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Australian Critical Care

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Guide for Authors – as of 01 January 2013

Australian Critical Care is the official journal of The Australian College of Critical Care Nurses and publishes peer-reviewed scholarly papers that report research findings, research-based reviews, discussion papers and commentaries which are of interest to an international readership of critical care practitioners, educators, administrators and researchers.

Papers should address issues of interest to critical care nurses and present the paper in the context of the existing international research base on the topic. Selection of papers for publication is based on their scientific excellence, distinctive contribution to knowledge (including methodological development) and their importance to contemporary critical care practice.

The journal does not accept manuscripts containing animal experimentation.

The Guidelines are separated into the following sections:

- Pre-submission considerations
- Types of Paper considered for publication
- Preparation of the Manuscript
- Manuscript Layout
- Documentation required at submission stage
- Post-acceptance

Queries

For questions about the editorial process (including the status of manuscripts under review) please contact the editorial office aucc@elsevier.com. For technical support on submissions please contact <http://epsupport.elsevier.com>.

PRE-SUBMISSION CONSIDERATIONS

Authors should submit to the journal online via the journal's home page <http://www.australiancriticalcare.com> or at <http://ees.elsevier.com/aucc>. You will be guided through the creation and uploading of the various files, including the **Author Checklist**. Once the uploading is done, the system automatically generates an electronic (PDF) proof, which is then used for reviewing. All correspondence, including notification of the Editor's decision and requests for revisions, will be by e-mail.

Submitted papers should be relevant to critical care practice and authors should place their paper within the international context. Details of national practices, policies, law, etc. should be provided in the paper to provide information for all readers of *Australian Critical Care*. If possible, authors should consult a recent issue of the journal to assess style and presentation of manuscripts published. The journal is widely distributed internationally, and for many readers English is a second language, therefore authors

are requested to write in plain English and use terminology which is internationally acceptable.

All authors will be required to complete Parts 1 and 2 of the **Author Checklist** during the submission process to assist them in ensuring that the basic requirements of manuscript submission are met, including details of the roles of funding sources and any conflicts of interest. The **Author Checklist** is designed to be a self-assessment checklist to assist authors in preparing their manuscript.

Submission Declaration

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, without the written consent of the copyright-holder.

Other/multiple and parallel publications

The journal seeks to publish original papers that make a substantial innovative contribution. Generally, the ample word limits provided by ACC permit authors to publish all aspects of a study within a single paper. We do recognise that larger studies are often complex and lend themselves to more than one publication. In order to aid editorial decisions about distinctiveness and to avoid inadvertent duplication please upload copies of all previous, current and under review publications from this study and / or give full detail in the Author Checklist.

All published and in press accounts of a study from which data is referred to in a manuscript, and any relationship between information presented and other publications from the same study, must be made clear. It is not sufficient to simply cite a prior publication - the text must state that results are from the same study. Citation of publications 'in press' is acceptable, provided that full details are given.

If other publications are under review or in preparation this should be mentioned in your letter to the editor and you should give an undertaking that you will take all possible steps to ensure subsequent publications contain a reference to your publication in *Australian Critical Care* if you are successful. The study should be referred to by a distinctive name which will be used in any future publications to identify that it is the same study.

Ethical approval

All studies must be conducted to the highest ethical standard in accordance with local regulations and standards for gaining ethical approval / clearance.

The work described in your article must have been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans <http://www.wma.net/en/30publications/10policies/b3/>. This must be stated at an appropriate point in the article.

For information on Ethics in Publishing and Ethical guidelines for journal publication see <http://www.elsevier.com/authorethics> and <http://www.elsevier.com/ethicalguidelines>. The approving body and (if relevant) approval number should be identified in the Author Checklist.

Trial or other study registration

We encourage the prospective registration of studies. Where a study has been registered please give the number in your Author Checklist (e.g. ISRCTN) and include the registration number within the title, abstract or body of the paper as appropriate.

