g., GPT-4o, claude-sonnet-4-6, Gemini 2.5 Pro)
- The date the tool was accessed
- A clear description of the specific purpose for which it was used
- An affirmation that the authors reviewed, verified, and take full responsibility for all AI-assisted output

Example disclosure statement:

> *Claude (Anthropic, claude-sonnet-4-6, accessed March 2026) was used to assist with sentence-level editing and language consistency across drafts. The authors reviewed all AI-assisted content, independently verified all citations against publisher and PubMed records, and take full responsibility for the accuracy and integrity of this manuscript.*

If no AI tools were used, authors must include the following statement in the Acknowledgements:

> *No generative AI tools were used in the preparation of this manuscript.*

AI in Studies Using LLMs as Research Instruments

Submissions that evaluate, benchmark, or deploy large language models as research instruments (rather than using them as writing aids) are subject to additional requirements. These submissions must:

- Specify the exact model name, version, and access date for each AI model evaluated
- Provide verbatim prompts submitted to each model in the methods section or as a supplemental appendix. Prompt text is a primary experimental variable. Studies that do not disclose it cannot be reproduced or audited and therefore will not be accepted for peer review.
- Describe the complete pipeline for hybrid or multi-step AI systems, including how outputs from one model were formatted and passed to subsequent models.
- Confirm that the study dataset was independent of any model's development or calibration data.
- Adhere to the TRIPOD+AI reporting standard (Collins et al., 2024, BMJ) and, for studies specifically deploying LLMs, the TRIPOD-LLM reporting guideline (Messaritakis et al., 2025, Nature Medicine)
- Acknowledge whether any AI tool evaluated is regulated as a Software as a Medical Device (SaMD) by the FDA or equivalent regulatory authority in the study's jurisdiction. Studies recommending clinical deployment of AI tools must document that the tool has received appropriate regulatory authorization

Note: As of 2026, the U.S. FDA has not approved any general-purpose consumer large language model for clinical diagnostic use. Studies recommending integration of such tools into clinical or prehospital workflows must acknowledge this regulatory status explicitly.

Citation Accuracy

Authors are responsible for the accuracy of all citations. AI-generated reference lists are known to contain fabricated citations at rates as high as 18–55%, depending on the model and topic area. All references must be independently verified by the authors against the original source prior to submission. The editorial team reserves the right to spot-check citations and to return submissions with unverified or fabricated references for correction prior to peer review.

AI Use by Peer Reviewers

Peer reviewers are strictly prohibited from uploading any portion of a submitted manuscript into any public-facing generative AI tool. Manuscripts submitted for review are the unpublished intellectual property of the authors. Using an external AI platform to process a manuscript violates the confidentiality obligations of peer review and may constitute a breach of intellectual property rights. Reviewers who require AI assistance for language support must use only locally deployed or institution-licensed tools that do not transmit manuscript content to external servers and must disclose this use to the Associate Editor that is managing that manuscript. Any reviewer found to have violated this provision will be removed from the *IJOP* reviewer database.

AI Use by Editors

Editors may use AI tools to assist with administrative functions such as formatting checks, metadata verification, or detecting common patterns associated with AI-generated manuscripts. Editors must not use AI tools to generate or substantially revise editorial decisions, correspondence with authors, or formal editorial assessments. All editorial decisions remain the responsibility of human editors. Editors are encouraged to attend to secondary signals associated with AI-generated manuscripts, including formulaic prose structure, hedged transition language, methodological gaps concentrated in areas of domain expertise, and citation anomalies, in addition to using automated detection tools.

Enforcement

Failure to properly disclose AI use, evidence of prohibited AI use, or submission of fabricated citations will be treated as a breach of ethical standards. Consequences may include:

- Immediate rejection or retraction
- Notification to authors' institutions or employers
- Reporting to relevant research integrity bodies

All cases involving suspected AI misuse will be handled in accordance with COPE and ICMJE guidelines. *IJOP* reserves the right to request raw prompts, model logs, or other documentation to investigate suspected misuse.

