



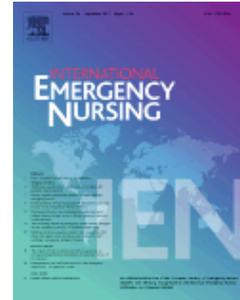
# INTERNATIONAL EMERGENCY NURSING

An official publication of the European Society of Emergency Nurses (EuSEN) and officially recognised by the [National Emergency Nurses Affiliation Inc. \(Canada\) \(NENA\)](#)

## AUTHOR INFORMATION PACK

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### DESCRIPTION

*International Emergency Nursing* is a peer-reviewed journal devoted to **nurses** and other professionals involved in **emergency care**. It aims to promote excellence through dissemination of high quality research findings, specialist knowledge and discussion of professional issues that reflect the diversity of this field. With an international readership and authorship, it provides a platform for practitioners worldwide to communicate and enhance the evidence-base of emergency care.

The journal publishes a broad range of papers, from personal reflection to primary research findings, created by first-time through to reputable authors from a number of disciplines. It brings together research from practice, education, theory, and operational management, relevant to all levels of staff working in emergency care settings worldwide.

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This journal is a member of and subscribes to the principles of the Committee on Publication Ethics. This code will guide the editorial board and reviewers in their approach to any ethical issues arising in respect of papers submitted to *International Emergency Nursing*.

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### **Peer review**

This journal operates a double blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. [More information on types of peer review.](#)

### **Types of contributions**

*International Emergency Nursing* publishes Original Research articles, Reviews, Case Studies and Contemporary Issues. In addition we publish Editorials and Letters.

**Research Papers - 2,500-5,000 words** The word count includes abstract and references.

**Reviews - 2,500-5,000 words** Reviews, including:

- systematic reviews, which address focussed practice questions;
- literature reviews (scoping reviews, narrative 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 nursing practice, the organisation of nursing services, or the education and preparation of nurses and/or midwives).

The word count includes abstract and references.

### **Case Studies - up to 2,500 words**

Case Studies usually document the management of one patient, with an emphasis on presentations that include care given in an emergency setting and involving emergency nurses and/or nurse practitioners. Other features that will be of interest to the reader include cases: that are unusual, rare or where there was an unexpected response to treatment and/or where new diagnostic tools were used and/or that inform readers of new treatment and management options, including relevance to emergency care practice.

Case Studies should be written in a similar format to include the following:

- Initial patient presentation
- Relevant history
- Relevant physical exam findings
- Relevant diagnostics
- Case progression
- Final case outcome
- Discussion/Teaching points
- References

Please note for Case Studies it is suggested that authors utilise the checklist from the CARE reporting guideline when writing their paper. Although not a requirement, it is strongly recommended that the completed CARE checklist be submitted to the Editor along with the Case Study. The checklists for each reporting guideline, including CARE, can be found on the EQUATOR website

Graphics that will enhance the case study are encouraged (e.g. photos, diagrams, diagnostics)

Authors must receive, and submit, the appropriate permission from the source(s) to use such images in the final publication. Information or graphics that uniquely identify the patient may only be included if written permission is received from the patient for publication in IENJ.

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### **Contemporary Issues - 1,500-2,000 words**

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### **Letters to the Editor (up to 1,000 words)**

As is common in journals the Editorial Board welcomes critical responses to any aspect of the journal. In particular Letters that discuss and debate research from recently published works are welcomed. The Editors reserve the right to offer authors of papers the right of rebuttal, which may be published alongside the Letter. To retain currency of discussion and debate, Letters to the Editor should not be submitted that refer to articles that have been published more than six months previously.

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The sub-headings used in the Abstract should align to sub-headings used within the article.

The abstract should be a maximum of 200 words and should be provided on a separate sheet following the title page.

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Highlights are mandatory for this journal. They consist of a short collection of bullet points that convey the core findings of the article and 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, including spaces, per bullet point). You can view [example Highlights](#) on our information site.

#### **Keywords**

Include six or ten keywords. These are to increase the likely accessibility of your paper to potential readers searching the literature. Use the Medical Subject Headings (MeSH(r)) thesaurus or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible (see <http://www.nlm.nih.gov/mesh/meshhome.html>).

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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 identify essential matters that should be considered and reported upon. 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.

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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://dx.doi.org/10.1093/intghc/mzm042>

## **Guidance on the submission of Systematic Review and Meta-Analysis Guidelines**

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PRISMA stands for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. The aim of the PRISMA Statement is to help authors improve the reporting of systematic reviews and meta-analyses. We have focused on randomized trials, but PRISMA can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions. PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review.

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Reference to a journal publication:

[1] Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. *J Sci Commun* 2010;163:51–9.

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[2] Strunk Jr W, White EB. *The elements of style*. 4th ed. New York: Longman; 2000.

Reference to a chapter in an edited book:

[3] Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, editors. *Introduction to the electronic age*, New York: E-Publishing Inc; 2009, p. 281–304.

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[4] Cancer Research UK. Cancer statistics reports for the UK, <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/>; 2003 [accessed 13.03.03].

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Royal College of Nursing (2012) New RCN initiative to shape nursing's future. [http://www.rcn.org.uk/newsevents/news/article/uk/new\\_rcn\\_initiative\\_to\\_shape\\_nursings\\_future](http://www.rcn.org.uk/newsevents/news/article/uk/new_rcn_initiative_to_shape_nursings_future) accessed 5/12/2012

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