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication. If the funding source(s) had no such involvement then this should be stated. Please see <http://www.elsevier.com/funding>

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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You must make a true statement that all authors have approved the final article and acknowledge that all those entitled to authorship are listed as authors.

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Review Process

The decision to publish a paper is based on an editorial assessment and peer review.

Initially all papers are assessed by a member of the editorial team to decide whether to send a paper for peer review and to give a rapid decision on those that are not.

Editorials and Commentaries may be accepted at this stage but in all other cases the decision is to reject the paper or to send it for peer review. Papers which do not meet basic standards or are unlikely to be published irrespective of a positive peer review, for example because their novel contribution is insufficient or the relevance to the discipline is unclear, may be rejected at this point in order to avoid delays to authors who may wish to seek publication elsewhere. Occasionally a paper will be returned to the author with requests for revisions in order to assist the editors in deciding whether or not to send it out for review. Authors can expect a decision from this stage of the review process within 2–3 weeks of submission.

Manuscripts going forward to the review process are reviewed by members of an international expert panel. All such papers will undergo a double blind peer review by two or more reviewers. We take every reasonable step to ensure author identity is concealed during the review process. We aim to complete this process within 8 weeks of the decision to review although occasionally delays do happen and authors should allow at least 12 weeks from submissions before contacting the journal. The Editor-in-Chief reserves the right to the final decision regarding acceptance.

CONSIDERATIONS SPECIFIC TO TYPES OF RESEARCH DESIGNS

The editors require that manuscripts adhere to recognized reporting guidelines relevant to the research design used. These identify matters that should be addressed in your paper. These are not quality assessment frameworks and your study need not meet all the criteria implied in the reporting guideline to be worthy of publication in the journal. The checklists do identify essential matters that should be considered and reported. For example, a controlled trial may or may not be blinded but it is important that the paper identifies whether or not participants, clinicians and outcome assessors were aware of treatment assignments.

You are encouraged (although not required) to submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper.

Reporting guidelines endorsed by the journal are listed below:

Observational cohort, case control and cross sectional studies - STROBE - Strengthening the Reporting of Observational Studies in Epidemiology <http://www.equator-network.org/index.aspx?o=1032>

Quasi-experimental/non-randomised evaluations - TREND - Transparent Reporting of Evaluations with Non-randomized Designs <http://www.equator-network.org/index.aspx?o=1032>

Randomised (and quasi-randomised) controlled trial - CONSORT - Consolidated Standards of Reporting Trials <http://www.equator-network.org/index.aspx?o=1032>

Study of Diagnostic accuracy/assessment scale - STARD - Standards for the Reporting of Diagnostic Accuracy Studies <http://www.equator-network.org/index.aspx?o=1032>

Systematic Review of Controlled Trials - PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses <http://www.equator-network.org/index.aspx?o=1032>

Systematic Review of Observational Studies - MOOSE - Meta-analysis of Observational Studies in Epidemiology <http://www.equator-network.org/index.aspx?o=1032>

Qualitative researchers might wish to consult the guideline listed below:

Qualitative studies - COREQ - Consolidated criteria for reporting qualitative research. Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19 (6), 349-357. <http://intqhc.oxfordjournals.org/content/19/6/349.full>

TYPES OF PAPERS CONSIDERED FOR PUBLICATION

Australian Critical Care publishes original research, reviews, case studies and discussion papers. In addition we publish editorials and commentaries on existing content with the journal. Where a case is made we will also publish protocols of studies.

Editorials – 1,000-1,500 words

Authors who have ideas for editorials which address issues of substantive concern to the discipline, particularly those of a controversial nature or linked directly to forthcoming content in the journal, should contact the Editor-in-Chief (editor.acc@accn.com.au).

Research Papers – 2,000-3,500 words

Full papers reporting original research can be a maximum of 3,500 words in length, although shorter papers are preferred. Research papers should adhere to recognised standards for reporting (see above guidance and Author Checklist).