References for This Policy

Collins, G. S., Moons, K. G. M., Dhiman, P., et al. (2024). TRIPOD+AI statement: Updated guidance for reporting clinical prediction models that use regression or machine learning methods. *BMJ, 385*, e078378. https://doi.org/10.1136/bmj-2023-078378

Committee on Publication Ethics. (2025). *Authorship and AI tools* [COPE position statement]. https://publicationethics.org/guidance/cope-position/authorship-and-ai-tools

International Committee of Medical Journal Editors. (2023). *Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals* [Section II.A.4 and V]. https://www.icmje.org

International Committee of Medical Journal Editors. (2024). *Updated recommendations: Section V — Use of artificial intelligence in publishing*. https://www.icmje.org/news-and-editorials/updated_recommendations_jan2024.html

Messaritakis, I., et al. (2025). The TRIPOD-LLM reporting guideline for studies using large language models. *Nature Medicine, 31*, 21–31. https://doi.org/10.1038/s41591-024-03425-5

U.S. Food and Drug Administration. (2025). *Artificial intelligence-enabled device software functions: Lifecycle management and marketing submission recommendations* [Draft Guidance]. https://www.fda.gov/media/184856/download

SUBMISSION ITEMS

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 all in Microsoft Word document file format (.doc or .docx).
- An ICMJE Form for Disclosure of Potential Conflicts of Interest is submitted for each author. The form is available at: https://icmje.org/disclosure-of-interest/
- 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. A DOI hyperlink is preferred.
- A completed AI use disclosure statement has been included in the Acknowledgements section (see Use of Artificial Intelligence above), either disclosing specific AI tools used or affirmatively stating that no AI tools were used.
- For submissions that evaluate or deploy AI as a research instrument, verbatim prompts for all AI queries have been included in the methods section or as a supplemental appendix.

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 in these guidelines.
- IRB or REB approval documentation is included where required, with protocol number, approving body, and determination category specified.
- Authors are strongly encouraged to follow applicable EQUATOR (Enhancing the QUAlity and Transparency Of health Research)(https://www.equator-network.org) reporting guidelines. See below for the list applicable to common study types.
- Authors are encouraged to use the CRediT (Contributor Roles Taxonomy) to specify each author's contribution (https://credit.niso.org).
- Reporting Standards (EQUATOR Network)

The following EQUATOR reporting guidelines apply to common study designs submitted to *IJOP*. Authors should apply the guideline most appropriate to their study design and attach the completed checklist as a supplemental file. Where no single guideline applies, authors should follow the spirit of the applicable standard and consult the editorial team.

Note: A section of the EQUATOR network contains guidelines specific to emergency medicine that may also be applicable to studies in paramedicine: https://www.equator-network.org/reporting-guidelines-medical-specialty/emergency-medicine-2

Randomized trials

- CONSORT and its extensions (https://www.equator-network.org/reporting-guidelines/consort)

Observational studies

- STROBE and its extensions (https://www.equator-network.org/reporting-guidelines/strobe)

Systematic reviews and meta-analyses

- PRISMA 2020 and its extensions (https://www.equator-network.org/reporting-guidelines/prisma)

Study protocols

- SPIRIT and the PRISMA-P extension (https://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials)

Diagnostic and prognostic accuracy studies

- STARD (https://www.equator-network.org/reporting-guidelines/stard)

Prediction model studies (clinical AI and machine learning)

- TRIPOD+AI (Collins et al., 2024, BMJ) (https://doi.org/10.1136/bmj-2023-078378). Required for all studies developing or evaluating AI/ML prediction or diagnostic models. This guideline supersedes the 2015 TRIPOD checklist and must be used in its place for all new submissions. A completed TRIPOD+AI checklist must be submitted as a supplemental file.
- TRIPOD-LLM (Messaritakis et al., 2025, Nature Medicine) (https://doi.org/10.1038/s41591-024-03425-5). Required for studies specifically deploying large language models in healthcare settings. A 19-item checklist covering transparency, human oversight, and task-specific performance reporting. Use in addition to TRIPOD+AI for LLM studies.

