



THE JOURNAL OF THE AMERICAN COLLEGE OF CLINICAL WOUND SPECIALISTS

Official journal of The American College of Clinical Wound Specialists™

AUTHOR INFORMATION PACK

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DESCRIPTION

The Journal of the American College of Clinical Wound Specialists is a multidisciplinary, peer-reviewed educational resource for wound care professionals espousing the principles of evidence-based medicine.

ABSTRACTING AND INDEXING

Scopus

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To find out more, please visit the Preparation section below.

INTRODUCTION

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Scientific/Clinical Research Report: A full-length report of an original basic, applied, or clinical research investigation that advances the clinical science of wound care.

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Case Report: A detailed description of the management of a unique clinical case problem. The description of the case includes but not limited to the relevant patient characteristics, examination/evaluation, diagnosis, and a description of the interventions that were provided.

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Literature Review: A comprehensive review of the literature, addressing a topic of interest and relevance to wound care. Reviews of literature may take the form of a traditional review, or a metaanalysis. The Editor-in-Chief may invite manuscripts submitted in this category. Selfnominations for an invitation to submit a literature review may be sent via email be to the Editorin- Chief, and should include a cover letter and current curriculum vitae.

Review of Current Wound Care Issue Review of New Procedures, Review of New Products: These reviews must address a topic of interest and relevance to wound care. **Interviews with Wound Care Specialists:** The editor- in-chief will review all submitted interviews. However, this category is generally reserved for invited interviewers.

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Authors should use the following terminology when naming their study design. We recognize that this list is not all-inclusive and that more appropriate descriptors might be suitable for some studies. Authors are encouraged to pick the most appropriate study design descriptors for their study. These suggestions are merely provided as a means of encouraging consistency where it would be both useful and informative.

Quantitative Study design options (for treatment effectiveness and prognosis types of research - may also apply to diagnosis study).

1. Systematic review: a synthesis of the better quality quantitative studies
2. Randomized Clinical Trial: patients are enrolled at a relevant baseline and allocated to different intervention arms based on a random concealed process; outcomes are ascertained prospectively
3. Prospective Cohort: a longitudinal study where subgroups of patients are enrolled and research questions defined at a relevant baseline point (prior to when outcomes occur); patients are followed forward in time for outcomes ascertainment. For treatment studies at least 2 groups are defined at baseline; in prognostic studies potential predictors are collected at baseline
4. Retrospective Cohort: a longitudinal study where subgroups of patients are involved in a prospective data collection but the research questions (and variables) were defined retrospectively; treatment groups or prognostic factors may have been defined after data collections was initiated e.g. database research
5. Case-Control: a longitudinal study where subgroups of patients are identified/enrolled after outcomes have been ascertained and data are collected retrospectively (recall or pre-existing data) on the treatment or prognostic factors of interest
6. N-of-1: A single patient is enrolled at a relevant baseline and allocated to cross-over different intervention arms based on a random concealed process; outcomes are ascertained prospectively
7. Case Series*: Data are collected on a single subgroup of patients (no comparison group)
8. Case Report: Data are collected on a single subject

Other Quantitative Study Designs

1. Clinical measurement*: eg, reliability, validity, responsiveness, clinimetric, psychometric, utility, etc
2. Descriptive*: Includes surveys, other descriptive data collection
3. Economic Analysis
4. Consensus statements: Systematic processes used to define or develop consensus on clinical topics
5. Bench (experimental laboratory based) research*: biomechanics, electromyography, physiology* may be sub-grouped as
 - a. Longitudinal: data were collected at multiple time points
 - b. Cross-sectional: data were collected on a single occasion

Qualitative Study Designs

1. Meta-syntheses: a synthesis of the better quality qualitative studies
2. Grounded Theory: research that seeks to understand and identify theoretical processes; themes used to develop an understanding and theoretical explanation
3. Case Study: an in-depth study of an individual lived experience and perspective Authors will need to determine the level of evidence for all eligible studies. The Oxford Centre for Evidence- based Medicine website at www.cebm.-net/levels_of_evidence.asp provides guidelines as to determining the level of evidence. We recognize that not all forms of studies can be classified. For example, these criteria do not apply to practice forum, practice guidelines, clinical measurement, lab or qualitative studies.

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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