All research papers reporting the development of scales must include a copy of the full scale so it can be published as an appendix online; *Australian Critical Care* does not accept scale development papers which are not accompanied by a copy of the full scale.

For papers reporting the testing of existing scales, the reference of the original paper reporting the scale should be cited. When the original scale has not previously been published, and where possible, authors are encouraged to obtain written permission from the copyright owner of the scale to reproduce it, and ensure that it is credited appropriately. If original developers of the scale want to retain copyright they can mark it as reproduced with their permission.

If the scale is in a language other than English, then it must be accompanied by an English translation. If the newly developed scale is a translation of an existing scale then *Australian Critical Care* requires author(s) to submit written permission from the copyright owner of the original scale to publish the translated version with full credit given also to the original scale (an English translation is still also required).

Reviews and Discussion Papers – 2,000-3,500 words

Australian Critical Care accepts reviews and discussion papers for publication. Authors are encouraged to clearly report the process by which literature was selected for inclusion in the review. The principles of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses or Meta-analysis of Observational Studies in Epidemiology should be followed where possible.

- Reviews, including:
 - systematic reviews, which address focused practice questions;
 - literature reviews, which provide a thorough analysis of the literature on a broad topic;
 - policy reviews, i.e. reviews of published literature and policy documents which inform critical care-practice, the organisation of critical care services, or the education and preparation of critical care clinicians will be considered.
- Discussion Papers, i.e. scholarly articles of a debating or discursive nature.

Research Critiques - up to 1,500 words + 15 references

Critiques of published research are included in each issue of *Australian Critical Care*. Authors wanting to contribute to this feature should contact a member of the editorial team (editor.acc@accn.com.au) prior to undertaking work on submission. The research selected for critique should be of interest to the Australian and international critical care community, be referenced in an established database (for example, CINAHL, MEDLINE, or EMBASE) and have been previously published in English.

The title of the research review should be different from the title of the paper being reviewed. There is a strong preference for a declarative title to be used, for example “*Early enteral feeding reduces septic complications in critically ill trauma patients*”.

The paper should be formatted in two sections. The upper section should provide a summary of the published article and should be no more than 500 words in length. In the summary of the published article please provide detail on the objective, design and setting for the study. The research process used, including any interventions and outcomes measured, a brief summary of results and conclusion reached by the authors should also be presented. Participant details should also be provided. Reproduction of the article abstract is not permitted.

The second section of the submission, which is the critique of the article, should include the relevance of the article to Australian critical care practice, a critique of the methodological quality of the study, ethical considerations, and any limitations of the study. If the conclusions of this study are not congruent with other published work, this should be acknowledged. An assessment of the overall value of the article as a contribution to the literature and its usefulness to critical care practice should be included.

Comments and commentaries - 500-1,500 words

Designed to stimulate academic debate and discussion the Editor invites readers to submit commentaries (up to 1500 words) or short comments (about 500 words) on papers published in

Journal. Contributions that are of general interest, stimulating and meet the standards of scholarship associated with the Journal may be selected for publication in a commentary section or as a standalone contribution.

Study protocols - up to 2,500 words

Authors should make a case for publication of the protocol. Study protocols which are registered should include the trial registration number (if any) and when the findings are due to be reported.

DOCUMENTATION REQUIRED AT SUBMISSION STAGE

You will need to prepare the following files to accompany your manuscript for online submission:

Covering letter - to the editor in which you detail matters you wish the editors to consider.

Title page - Include full name, job title, highest academic and professional qualification and institution for each author. Indicate an e-mail address for the corresponding author.

Please specify the contributions made by each author of the manuscript. To qualify for authorship, each author should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted. Include acknowledgements to key contributors.

This information will be included at the end of the published paper

You must make a true statement that all authors have approved the final article and acknowledge that all those entitled to authorship are listed as authors.

