

INTERNATIONAL STUDENT JOURNAL OF NURSE ANESTHESIA GUIDE FOR AUTHORS

MISSION STATEMENT

The International Student Journal of Nurse Anesthesia is produced exclusively for publishing the work of nurse anesthesia students. It is intended to be basic and introductory in its content. Its goal is to introduce the student to the world of writing for publication; to improve the practice of nurse anesthesia and the safety of the patients entrusted to our care.

ITEMS ACCEPTED FOR PUBLICATION

Case reports, research abstracts, evidence-based practice (EBP) analysis reports, and letters to the editor may be submitted. These items must be authored by a student under the guidance of an anesthesia practitioner mentor (CRNA or physician). The mentor must submit the item for the student and serve as the contact person during the review process. Items submitted to this journal should not be under consideration with another journal. We encourage authors and mentors to critically evaluate the topic and the quality of the writing. If the topic and the written presentation are beyond the introductory publication level we strongly suggest that the article be submitted to a more prestigious publication such as the *AANA Journal*.

ITEM PREPARATION & SUBMISSION

Student authors prepare case reports, abstracts, EBP analysis reports, and letters to the editor with the guidance of a mentor. Only students may be authors. Case and EBP analysis reports must be single-authored. Abstracts may have multiple authors. **Mentors should take an active role** in reviewing the item to ensure appropriate content, writing style, and format prior to submission.

The original intent of this journal was to publish items while the author is still a student. In order to consistently meet this goal, all submissions must be received by the editor at least **3 months prior** to the author's date of graduation.

PEER REVIEW

Items submitted for publication are initially reviewed by the editor. Items may be rejected, or returned to the mentor with instructions for the author to revise and resubmit prior to initiation of the formal review process. All accepted submissions undergo a formal process of blind review by at least two ISJNA reviewers. After review, items may be accepted without revision, accepted with revision, or rejected with comments.

General guidelines

- Items for publication must adhere to the *American Medical Association Manual of Style* (AMA, the same guide utilized by the *AANA Journal* and such prominent textbooks as *Nurse Anesthesia* by Nagelhout and Plaus). The review process will not be initiated on reports submitted with incorrect formatting and will be returned to the mentor for revision. Please note the following:
 - Use of abbreviations is detailed in Section 14. Spell out acronyms/initialisms when first used. If you are using the phrase once, do not list the acronym/initialism at all.
 - Instructions regarding units of measure can be found in Section 18. In most cases The International System of Units (SI) is used. Abbreviations for units of measure do not need to be spelled out with first use. Some examples: height/length should be reported in cm, weight in kg, temperature in °C, pressure in mm Hg or mm H₂O.
 - In general, first use of pulmonary/respiratory abbreviations should be expanded, with the following exceptions: O₂, CO₂, PCO₂, PaCO₂, PO₂, PaO₂. Please use SpO₂ for oxygen saturation as measured by pulse oximetry.
 - Use the nonproprietary (generic) name of drugs - avoid proprietary (brand) names. Type generic names in lowercase. When discussing dosages state the name of the drug, *then* the dosage (midazolam 2 mg).
 - Use of descriptive terms for equipment and devices is preferred. If the use of a proprietary name is necessary (for clarity, or if more than one type is being discussed), give the name followed by the manufacturer and location in parenthesis:

“A GlideScope (Verathon Inc., Bothell, WA) was used to . . .”

Please note, TM and ® symbols are not used per the AMA manual.
- Report appropriate infusion rates and gas flow rates:
 - When reporting infusion rates report them as mcg/kg/min or mg/kg/min. In some cases it may be appropriate to report dose or quantity/hr (i.e. insulin, hyperalimentation). If a mixture of drugs is being infused give the concentration of each drug and *report the infusion rate in ml/min*.
 - Keep the gas laws in mind when reporting flow rates. Report the liter flows of oxygen and nitrous oxide and the percent of the volatile agent added to the gas mixture. Statements such as “40% oxygen, 60% nitrous oxide and 3% sevoflurane” do not = 100% and are thus incorrect. For example, “General anesthesia was maintained with sevoflurane 3% inspired concentration in a mixture of oxygen 1 L/min and air 1 L/min”.
- Only Microsoft Word file formats will be accepted with the following criteria:

- a. Font - 12 point, Times New Roman
 - b. Single-spacing (except where indicated), paragraphs separated with a double space (do not indent)
 - c. One-inch margins
 - d. Place one space after the last punctuation of sentences. End the sentence with the period before placing the superscript number for the reference.
 - e. Do not use columns, bolds (except where indicated), or unconventional lettering styles or fonts.
 - f. Do not use endnote/footnote formats.
4. Do not use Endnotes or similar referencing software. Please remove all hyperlinks within the text.
 5. Avoid jargon.
 - a. *'The patient was reversed'* - Did you physically turn the patient around and point him in the opposite direction? "Neuromuscular blockade was antagonized."
 - b. *The patient was put on oxygen.* "Oxygen was administered by face mask."
 - c. *The patient was intubated and put on a ventilator.* "The trachea was intubated and respiration was controlled by a mechanical ventilator."
 - d. *The patient had been on Motrin for three days.* "The patient had taken ibuprofen for three days."
 - e. Avoid the term "MAC" when referring to a sedation technique - the term sedation (light, moderate, heavy, unconscious) sedation may be used. Since all anesthesia administration is monitored, the editors prefer to use specific pharmacology terminology rather than reimbursement terminology.
 6. Use the words "anesthesia professionals" or "anesthesia practitioners" when discussing all persons who administer anesthesia (avoid the reimbursement term "anesthesia providers")
 7. References
 - a. Again, the AMA Manual of Style must be adhered to for reference formatting.
 - b. All should be within the past 8 years, except for seminal works essential to the topic being presented.
 - c. Primary sources are preferred.
 - d. All items cited must be from peer-reviewed sources – use of internet sources must be carefully considered in this regard.
 8. See each item for additional information.
 9. **Heading** for each item (Case Report, Abstract, EBPA Report) must adhere to the following format:

Title (bold, centered, 70 characters or less)

[space]

Author Name (centered, include academic credentials only)

Name of Nurse Anesthesia Program (centered)

[space]

Anticipated date of graduation (italics, centered, will be removed prior to publication)

E-mail address (italics, centered, will be removed prior to publication)

[space, left-justify from this point forward]

Keywords: ('Keywords:' in bold, followed by keywords (normal font) that can be used to identify the report in an internet search.)

Case Reports

The student author must have had a significant role in the conduct of the case. The total word count should be between 1200 – 1400 words. References do not count against the word count. Case reports with greater than 1400 words will be returned to the mentor for revision prior to initiation of the review process. The following template demonstrates the required format for case report submission.

Heading (see #9 above in General Guidelines)

[space]

A brief introductory paragraph of less than 100 words to focus the reader's attention. This may include historical background, demographics or epidemiology (with appropriate references) of the problem about to be discussed. It is written in the *present tense*. Although it is introductory, the heading word '**Introduction**' is not used. Be certain to cite references in this section, especially statistics and demographics pertaining to your topic.

[space]

Case Report (bold, 400-500 words)

[space]

This portion discusses the case performed in *400 words or less*, and is written in the *past tense*. Do not justify actions or behaviors in this section; simply report the events as they unfolded. Present the case in an orderly sequence. Some aspects need considerable elaboration and others only a cursory mention.

Patient description: height, weight, age, gender.

History of present illness

Statement of co-existing conditions/diseases

Mention the current medications, generic names only. (Give dosage and schedule only if that information is pertinent to the consequences of the case.)

Significant laboratory values, x-rays or other diagnostic testing pertinent to the case. Give the units after the values (eg. Mmol/L or mg/dL).

Physical examination/Pre-anesthesia evaluation - **significant** findings only. Include the ASA Physical Status and Mallampati Classification **only** if pertinent to the case.

Anesthetic management (patient preparation, induction, maintenance, emergence, post-operative recovery).

Despite the detail presented here it is only to help the author organize the structure of the report. Under most circumstances if findings/actions are normal or not contributory to the case then they should not be described. Events significant to the focus of the report should be discussed in greater detail. The purpose of the case report is to set the stage (and 'hook' the reader) for the real point of your paper which is the discussion and teaching/learning derived from the case.

[space]

Discussion (bold, 600-800 words)

[space]

Describe the **anesthesia** implications of the focus of the case report citing current literature. Describe the rationale for your actions and risk/benefits of any options you may have had. This section is not merely a pathophysiology review that can be found in textbooks. *Relate the anesthesia literature with the conduct of your case noting how and why your case was the same or different from what is known in the literature.* Photographs are discouraged unless they are essential to the article. Photos with identifiable persons must have a signed consent by the person photographed forwarded to the editor via first class mail. Diagrams must have permission from original author. This is the most important part of the article. In terms of space and word count this should be longer than the case presentation. End the discussion with a summary lesson you learned from the case, perhaps what you would do differently if you had it to do over again.