Case reports

- CARE and its extensions (https://www.equator-network.org/reporting-guidelines/care)

Clinical practice guidelines

- AGREE and the RIGHT extension (https://www.equator-network.org/reporting-guidelines/agree)

Qualitative research

- SRQR and the COREQ extension (https://www.equator-network.org/reporting-guidelines/srqr)

Animal pre-clinical studies

- ARRIVE (https://www.equator-network.org/reporting-guidelines/improving-bioscience-research-reporting-the-arrive-guidelines-for-reporting-animal-research)

Quality improvement studies

- SQUIRE and its extensions (https://www.equator-network.org/reporting-guidelines/squire)

Economic evaluations

- CHEERS (https://www.equator-network.org/reporting-guidelines/cheers)

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 addresses of all authors should be included.
- If available, please include ORCID ID numbers for each author (https://orcid.org)
- Social media handles (e.g., LinkedIn, X/Twitter) may also be included for each author.
- Please ensure that everyone who meets the ICMJE requirements for authorship is included as an author (https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html)
- Authors are encouraged to specify individual contributions using the CRediT (Contributor Roles Taxonomy) framework (https://credit.niso.org)
- 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. No changes to affiliation can be made after the pre-publication galleys of the manuscript have been accepted for final publication.
- Identify one author as the corresponding author.
- If the work presented in the manuscript was presented at a conference or published in abstract form, identify the name of the event, location, format, and date of presentation.
- Acknowledgements, where applicable, should be brief and must include the required AI use disclosure statement (or the affirmative statement of no AI use).

Funding Information

- Please provide the details for any funding that supported the submitted work.
- 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]."
- If a funding source was not involved: "External funding was not used to support this work."
- If the study involved AI tools that are commercial products of a funder or that create a conflict of interest, this must be disclosed explicitly in both the funding information and the ICMJE disclosure forms.

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 identities 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 includes the removal of identifying information in the properties of the Microsoft Word files submitted.

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

Title

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

Abstract, Keywords, Disclosures / Conflicts, Presentations, and Acknowledgements

- Abstracts must be limited to 300 words or fewer, including section headers. Use structured abstracts when possible.
- Include between three (3) and six (6) keywords or short phrases for search optimization. The keywords paramedicine, EMS, and emergency medical services will be added by default and do not count toward the keyword limit.
- State any disclosures or conflicts for each author, in addition to the completed ICMJE Disclosure Forms. If there are no conflicts, state "None."
- Include the required AI use disclosure statement (see Use of Artificial Intelligence section above).

Primary Manuscript Body

- The primary body of the manuscript follows the abstract page. Composition varies by category; refer to category-specific descriptions for details.
- Use a minimum of formatting. Indicate heading levels by placing (H1), (H2), (H3) directly after the heading text.
- Tables should summarize large amounts of information and must be labeled sequentially and referenced in the text.
- Figures must be labeled sequentially, referenced in the text, and also submitted as high-resolution supplemental files in PDF, JPEG, TIFF, or PNG format at a minimum of 300 dpi.

References

- Use APA7 style in-text citation and endnote formatting.
- Include a hyperlink for each reference. A DOI hyperlink in the format https://doi.org/XXXXX is preferred.
- Authors are responsible for the accuracy of all references, links, and in-text citations. AI-generated reference lists must be independently verified against the original source prior to submission (see Use of Artificial Intelligence above).

Appendices

- Where applicable, appendices to the manuscript are inserted at the end of the Main Submission File.
- For submissions evaluating AI as a research instrument, verbatim prompts submitted to each AI model must be included in the Methods section or as an appendix.

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

- Supplemental tables or figures should each be uploaded individually.
- For spreadsheets used to generate tables, upload as individual files and clearly indicate which table they are associated with.
- For studies evaluating AI systems: verbatim prompts and any model output logs relevant to the study should be included in the Methods section or as supplemental files.
- Supplemental media files (e.g., spreadsheets, slide decks, audio or video files) 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 describe its practical application. If the paper presents a new concept, it may also suggest research, improvement projects, or pilot implementations. The primary manuscript body should contain:

- Introduction: Describe the problem, issue, or circumstance that the concept is intended to 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, with sufficient detail of any methods or procedures, the setting, and the population to which the concept applies.
- Discussion: Include a critical review of related research and a discussion that highlights how the concept contributes to the field of paramedicine. Address limitations.

