DESCRIPTION

Anaesthesia, Critical Care & Pain Medicine is the official journal of the French Society of Anaesthesia and Intensive Care (Société Francaise d’Anesthésie et de Réanimation, SFAR). ACCPM publishes in English the highest quality original material, both basic and clinical, on all aspects of anaesthesia, critical care & pain medicine and perioperative care.

ACCPM is signatory to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. ACCPM follows COPE’s guidelines COPE’s guidelines.

ACCPM is published in electronic form only (e-only journal) and indexed in the main international databases.

Issues contain (guest) Editorials, Original articles (including meta-analyses), Reviews, Special articles, Guidelines, Letters to the Editor, Technical notes, Short communications. Original works include clinical investigations and clinical or equipment reports. Reviews include narrative and systematic reviews.

All articles must: Bring new, interesting, valid information - and improve clinical care or guide future research. Be solely the work of the author(s) stated; not have been previously published elsewhere and not be under consideration by another journal. Be written in excellent English (American or British usage is accepted, but not a mixture of these). Be in accordance with the journal’s Guide for Authors.

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GUIDE FOR AUTHORS

INTRODUCTION

Anaesthesia, Critical Care & Pain Medicine (ACCPM) is the official journal of the French Society of Anaesthesia and Intensive Care (Societe Francaise d’Anesthesie et de Reanimation, SFAR). ACCPM publishes in English the highest quality original material, both scientific and clinical, on all aspects of anaesthesia, critical care, pain, and perioperative medicine.

ACCPM publishes review articles, short communications, technical notes, editorials, and correspondence of general interest. Therefore, experimental studies, articles on chronic pain assessment or management, and case reports are out of the journal's scope.

The editorial policy of ACCPM has been described in an editorial in October 2021 (Determining the editorial policy of Anaesthesia Critical Care and Pain Medicine (ACCPM)) and is regularly updated.

Ethics

ACCPM is signatory to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. All submitted articles should follow the previous rules.

General considerations before writing a manuscript for ACCPM

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All submissions should follow the guidance on word count or the number of tables and figures, detailed below in the section Manuscript types and word count. Authors wishing to submit manuscripts with an excessive number of tables and figures should justify this in the cover letter or the manuscript may be returned without being reviewed.

For original articles and review articles, it is possible to include supplementary material (such as expanded tables of results or additional figures for investigations or additional references for reviews) as ACCPM is an online-only journal. Authors should specify in their submission letter which files are to be considered as supplementary material and clearly refer to the supplementary material in the main article text.

Authors should write the text in excellent US or British English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the Language Editing service available from Elsevier's Language Services.

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture, or an academic thesis, see 'Multiple, redundant or concurrent publication' for more information), 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, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

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ACCPM publishes Editorials (not only guest ones), Original articles, Reviews, Special articles, Guidelines, Letters to the Editor, Technical notes, Short communications. Original works include clinical investigations and clinical or equipment reports. Reviews include narrative reviews and systematic reviews.

All articles must: Be written in excellent English (American or British usage is accepted, but not a mixture of these); Bring new, interesting, valid information - and improve clinical care or guide future research; Be solely the work of the author(s) stated; Not have been previously published elsewhere and not be under consideration by another journal; Be in accordance with these Guide for Authors' instructions. All articles are published in full on the journal's website http://www.sciencedirect.com.

Case Reports: Anaesthesia Critical Care & Pain Medicine (ACCPM) does not accept Case Report submissions.

Contact details for submission
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BEFORE YOU BEGIN

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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Important Information: All article submissions must be accompanied by a completed Ethical Statement using the editable PDF form which can be downloaded here. Please save this form to your computer, and fill it in using Adobe reader or equivalent.

ACCPM publishing policy. Reviewing process
The Editor-in-Chief and the Advisory Board review all submissions in a fast first round of evaluation. The latter focuses on the ethical statement, and registration in an official registry (National Clinical Trial Registry for randomized clinical trials, PROSPERO for systematic reviews and meta-analyses). Providing a link to the registration would be welcome.

