

# INTERNATIONAL STUDENT JOURNAL OF NURSE ANESTHESIA

## GUIDE FOR AUTHORS

### MISSION STATEMENT

*The International Student Journal of Nurse Anesthesia (ISJNA)* 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.

### ITEM PREPARATION & SUBMISSION

Case reports, research abstracts, evidence-based practice (EBP) analysis reports, evidence-based practice project abstracts, 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). Case reports must be single-authored, while EBP analysis reports and abstracts may have multiple authors. Submissions may list only one mentor. **Mentors should take an active role** in reviewing the item to ensure appropriate content, writing style, and format prior to submission. 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. Authors and mentors should critically evaluate the topic and quality of the writing – multiple reviews of the item by the mentor, faculty, and peers (fellow graduate students) prior to submission is recommended. If the topic and 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*.

The journal is committed to publishing the work of nurse anesthesia students. The review process is always initiated with the following rare exceptions. We are conservative in accepting reports where the patient has expired, realizing that you can do everything right and still have a negative outcome. Submissions that report a case demonstrating failure to meet the standard of care (by any practitioner involved in the case) will not be accepted. Unfortunately, while the experiences in these cases can offer valuable insight, these submissions will not be accepted for review due to potential legal risks to the author, journal, and anyone else involved in evaluating the report.

It is the intent of this journal 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** (4-6 months recommended) to the author's date of graduation. 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 use the following format: ISJNA Submission\_submission type\_author last name\_mentor last name. 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 PROCESS

Items submitted for publication are initially reviewed by the chief editor. If the chief editor does not acknowledge receipt of the item within two weeks, please inquire to ensure receipt. Upon receipt, the chief editor will review the submission for compliance with the Guide to Authors. If proper format has not been followed, 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 and author's responsibility to ensure formatting guidelines have been followed prior to submission.

All accepted submissions undergo a formal process of blind review by at least two reviewers. After review, items may be accepted without revision, accepted with revision, or rejected with comments. Once the item has been accepted for review the chief editor will assign a submission number and send a blinded copy to an editor, who will then coordinate a blinded review by two reviewers who are not affiliated with the originating program. Submissions are reviewed using the Track Changes function of Word. The editor will return the item to the chief editor, who will return it to the mentor for appropriate action.

**The mentor should guide the author through the revision process. The revised copy must be returned clean (no comments or Track Changes) with the original submission number in the filename and subject line of the email.** Every effort is made to complete the process in an efficient, timely matter. Again, the goal is for all articles submitted by students to be published while the author is still a student. If an item is not ready for publication within 6 months after the student author has graduated it will no longer be eligible for publication. Mentors 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. Please contact the chief editor at [intsjna@aol.com](mailto:intsjna@aol.com) to submit photos for consideration. Only digital photos of high quality will be accepted. If the photo is accepted, consent forms must be completed and returned by all identifiable individuals in the photo, and the individual who took the photo.

## ACADEMIC INTEGRITY

Issues of academic integrity are the responsibility of the author and mentor. Accurate and appropriate acknowledgement of sources is expected. The two most common breaches of academic integrity that have been identified in submissions to this journal are (AMA 11th ed., 5.4.2):

1. Direct plagiarism: verbatim lifting of passages without enclosing the borrowed material in quotation marks and crediting the original author.
2. Paraphrase: restating a phrase or passage, providing the same meaning but in a different form without attribution to the original author.

Please note that changing one or two words in a reference source passage (e.g. ‘of’ for ‘in’, or ‘classified’ for ‘categorized’) and then citing it as a paraphrase or summary is also not appropriate, and still falls within the definition of direct plagiarism. If plagiarism in any form is identified, review of the item will be suspended and it will be returned to the mentor. Repeated instances of plagiarism will result in rejection of the item.

Plagiarism detection software (Scribbr, TurnItIn, PlagScan, SafeAssign, etc . . .) can be used to analyze the document prior to submission to ensure proper citation and referencing, but is not required.

“Plagiarism is the presentation of someone else’s ideas, writings, or statements as one’s own. Plagiarism is a serious breach of academic integrity, and anyone who is found to have committed plagiarism will be subject to disciplinary action.

