DESCRIPTION

*Nurse Education* in Practice aims to publish leading international research and scholarship on the practice of nurse and midwifery related education. The remit of the journal, therefore, spans education and clinical practice. We publish empirical studies and systematic reviews with a view to contributing to the evidence base of nurse and midwifery education in practice.

*Nurse Education* in Practice is a peer reviewed journal which promotes diversity in terms of country, culture, sexual orientation and lifestyle. Submissions to the journal should be theoretically based, methodologically sound and of interest to an international readership. We promote open science and encourage the pre-printing of manuscripts, registration of studies and sharing of data.

ABSTRACTING AND INDEXING

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PubMed/Medline
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INTRODUCTION

*Nurse Education in Practice (NEP)* provides an international forum for research and scholarship on the practice of *nurse and midwifery related education*. We particularly welcome relevant studies into interprofessional learning. *NEP* aims to support evidence informed policy and practice by publishing research, systematic reviews, critical discussion, and commentary of the highest standard. Studies should address issues of international interest and concern and present the study in the context of the existing international research base on the topic. Studies that focus on a single country should identify how the material presented might be relevant to a wider audience and how it contributes to the international knowledge base.

*Types of papers and word limits*

*NEP* publishes original research, reviews, and discussion papers. We also publish protocols for original studies and reviews. Word length excludes abstract, tables, figures and reference list.

**Research Papers - 5,000 words**

*NEP* publishes original research that matches the aims and scope of the journal. Research papers should adhere to recognised standards for reporting (see guidance below and the *Author Checklist*). Instrument development or validation papers are only considered if accompanied by a copy of the full instrument, included as a supplementary file at submission stage so it can be published as an appendix online if accepted.

**Reviews and Discussion Papers - 6,000 words**

We publish systematic reviews (addressing focused research questions) and broader literature reviews (such as scoping reviews). We also publish discussion papers, which are scholarly articles of a debating or discursive nature. In all cases, there must be engagement with and critical analysis of a substantive body of research or other scholarship. Systematic reviews should adhere to recognised standards for reporting (see guidance below and the *Author Checklist*). We welcome papers that introduce or elaborate on novel or under used methods or approaches to analysis with substantial significance for the discipline. Such papers can be submitted as a review or discussion paper as appropriate and should represent significant advances and / or be authoritative accounts of the ‘state of the art’.

**Letters to the editor - up to 1000 words**

Designed to stimulate academic debate and discussion, the Editor invites readers to submit letters that refer to and comment on recent content in the journal, introduce new comment and discussion of clear and direct relevance to the journal’s aims and scope.

**Editorials**

All editorials are commissioned, and we do not invite submissions under this category. Editorials in *NEP* are not reviewed and are published at the discretion of the Editor-in-Chief.

**General guidance and preferred article types**

Selection of papers for publication is based on their scientific excellence, distinctive contribution to knowledge (including methodological development) and their importance to contemporary nursing and midwifery education.

We are unlikely to publish studies of new instruments unless the instrument is useful for directly guiding clinical practice (e.g. diagnostic/ screening instruments) and there is validation against a robust criterion. Preliminary instrument development studies indicating the need for further development, translations from one language to another and other pilot studies are unlikely to be accepted. We do not publish studies undertaken on animals.

The Editor in Chief and the publishers regret that, while we make every effort to keep manuscript turnaround times low, we cannot respond to requests from or on behalf of authors to accelerate the peer review or decision processes to accommodate the necessity to publish either for higher degrees, appointments or promotion purposes.

**Submission system**

Submission to this journal is online here.
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**BEFORE YOU BEGIN**

**Ethics in publishing**

NEP is a supporter of the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, issued by the International Committee for Medical Journal Editors (ICMJE), and to the Committee on Publication Ethics (COPE) code of conduct for editors. Our guidelines should be read in conjunction with this broader guidance. The ICMJE requirements can be found [here](#) and the COPE's guidelines [here](#).

The work to be described in your article must have been carried out in accordance with The Code of Ethics of the World Medical Association for experiments involving humans (Declaration of Helsinki) and research on health databases (Declaration of Taipei). Further information on Ethics in Publishing and Ethical guidelines for journal publication can be found [here](#).