When a submission does not comply with ethical and registration statements, it will be systematically and rapidly rejected. The Editorial Board could also highlight any major issue leading to desk rejection. In this case, the Editorial Board tries to send all desk rejections with explanations and feedback to the corresponding author.
Articles selected after this first round of evaluation are then sent to an Associate Editor expert in the field of the manuscript. The Associate Editor could make an immediate decision (desk rejection or acceptance) or initiate the classical peer-reviewing process.

All efforts to take an initial rapid decision after the submission date will be made (the current median time for the first decision is currently 25 days).

The reviewing process focuses on the novelty and relevance of the scientific content, adequacy of the statistical analysis as well as reporting and competing priority with other submitted articles. On the latter point, it is crucial for ACCPM Editorial Board to maintain a balance between publications focused on critical care, anaesthesia, and pain medicine. The final decision will be taken according to the novelty and the relevance of the scientific content, and the priority in editorial flow.

All submitted manuscripts will be handled by an Associate Editor with no direct competing interest with the authors.

All submitted manuscripts entering the regular reviewing process will be assessed by the reviewers who are blinded from the names and affiliations of the authors. A manuscript submitted by a member of the Editorial Board or by a team in which he/she is involved will be handled by an Associate Editor without competing interests with the authors. No more than two articles (original article, review, short communication, and meta-analysis) with a member of the Editorial Board as the first or last author will be accepted per year. Moreover, no more than five articles (original article, review, short communication, and meta-analysis) with a member of the Editorial Board as a co-author will be accepted. However, these restrictions can be lifted upon approval of the Advisory Board.


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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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**Reporting sex- and gender-based analyses**

**Reporting guidance**

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Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page [offer further insight around sex and gender in research studies](#).

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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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For original articles and review articles it is possible to include supplementary material (such as expanded tables of results or additional figures for investigations or additional references for reviews) for online-only publication. Authors should specify in their submission letter which files are to be considered for online-only publication and clearly refer to the online material in the main article text. Authors should write the text in excellent English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the Language Editing service available from Elsevier's Language Services.
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Structure of the manuscript.
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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

- **Highlights**

Highlights are optional yet highly encouraged for ACCPM, as they increase the discoverability of the article via search engines. They consist of a short collection of bullet points that capture the novel findings of the research as well as new methods that were used during the study (if any). Please have a look at the examples here. Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters per bullet point, including spaces).

- **Introduction (500 words)**

It justifies the work carried out and states its aims. The recommended structure of this section is: background, what is known or unknown about the subject of the study, hypothesis and aim of the study (which main criteria have been chosen to validate the hypothesis).

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This section follows the plan: ethics approval (including number and institution), registration of the study (the date of depository must precede the first inclusion), patient population, inclusion and exclusion criteria, the conduct of the study, measurements and data handling, Primary and secondary endpoints, sample size calculation and statistical analysis. Please, consider that the primary endpoint, the accuracy of the initial hypothesis and the sample size calculation will be checked and analysed before any reviewing process by the editorial board.

- **Results.**

Depending on their number and type, results should be given in the form of isolated figures, means with their index of dispersion (standard deviation SD, standard error of the average SEA), medians with their extreme values or confidence belt, tables and/or figures. The results detailed in the form of tables or figures should not be quoted again in the text and vice versa. The statistical significance of the differences or relations observed should be based on appropriate tests. Confidence intervals and effect sizes provide more useful information for interpretation than a p-value alone conveys. P-values should be exact and provided to three decimal places (e.g. p=0,321) unless they are <0.001. When the p-value does not reach statistical significance, please note the exact value instead of n.s. (non-significant).

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It should comment on the results without reiterating them, confronting them to data from published articles. The strength, weaknesses and clinical implications of the study should be shown. Nothing should be asserted that has not been proven or vouched for. The discussion could end with a conclusion (possibly in a specific paragraph) answering the question(s) formulated in the introduction and should be logically deduced from the results and the discussion. It should not assert facts that have not been justified by facts in the body of the text. It should not be redundant to the abstract.

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Please supply, as a separate list, the definitions of field-specific terms used in your article.

- **Appendices and Supplementary Material.**

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. A similar presentation is required for tables and figures: Table A.1; Fig. A.1, etc.

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Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

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A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

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Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.

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Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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