Paraphrase is the act of putting someone else’s ideas into one’s own words. The use of paraphrase can be an acceptable practice under some circumstances if it is used sparingly and if the original text is properly acknowledged. Unacknowledged paraphrase, like plagiarism, is a serious breach of academic integrity. Any improper use of sources may constitute plagiarism. Every quotation from another source, whether written, spoken, or electronic, must be bound by quotation marks and be properly cited. Mere citation alone is not sufficient when a scholar has used another person’s words. Similarly, every paraphrase or summary (a more concise restatement of another's ideas) must be properly cited.”

<https://sites.google.com/a/georgetown.edu/gsas-graduate-bulletin/vi-academic-integrity-policies-procedures>

## GENERAL GUIDELINES

Items for publication **must adhere to the *American Medical Association Manual of Style*** (AMA 11<sup>th</sup> ed., the same guide utilized by the *AANA Journal* and such prominent textbooks as *Nurse Anesthesia* by Nagelhout and Elisha). Section numbers from the online version are provided for easy reference in the AMA Manual of Style throughout this document. The review process will not be initiated on items submitted with incorrect formatting and will be returned to the mentor for revision.

Reference: Christiansen S, Iverson C, Flanagan A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 11th ed. Oxford University Press; 2020.

Please note the following:

1. Use complete sentences.
2. Acronyms/Initialisms (2.1.5, 10.6, 13.9) - spell out with first use, do not capitalize the words from which the acronym/initialism is derived unless it is a proper noun or official name. If you are using the phrase only once, do not list the acronym/initialism at all. Avoid beginning sentences with acronym/initialisms.
3. Abbreviations (13.0)
4. Use *Index Medicus* journal title abbreviations (3.11.2, <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals> )
5. Always provide units of measure (17.0). 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. Report height in cm, weight in kg, temperature in °C, pressure in mm Hg or cm H<sub>2</sub>O. Report heart and respiratory rate as X/min (e.g. the patient’s heart rate increased to 145/min). The manual includes a complete list of SI units (17.1 – 17.5).
6. In general, first use of pulmonary/respiratory abbreviations should be expanded, with the following exceptions: O<sub>2</sub>, CO<sub>2</sub>, PCO<sub>2</sub>, PaCO<sub>2</sub>, PO<sub>2</sub>, PaO<sub>2</sub>, EtCO<sub>2</sub>, N<sub>2</sub>O. Please use SpO<sub>2</sub> for oxygen saturation as measured by pulse oximetry.
7. Use the nonproprietary (generic) name of drugs (2.1.3, 10.3.5) - avoid proprietary (brand) names. Type generic names in lowercase. When discussing dosages state the name of the drug, *then* the dosage (midazolam 2 mg).
8. 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 in parenthesis (e.g. a GlideScope (Verathon Inc.) was used) (14.5.1). Please note, TM and ® symbols are not used per the AMA manual.
9. Infusion rates and gas flow rates:
  - a. Use mcg/kg/min or mg/kg/min for infusion rates. 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.

- b. Report gas flow of O<sub>2</sub>, N<sub>2</sub>O and Air in L/min (not %) and volatile agents in % as inspired or expired concentration (e.g. General anesthesia was maintained with sevoflurane 3% inspired concentration in a mixture of O<sub>2</sub> 1 L/min and air 1 L/min.)
10. Only Microsoft Word file formats will be accepted with the following criteria:
- Font - 12 point, Times New Roman
  - Single-spacing (except where indicated), paragraphs separated with a double space (do not indent)
  - One-inch margins
  - End the sentence with the period before placing the superscript number for the reference.
  - Do not use columns, bolds (except where indicated), or unconventional lettering styles or fonts.
  - Do not use endnote/footnote formats.
11. If referencing software is used (Endnote, Zotero, etc.), any embedded formatting must be removed prior to submission.
12. Remove all hyperlinks within the text.
13. Avoid jargon and slang terms. Use professional, scholarly, scientific language.
- 'The patient was reversed'* - Did you physically turn the patient around and point him in the opposite direction? "Neuromuscular blockade was antagonized."
  - The patient was put on oxygen.* "Oxygen 2 L/min was administered via face mask."
  - The patient was intubated and put on a ventilator.* "The trachea was intubated and mechanical ventilation was initiated."
  - An IV drip was started.* "An intravenous infusion was initiated."
  - Avoid the term "MAC" when referring to a sedation technique - the term sedation (light, moderate, heavy, unconscious) may be used. Since all anesthesia administration is monitored, pharmacologic, rather than reimbursement, terminology should be used.
14. Direct quotes are discouraged for reports of this length – please express in your own words.
15. Use the words "anesthesia professionals" or "anesthesia practitioners" when discussing all persons who administer anesthesia (avoid the reimbursement term "anesthesia providers").
16. Do not include ASA Physical Status unless it is germane to the report.
17. Do not use the phrase "ASA standard monitors were applied". Instead, "standard noninvasive monitors" is acceptable – additional monitoring can be detailed as needed.
18. References
- The **AMA Manual of Style must be adhered to** for reference formatting.
  - All sources should be published within the past 8 years. Seminal works essential to the topic being presented will be considered.
  - Primary sources are preferred.
  - A maximum of one textbook (must be most recent edition available) may be used as reference for case report submissions only.**
  - All items cited must be from peer-reviewed sources – use of sources found on the internet must be carefully considered in this regard. URLs must be current and take the reader directly to the referenced source.