Ethics approval - as appropriate.

PREPARATION OF THE MANUSCRIPT

(Please refer to the [Author Checklist](#) for further guidance on preparing your manuscript).

Submitted papers should be relevant to an international audience and authors should not assume knowledge of national practices, policies, law, etc. Authors should consult a recent issue of the journal to assess style and presentation of published manuscripts. Since the journal is distributed all over the world, and as English is a second language for many readers, authors are requested to write in plain English and use terminology which is internationally acceptable.

Word limits - Our experience suggests that all things being equal, readers find shorter papers more useful than longer ones. Given this, and competition for space in the Journal, papers of between 2,000 and 3,500 words are preferred. Word limits are exclusive of figures, table and references. Ordinarily there should be no appendices although in the case of papers reporting tool development, or the use of novel questionnaires, it is usual to include a copy of the tool as an appendix.

Abbreviations - Avoid the use of abbreviations unless they are likely to be widely recognised. In particular you should avoid abbreviating key concepts in your paper where readers might not already be familiar with the abbreviation. Any abbreviations which the authors intend to use should be written out in full and followed by the letters in brackets the first time they appear, thereafter only the letters without brackets should be used.

Statistics - Standard methods of presenting statistical material should be used. Where methods used are not widely recognised explanation and full reference to widely accessible sources must be given.

Exact p values should be given to no more than three decimal places.

Wherever possible give both point estimates and confidence intervals for all population parameters estimated by the study (e.g. group differences, frequency of characteristics).

Identify the statistical package used (please note that SPSS has not been "Statistical Package for the Social Sciences" for many years).

Informed consent - Where applicable authors must confirm that informed consent was obtained from human participants and that ethical clearance was obtained from the appropriate authority.

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Exceptions - Authors of any manuscripts that do not comply with these restrictions should make preliminary enquiry to the Editor-in-Chief before submitting the manuscript.

MANUSCRIPT LAYOUT

Title - The title should be in the format 'Topic / question: design/type of paper' and identify the population / care setting studied. (e.g. *The effectiveness of telephone support for adolescents with insulin dependent diabetes: controlled before and after study*).

Abstract - Abstracts should be less than 300 words, and should not include references or abbreviations.

Abstracts of Research papers must be structured and should adopt the headings suggested by the relevant reporting guidelines (see below). In general they should include the following *Background; Objectives; Methods* (which would normally include the design, settings, participants); *Results or Findings*, report main outcome(s) / findings including (where relevant) levels of statistical significance and confidence intervals; and *Conclusions*, which should relate to study aims and hypotheses.

Abstracts for Reviews should provide a summary under the following headings, where possible: *Objectives, Review method used, Data sources, Review methods, Results, Conclusions*.

Abstracts for Book review articles and discussion papers should provide a concise summary of the line of argument pursued and conclusions.

Key Words - Provide between four and ten key words in alphabetical order, which accurately identify the paper's subject, purpose, method and focus. Use the Medical Subject Headings (MeSH®) thesaurus or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible (see <http://www.nlm.nih.gov/mesh/meshhome.html>).

Manuscript text - formatted with a font size of 12 or 10 pt double-spaced with wide margins (2.5 cm at least), line numbers, and numbered pages. Manuscripts should also comply with specifications for the type of manuscript being submitted.

Acknowledgement – All those individuals who provided help during the research (e.g. collecting data, providing language help, writing assistance or proofreading the article, etc.) that do not meet criteria for authorship should be acknowledged in the paper. Acknowledgement of organisations providing funding to support the research should also be acknowledged.

Author contributions – This information, as provided in the [Title Page](#), will be included at the end of the published paper.

References – Usually no more than three references should be used to support a single idea. Avoid citation of personal communications or unpublished material. Citations to material in press (i.e. accepted for publication) are acceptable and such references should include details of the digital object identifier (DOI). Citation of material currently under consideration elsewhere (e.g. “under review” or “submitted”) is not acceptable.