[space]

References (bold)

[space]

A minimum of 5 references is recommended, with a maximum of 8 allowed. No more than 2 textbooks may be included in the reference list, and all references should be no older than 8 years, except for seminal works essential to the topic. This is also an exercise in evaluating and using current literature.

[space]

Mentor: (bold, followed by mentor name and credentials in normal text)

E-mail address (italics, will be removed prior to publication)

Research Abstracts

Research abstracts are limited to 500 words. References are not desired but may be included if considered essential. Note that this abstract is different from a research proposal. This abstract reports the *outcome* of your study. Use the same format described for the case report with the exception of the section headings:

Heading (see #9 above in General Guidelines)

[space]

Introduction (bold)

[space]

A brief introductory paragraph including purpose and hypotheses.

[space]

Methods (bold)

[space]

Include research design and statistical analyses used

[space]

Results (bold)

[space]

Present results – do not justify or discuss here.

[space]

Discussion (bold)

[space]

Discuss results

[space]

References (bold)

[space]

Not required, but a maximum of 5 references is allowed.

[space]

Mentor: (bold, followed by mentor name and credentials in normal text)

E-mail address (italics, will be removed prior to publication)

EBP Analysis Reports

Evidence-based practice analysis reports are limited to 3000 words. Please do not include an abstract. The report should provide a critical evaluation of a practice pattern in the form of a clinical question about a specific intervention and population.

The manuscript should:

1. Articulate the practice issue and generate a concise question for evidence-based analysis. A focused foreground question following either the PICO or SPICE format should be used.
2. Describe the methods of inquiry used in compiling the data.
3. Critically analyze the quality of research reviewed and applicability to different practice settings.
4. Draw logical conclusions regarding appropriate translation of research into practice.

The same general format guidelines apply with the exception of the section headings as below. Please note that text books and non-peer reviewed internet sources should be avoided, and sources of reference should be less than 8 years old unless they are seminal works specifically related to your topic of inquiry:

Heading (see #9 above in General Guidelines)

[space]

Introduction (bold)

[space]

Briefly introduce the reader to the practice issue or controversy, describe the scope or significance or problem, and identify the purpose of your analysis. Describe the theoretical, conceptual, or scientific framework that supports your inquiry.

[space]

Methodology (bold)

[space]

Include the format used for formulating the specific question you seek to answer, search terms and methods used, and levels of evidence.

[space]

Literature Review (bold)

[space]

Review and critique the pertinent and current literature, determining scientific credibility and limitations of studies reviewed. Your synthesis table would be included in this section. Your review and discussion of the literature should logically lead to support a practice recommendation. Subheadings may be used if desired.

[space]

Conclusions (bold)

[space]

Summarize the salient points that support the practice recommendation and make research-supported recommendations that should improve the practice issue, while also acknowledging any limitations or weaknesses

[space]

References [bold]

[space]

A minimum of 8 references is recommended, with a maximum of 12 allowed.

Letters to the Editor

Students may write letters to the editor topics of interest to other students. Topics may include comments on previously published articles in this journal. Personally offensive, degrading or insulting letters will not be accepted. Suggested alternative approaches to anesthesia management and constructive criticisms are welcome.

The length of the letters should not exceed 100 words and must identify the student author and anesthesia program.

AMA MANUAL OF STYLE

The following is brief introduction to the *AMA Manual of Style* reference format along with some links to basic, helpful guides on the internet. The website for the text is <http://www.amamanualofstyle.com/oso/public/index.html>. It is likely your institution's library has a copy on reserve.

<http://www.docstyles.com/amastat.htm#Top>
<http://healthlinks.washington.edu/hsl/styleguides/ama.html>

Journal names should be in *italics* and abbreviated according to the listing in the PubMed Journals Database. The first URL below provides a tutorial on looking up correct abbreviations for journal titles; the second is a link to the PubMed where you can perform a search.