**Heading** – for all submission types (Case Report, Abstract, EBPA Report) use the following format.

- Title** is bolded, centered, 70 characters (including spaces) or less
- Author name (academic credentials only) and NAP are centered, normal font
- Graduation date and email address* are centered, italicized, and will be removed prior to publication)
- Keywords** is left-justified, bolded – list keywords that can be used to identify the report in an internet search

**Title**

Author Name

Name of Nurse Anesthesia Program

*Anticipated date of graduation*

*E-mail address*

**Keywords:** keyword one, keyword two, etc . . .

**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 not counted). 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 above)

A brief introductory paragraph of less than 100 words to focus the reader's attention and interest them to continue reading. 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.

### Case Report (400-600 words)

This portion discusses the case performed 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. 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 heart of your paper which is the discussion and teaching/learning derived from the case.

- 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 of measure after the values (eg. Mmol/L or mg/dL).
- Physical examination/pre-anesthesia evaluation - **significant** findings only.
- Anesthetic management (patient preparation, induction, maintenance, emergence, post-operative recovery).

### Discussion (600-800 words)

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.

### References

A minimum of 5 references is recommended, with a maximum of 8 allowed. One textbook may be used as a reference – it must be the most recent edition. All references should be no older than 8 years, except for seminal works essential to the topic. This is also an exercise in searching for and evaluating current literature.

**Mentor:** mentor name, credentials

E-mail address: (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, population, and outcome. 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. Textbooks and non-peer reviewed internet sources may not be used, and sources of reference should be less than 8 years old unless they are seminal works specifically related to your topic of inquiry. A maximum of 16 references is allowed.

### Heading

#### **Introduction** (bold)

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.

#### **Methods** (bold)

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

**Literature Analysis (bold)**

Analyze and critique the literature relevant to your question, determining scientific credibility and limitations of studies reviewed. Your synthesis table is included in this section. Please follow AMA formatting guidelines for your table (4.1.2, 10.2.3). Your review and discussion of the literature should logically lead to support a practice recommendation. Subheadings may be used if desired.

**Conclusions (bold)**

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

**References (bold, 16 maximum)**

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

E-mail address: (normal text, will be removed prior to publication)

**Evidence Based Practice Project Abstracts** - Evidence-based practice project abstracts are limited to 600 words. References do not impact the word count - a maximum of 5 are allowed. Note that the abstract is different from a project proposal. The following format should be used:

**Heading****Introduction (bold)**

A brief introductory paragraph including purpose (what change is intended) and rationale (why change is needed/evidence to support the change) here.

**Design and Methods (bold)**

Include population, intervention, and measures

**Outcome (bold)**

Present results from statistical analysis – do not justify or discuss here.

**Conclusion (bold)**

Discuss results (implications). Optionally include limitations, suggestions for future projects/research.

**References (bold, 5 maximum)**

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

E-mail address: (normal text, will be removed prior to publication)

**Research Abstracts** - Research abstracts are limited to 600 words. References do not impact the word count - a maximum of 5 are allowed. Note that the abstract is different from a research proposal. The following format should be used:

**Heading****Introduction (bold)**

A brief introductory paragraph including purpose and hypotheses.