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The editors require that manuscripts adhere to recognized reporting guidelines relevant to the research design used and require authors to submit a checklist verifying that essential elements have been reported for all primary research and systematic reviews. We suggest that you consult the guidelines at an early stage of preparing your manuscript. You can search for the correct guideline for your study using the tools provided by the EQUATOR Network. The guideline used must be indicated in the journal's Author Checklist, which is to be submitted with every paper.

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Informed consent must be sought from participants who are able to give it and this should be documented in the paper. Where informed consent is not obtained, consistent with recognised ethical principles and local legal frameworks this must also be documented in your paper. Ethical approval must be stated at an appropriate point in the article. The approving body and approval number should be identified in the manuscript. If the study was exempt from such approval the basis of such exemption and the regulatory framework must be described.

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For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following (more details and an example).

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**Reporting guidance**

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**Definitions**

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](https://www.elsevier.com/locate/nepr) offer further insight around sex and gender in research studies.
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**Tweetable abstract**

Optionally authors may add a ‘tweetable abstract’ to the end of the abstract as a final section. The tweetable abstract should be 280 characters or fewer (to allow people using it to add additional hashtags, links to the article and other twitter handles). Tweetable abstracts should provide the main conclusions or the key message of a paper in a way that is easily understood.

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Provide between four and ten key words that accurately identify the paper's subject, purpose, method and focus. Use the Medical Subject Headings (MeSH) or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible.

Give keywords in alphabetical order.

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Up to 5000 words for original manuscripts and 6000 words for reviews and discussion papers.

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As part of the discussion, authors should describe limitations of the work. A sub-heading before the final conclusions is recommended.

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**Ethical approval and informed consent:** details must be given in the methods as specified above

**Abbreviations:** No abbreviations should be used other than as specified below in our general notes on style.

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There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent, and references are complete and accurate. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present.
Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage.

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If you provided low-resolution artwork for review, you should also add files suitable for publication at this stage (see below):

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We recognise that the recipients of healthcare are firstly people. In many cases, it is not appropriate to refer to them as "patients". For example, "people with diabetes" is preferable to "diabetes patients" although recipients of health care in general might be referred to as patients in some circumstances. Never refer to people as 'sufferers' or 'victims' of a condition.

Authors should ensure that writing is free from gender bias, for instance by using 'he or she', 'his/her' instead of 'she' or 'her', and by making use of job titles that are gender neutral (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess'). Nurse and midwife are gender neutral terms.

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The limited exceptions include cases where the abbreviated form has near universal recognition (e.g. USA), statistical terms and tests (e.g. df, t, ANOVA) and instruments and products that are generally identified by their initials or an abbreviation (e.g. SF36, SPSS). For additional guidance, see the editorial policy/style on abbreviations, initialisms and acronyms.

Any abbreviations which the authors intend to use in the body of your paper should be written out in full, followed by the letters in brackets the first time they appear. Thereafter only the letters should be used. Please note that SPSS is the full name of the product, not an abbreviation. Abbreviations used in tables need to be fully defined at the foot of each table where the abbreviation is used.

**Tables**

Please submit tables as editable text and not as images. Tables and figures should not be included in the main manuscript but should be uploaded separately, each on an individual page. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables (maximum 5 tables and figures in the body text) and ensure that the data presented in them do not simply duplicate results described elsewhere in the article. Additional tables can be submitted as online supplemental material, but these must be referred to in the text (supplemental material table X etc.). Please avoid using vertical rules. Abbreviations used in tables need to be fully defined at the foot of each table where the abbreviation is used.

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Do not use footnotes other than where abbreviations or other symbols have been used in a table, in which case the notes should be below the table, not the foot of the page.
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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. Identify the statistical package used (including version).
Wherever possible give both point estimates and 95% confidence intervals for all parameters estimated by the study (e.g. group differences, frequency of characteristics). Exact p values should be given to no more than three decimal places. Do not interpret non-significant results as evidence that there is no difference #/relationship. Please refer to the International Journal of Nursing Studies position paper on reporting statistical significance and p-values to which we adhere.

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In text citations and reference lists will be reformatted to journal style if the article is accepted. The journal uses an author (date) citation style. Please ensure that every reference cited in the text is also present in the reference list (and vice versa). When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

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