<http://www.nlm.nih.gov/bsd/viewlet/search/journal/journal.html>
<http://www.ncbi.nlm.nih.gov/pubmed>

The International Student Journal of Nurse Anesthesia (ISJNA) is not listed in the PubMed Database. For the purpose of citing the ISJNA *in this Journal* use “**Int Student J Nurse Anesth**” as the abbreviation. The titles of text books are also printed in *italics*. Please pay close attention to ensure correct punctuation.

Journals

Note there is a comma after the first initials until the last author, which has a period. If there are six or less authors **cite all six**. If there are more than six authors **cite only the first three** followed by “et al.” Only the first word of the title of the article is capitalized. The first letters of the major words of the journal title are capitalized. There is no space between the year, volume number, issue number, and page numbers. If there is no volume or issue number, use the month. If there is an issue number but no volume number use only the issue number (in parentheses). The pages are inclusive - **do not omit digits**.

Some journals (and books) may be available both as hard copies and online. When referencing a journal that has been accessed online, the DOI (digital object identifier) or PMID (PubMed identification number) should be included (see example below).

Journal, 6 or fewer authors:

Hamdan A, Sibai A, Rameh C, Kanazeh G. Short-term effects of endotracheal intubation on voice. *J Voice*. 2007;21(6):762-768.

Journal, more than 6 authors:

Chen C, Nguyen MD, Bar-Meir E, et al. Effects of vasopressor administration on the outcomes of microsurgical breast reconstruction. *Ann Plast Surg*. 2010;65(1):28-31. PMID: 20548236.

Texts

There is a difference in citing a text with one or more *authors* from a text with one or more *editors*. Texts that are *edited* give credit to the authors of the chapters. They must be annotated and the **inclusive** pages of the chapter are noted. Texts that are *authored* do not have different chapter authors, the chapter is not cited by heading **but the inclusive pages where the information was found are cited**, unless the entire book is cited.

Text:

Stoelting R, Dierdorf S. *Anesthesia and Co-Existing Disease*. 3rd ed. Philadelphia: Churchill Livingstone; 1993:351-354.

Chapter from a text:

Burkard J, Olson RL, Vacchiano CA. Regional anesthesia. In Nagelhout JJ, Plaus KL, eds. *Nurse Anesthesia*. 4th ed. St. Louis:Elsevier; 2010:977-1030

Each chapter was written by a different author. Note the chapter’s author gets the prominent location. The chapter title is cited; “editor” is abbreviated in a lowercase. The word “edition” is also abbreviated and in lower case. The inclusive pages of the chapter are cited.

Electronic references

Only established, peer-reviewed sources may be referenced. Please do not reference brochures or informational websites where a peer-review process cannot be confirmed. Authors are cautioned to not copy and paste from these without full credit and quotation marks where appropriate. Electronic references are cited using the following format:

Author (or if no author, the name of the organization responsible for the site). Title. *Name of journal or website*. Year;vol(issue no.):inclusive pages. doi: or URL. Published [date]. Updated [date]. Accessed [date].

For online journals, the accessed date may be the only date available, and in some cases no page numbers.

Examples:

Kamangar N, McDonnell MS. Pulmonary embolism. *eMedicine*. <http://www.emedicine.com/med/topic1958.htm>. Updated August 25, 2009. Accessed September 9, 2009.

Gupta A, Aggarwal N, Sharma D. Ultrasound guided ilioinguinal block. *The Internet Journal of Anesthesiology*. 2011;29(1). http://www.ispub.com/journal/the_internet_journal_of_anesthesiology/volume_29_number_1/article/ultrasound-guided-ilioinguinal-block.html. Accessed August 1, 2011.

ACADEMIC INTEGRITY

Issues of academic integrity are the primary responsibility of the author and mentor. Accurate and appropriate acknowledgement of sources is expected. **Any violation will be cause for rejection of the article.**

“Plagiarism is defined as the act of passing off as one's own the ideas, writings, or statements of another. Any act of plagiarism is a serious breach of academic standards, and is considered an offense against the University subject to disciplinary action. Any quotation from another source, whether written, spoken, or electronic, must be bound by quotation marks and properly cited. Any paraphrase (a recapitulation of another source's statement or idea in one's own words) or summary (a more concise restatement of another's ideas) must be properly cited.”
http://grad.georgetown.edu/pages/reg_7.cfm

HOW TO SUBMIT AN ITEM

Manuscripts must be submitted by the mentor of the student author via e-mail to **INTSJNA@aol.com** as an attachment. The subject line of the e-mail should be “Submission to Student Journal”. The item should be saved in the following format – two-three word descriptor of the article_author's last name_school abbreviation_mentor's last name_date (e.g. PedsPain_Smyth_GU_Pearson_5.19.09)

REVIEW AND PUBLICATION

If the editor does not acknowledge receipt of the item within one week, assume that it was not received and please inquire. Upon receipt, the Editor will review the submission for compliance with the Guide to Authors. If proper format has not been following the item will be returned to the mentor for correction. This is very important as all reviewers serve on a volunteer basis. Their time should be spent ensuring appropriate content, not making format corrections. It is the mentor's responsibility to ensure formatting guidelines have been followed prior to submission.