**Methods (bold)**

Include sample and research design

**Results (bold)**

Present results from statistical analysis – do not justify or discuss here.

**Discussion (bold)**

Discuss results (implications, limitations, suggestions for future research)

**References (bold, 5 maximum)**

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

E-mail address: (normal text, will be removed prior to publication)

**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.

Journal names should be in italics and abbreviated according to the listing in the PubMed Journals Database. PubMed can also be used to perform a search: <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.

**Journals** (3.11) - A comma is placed 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). Page numbers are inclusive - **do not omit digits** (note - some online journals do not use page numbers). Some journals 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, 3.15.2) should be included (see examples below).

#### **Journal, 6 or fewer authors:**

Han B, Liu Y, Zhang X, Wang J. Three-dimensional printing as an aid to airway evaluation after tracheotomy in a patient with laryngeal carcinoma. *BMC Anesthesiol.* 2016;16(6). doi:10.1186/s12871-015-0170-1

#### **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

Elayi CS, Biasse L, Bai R, et al. Administration of isoproterenol and adenosine to guide supplemental ablation after pulmonary vein antrum isolation. *J Cardiovasc Electrophysiol.* 2013;24(11):1199-1206. doi: 10.1111/jce.12252

**Electronic references** (3.15) - Only established, peer-reviewed sources may be referenced. Please do not reference brochures, fact sheets, or informational websites where a peer-review process cannot be confirmed. The accessed date may be the only date available. The URL must be functional and take the reader directly to the source of the information cited.

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

#### **Examples:**

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

Howlader N, Noone AM, Krapcho M, Garshell J, Miller D, et al. SEER Cancer statistics review, 1975-2012. National Cancer Institute. Published April 2015. Updated November 18, 2015. Accessed February 29, 2016. [http://seer.cancer.gov/csr/1975\\_2012](http://seer.cancer.gov/csr/1975_2012)

**Textbooks** (3.12) - There are two types of books – 1) those that are fully authored by one or more individuals, and 2) those that are edited by one or more individuals, with chapters authored by different individuals. Edited textbooks give primary credit to the chapter authors, who are listed first, and the inclusive page numbers of the entire chapter are provided at the end. Textbooks that are authored do not have different chapter authors and the chapter titles are not listed, but the inclusive page numbers where the information was found are provided, unless the entire book is cited.

#### **Authored text:**

Shubert D, Leyba J, Niemann S. *Chemistry and Physics for Nurse Anesthesia*. 3<sup>rd</sup> ed. Springer; 2017:405-430.

#### **Chapter from an edited text (3.12.4):**

Pellegrini JE. Regional anesthesia. In Nagelhout JJ, Elisha S, eds. *Nurse Anesthesia*. 6<sup>th</sup> ed. Elsevier; 2017:1015-1041.

## SUBMISSION CHECK LIST

**Adheres to AMA Manual of Style and all other format instructions**

- Total word count not exceeded (1400 for case report, 600 for abstracts, 3000 for EBPA report)
- The item is one continuous Word document without artificially created page breaks
- All matters that are not common knowledge to the author are referenced appropriately
- 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/slang is absent

**Heading**

- Concise title less than 70 characters long (including spaces)
- Author name, credentials, nurse anesthesia program, graduation date and email are included
- Three to 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 400-600 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

**Abstracts**

- The 600 word count maximum is not exceeded
- Appropriate format used depending on type of abstract (research vs. EBP project)

**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, population, and outcome is presented
- A focused foreground question following either the PICO or SPICE format is used
- Includes Introduction, Methodology, Literature Analysis (with synthesis table), and Conclusion sections

**References**

- Adheres to AMA Style format
- Reference numbers are sequenced beginning with 1 and superscripted
- References are from anesthesia and other current (within past 8 years) primary source literature
- Journal titles are abbreviated as they appear in the PubMed Journals Database
- Number of references adheres to specific item guidelines (1 textbook allowed for case reports only)
- Internet sources are currently accessible, reputable, and peer reviewed

**Transmission**

- The article is sent as an attachment to **INTSJNA@AOL.COM**
- The file name is correctly formatted (e.g. PedsPain\_Smyth\_GU\_Pearson\_5.19.09)
- Item is submitted by the mentor
- Subject heading format - ISJNA Submission\_submission type\_author last name\_mentor last name