Dialogues (≤1,000 words)

The Dialogues section publishes comments and questions from readers related to previously published articles. The primary manuscript body 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 points 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, and discuss issues to consider in its practical application. The primary manuscript body should contain:

- Introduction: Describe the problem or circumstance addressed, relevant literature demonstrating a gap, and pertinent background information.
- Description: Describe the educational process, approach, or method and how it can be applied, with sufficient detail of methods, procedures, setting, and population.
- Discussion: Include a critical review of related research highlighting how the approach contributes to paramedicine. Address limitations.

Empirical Investigations / Original Research (≤4,500 words)

Submissions may be clinical or non-clinical. Apply the applicable EQUATOR guidelines described above. Authors may provide, or editors may suggest, that some information be provided as a supplemental file so that the main paper remains concise. Supplemental content may include data sets, images, video clips, and in-depth methodological details.

Empirical investigations on clinical topics may be forwarded to *Prehospital Emergency Care (PEC)* for initial consideration with the author's consent.

Submissions that evaluate AI tools as research instruments must comply with the full AI research instrument requirements described in the Use of Artificial Intelligence section above, including prompt disclosure, model version specification, TRIPOD+AI/TRIPOD-LLM checklist submission, and regulatory status acknowledgment.

Methodology (≤2,000 words)

This category provides deep explorations of methods used, or that may be used in research studies or improvement projects. These methods should be novel in a way that makes them of significant interest in their own right, separate from the studies in which they are utilized. The primary manuscript body should contain appropriate elements from the applicable EQUATOR guidelines.

Quality Improvement Project Reports (≤3,000 words)

IJOP acknowledges the importance of quality improvement activities and welcomes manuscripts describing improvement projects. United States regulations do not require quality improvement activities to have IRB/REB approval, but the distinction between manuscripts requiring or not requiring approval can be subtle. Manuscripts that appear to have framed a research activity as quality improvement to circumvent compliance standards will be rejected.

Authors uncertain whether their work should be submitted as quality improvement or research are encouraged to contact the editorial office. When in doubt, submission to an IRB for an independent determination is encouraged.

Quality improvement project reports should adhere to SQUIRE guidelines (http://www.squire-statement.org). With permission of the Editorial Team, authors may use other generally accepted frameworks (e.g., IHI Model for Improvement; DMAIC).

Reports should describe the process examined; the process change(s) tested; baseline performance; methods for conducting tests and evaluating results; post-intervention performance; confounding variables and balancing measures; and process change iterations. Discussions and conclusions should highlight what the external audience can learn from the experience, not only the activity's internal success or failure.

Reviews / Synthesis (≤4,000 words)

IJOP invites the submission of reviews of all types, including those with and without meta-analytic components. All submissions in this category should be consistent with the PRISMA 2020 guidelines for reporting systematic reviews (https://www.equator-network.org/reporting-guidelines/prisma/). Reviews that incorporate AI tools in the literature search or screening process must disclose this in the Methods section, specifying the tool, version, and how AI-identified sources were independently verified.

Toolbox (≤3000 words)

These submissions explain a tool or technique and describe its practical use. Where applicable, the articles may include a supplemental file or link containing the tool and a data file where the reader may try it out. The primary manuscript body should contain.

- Introduction: An overview of the type(s) of projects the tool or technique could be used for, or the specifics of the project in which it was actually used.
- Description of the Tool / Technique: An in-depth examination of the tool or technique and its mechanics. Describe how it should be applied in a clinical, operational, or administrative setting.
- Discussion: The underlying rationale for the tool or technique, why it may be favored over other options, and a critique of related methods. Include a discussion of limitations.
- Exercise: Where applicable, describe how to use the tool or technique in conjunction with a sample data set or scenario.

KEY INTERNATIONAL STANDARDS REFERENCED IN THESE GUIDELINES

- ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals: https://www.icmje.org
- COPE Core Practices and Position Statements on AI: https://publicationethics.org
- EQUATOR Network Reporting Guidelines: https://www.equator-network.org
- TRIPOD+AI (Collins et al., 2024): https://doi.org/10.1136/bmj-2023-078378
- TRIPOD-LLM (Messaritakis et al., 2025): https://doi.org/10.1038/s41591-024-03425-5
- CRediT Contributor Roles Taxonomy: https://credit.niso.org
- U.S. FDA AI/ML Software as Medical Device: https://www.fda.gov/medical-devices/software-medical-device-samd/artificial-intelligence-software-medical-device