Once the item has been accepted for review the Editor will send a blinded copy to a Section Editor, who will then coordinate a blinded review by two reviewers who are not affiliated with the originating program. The reviewers recommend publication to the Section Editor or make recommendations for changes to be addressed by the author. The Section Editor will return the item to the Editor, who will return it to the mentor for appropriate action (revision, approval to print). If the article is returned to the author for repair it is usually to answer a specific question related to the case that was not clear in the narrative or it asks the author to provide a reference for a statement. Every effort is made to place the returned article in the earliest next issue.

The goal is for all articles submitted by students to be published while the author is still a student. Therefore, deadlines must be met and the entire process must be efficient. If an item is not ready for publication within 3 months after the student author has graduated it will no longer be eligible for publication. For this reason it is recommended that case reports be submitted at least 4-6 months prior to the student author's anticipated graduation date.

Mentors of the papers may be asked to serve as reviewers of case reports by student authors from other programs and will be listed as contributing editors for the issue in which the item is published.

PHOTOS

Photos of students for the front cover of the Journal are welcome. Include a legend describing the activity and who is in the photo and identify the photographer. Only digital photos of high quality will be accepted via email to **INTSJNA@aol.com**. There must be a follow up hard copy signed by all present in the photo, as well as the photographer/ owner of the original photo, giving consent to publish the photo. Mail that consent to:

Vicki C. Coopmans, CRNA, PhD
Goldfarb School of Nursing at Barnes-Jewish College
4483 Duncan Ave., Mailstop 90-36-697
St. Louis, MO 63110

SUBMISSION CHECK LIST

- AMA Manual of Style and other format instructions are adhered to.**
- Total word count not exceeded (1400 for case report, 500 for abstract, 3000 for EBPA).
- The item is one continuous Word document without artificially created page breaks.
- Verbatim phrases and sentences are quoted and referenced.
- All matters that are not common knowledge to the author are referenced.
- Generic names for drugs and products are used throughout and spelled correctly in lower-case.
- Units are designated for all dosages, physical findings, and laboratory results.
- Endnotes, footnotes not used.
- Jargon is absent.

Heading

- Concise title less than 70 characters long
- Author name, credentials, nurse anesthesia program, graduation date and email are included.
- Five **Keywords** are provided

Case Report

- Introduction is less than 100 words.
- Case Report section states only those facts vital to the account (no opinions or rationale)
- Case report section is 400-500 words and not longer than the discussion.
- Discussion section is 600-800 words.
- Discussion of the case management is based on a review of current literature
- Discussion concludes with lessons learned and how the case might be better managed in the future.

Abstract

- The 500 word count maximum is not exceeded.
- Abstract reports the *outcome* of your study.
- Includes Introduction, Methods, Results, and Conclusion sections.

EBPA Report

- The 3000 word count maximum is not exceeded.
- A critical evaluation of a practice pattern in the form of a precise clinical question about a specific intervention and population is presented.
- A focused foreground question following either the PICO or SPICE format is used.
- Includes Introduction, Methodology, Literature Analysis, and Conclusion sections.

References

- AMA Style for referencing is used correctly.
- Reference numbers are sequenced beginning with one and superscripted.
- References are from anesthesia and other current primary source literature.
- All inclusive pages are cited, texts as well as journals.
- Journal titles are abbreviated as they appear in the PubMed Journals Database.
- Number of references adheres to specific item guidelines.
- Internet sources are currently accessible, reputable, and peer reviewed.

Transmission

- The article is sent as a attachment to **INTSJNA@AOL.COM**
- The file name is correctly formatted (e.g. PedsPain_Smyth_GU_Pearson_5.19.09)
- It is submitted by the mentor with cc to the student author
- The words "Submission to Student Journal" are in the subject heading.