All publications cited in the text should be presented in a list of references following the text of the manuscript. In text references should be listed as consecutive numbers which are superscript above the text. The full reference should be cited in a numbered list at the end of the manuscript. References should follow the National Library of Medicine's Style Guide for Authors, Editors and Publishers <http://www.ncbi.nlm.nih.gov/books/NBK7256/?amp=&depth=2>.

Examples of references:

1. Williams TA, Leslie GD. Beyond the walls: A review of ICI clinics and their impact on patient outcomes after leaving hospital. *Aust Crit Care*. 2008;21(1):6-17.
2. Baldwin I, Leslie G. Support of renal function. IN: Elliot D, Aitken LM, Chaboyer W, editors. *ACCCN's Critical Care Nursing*. Sydney: Elsevier; 2006. p.367-396.
3. Cairo JM. Hemodynamic monitoring. IN: Pilbeam S, editor. *Mechanical ventilation: physiological and clinical applications*. 4th ed. St Louis: Mosby; 2006. p. 231-255.
4. Happell B. The influence of education on the career preferences of undergraduate nursing students. *Aust Electron J Nurs Educ [Internet]*. 2002 Apr [cited 2007 Jan 8];8(1):[about 12 p.]. Available from: http://www.scu.edu.au?schools/nhcp/aejne/vol8-1/refereed/happell_max.html
5. Kneyber MCJ, Rinensberger PC. The need for and feasibility of a pediatric ventilation trial: Reflections on a survey among pediatric intensivists. *Ped Crit Care Med*. Forthcoming. doi: 10.1097/PCC.0b013e31824fbc37.

Web references – As a minimum, the full URL should be given along with the date accessed. Any further information, if known (author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the Reference list) under a different heading if desired, or can be included in the reference list.

For journal articles published online only the Digital Object Identifier (DOI) must be included.

AUTHOR CHECKLIST

Manuscript – formatted with a font size of 12 or 10 pt, double-spaced with wide margins (2.5 cm at least) and numbered pages. Depending on the paper type this should include the title, abstract, key words, text, references, tables, figure legends, figures, appendix.

Table and figures – There should be no more than five tables and figures in total and included in a separate file. All tables and

figures should be clearly labelled. If your manuscript includes more than 5 tables in total, or for very large tables, these can be submitted as Supplementary Data and will be included as such in the online version of your article.

File formats - General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Save text in illustrations as “graphics” or enclose the font.
- Only use the following fonts in your illustrations: Arial, Courier, Times, Symbol.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Produce images near to the desired size of the printed version.
- Submit each figure as a separate file.

A detailed guide on electronic artwork is available on our website: <http://www.elsevier.com/artworkinstructions>

Formats - Regardless of the application used, when your electronic artwork is finalised, please “save as” or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS: Vector drawings. Embed the font or save the text as “graphics”.
- TIFF: color or grayscale photographs (halftones): always use a minimum of 300 dpi.
- TIFF: Bitmapped line drawings: use a minimum of 1000 dpi.
- TIFF: Combinations bitmapped line/half-tone (color or grayscale): a minimum of 500 dpi is required.
- DOC, XLS or PPT: If your electronic artwork is created in any of these Microsoft Office applications please supply “as is”.

Please do not:

- Supply embedded graphics in your word processor (spreadsheet, presentation) document.
- Supply files that are optimised for screen use (like GIF, BMP, PICT, WPG); the resolution is too low.
- Supply files that are too low in resolution.
- Submit graphics that are disproportionately large for the content.

Appendices - Ordinarily there should be no appendices although in the case of papers reporting tool development or the use of novel questionnaires authors must include a copy of the tool as an appendix unless all items appear in a table in the text.

POST ACCEPTANCE

Changes to authorship - This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts:

Before the accepted manuscript is published in an online issue: Requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged and (b) written confirmation (e-mail, fax, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added

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