The Canadian Journal of Critical Care Nursing

CACCN

REPORTING GUIDELINES BY TYPE

- Articles previously published elsewhere are not accepted; however, exceptional circumstances may present themselves. In such exceptional circumstances, explicit permissions are required and granted by the Chief Editor in consultation with the Editorial Review Board on a case-by-case basis. Explicit copyright agreements are required.

- The CJCCN welcomes the following types of submissions in both of Canada's official languages, English and French.

Original research

- The CJCCN accepts reports of original qualitative, quantitative and mixed-methods research that can inform and/or improve clinical practice or contribute evidence-based knowledge specific to critical care nursing. Submissions should adhere to the following format: Background & Purpose, Methods & Procedures, Results, Discussion, Limitations, and Conclusion.

- Submissions should be a maximum of 20 pages for quantitative research and 25 pages for qualitative and mixed-methods submissions (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document.

- Research aimed at developing or validating an instrument must provide the full instrument.

- Submitted manuscripts should adhere to recognized reporting guidelines associated with the research design (COREQ, Equator, etc.)

- **Quantitative Studies**
  - Equator Network: consult for the appropriate reporting guideline based on the study design (e.g., CONSORT for Randomized Trials).
  - Network: http://equator-network.org

- **Qualitative Studies**
  - Consolidated criteria for reporting qualitative research (COREQ).
  - Checklist for interviews and focus groups (32-items):

https://www.cmajopen.ca/content/cmajo/suppl/2023/05/23/11.3.E466.DC1/open-2022-0139-issm-coreq-checklist.pdf

- Guidelines: https://www.equator-network.org/reporting-guidelines/coreq/

Clinical Reviews

- The CJCCN accepts clinical review articles and updates that selectively review the literature while broadly discussing a topic relevant to critical care nursing. Updates and reviews should be evidence-based, incorporate existing systematic reviews and meta-analyses where possible, and incorporate and discuss all relevant research findings.

- Submissions should be a maximum of 10 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document.

- Submitted manuscripts should adhere to recognized reporting guidelines for clinical reviews.

- **Evidence-Based Clinical Review Article**
  - Adapted from
    - Siwek, J., Gourlay, M., Slawson, D., & Shaughnessy, A. (2002). How to write an evidence-based clinical review article.
    - *American Family Physician, 65*(2), 251-258. PMID: 11820489
  - Choose a common, important topic in critical care nursing.
  - Provide a table with a list of objectives for the review.
  - Provide an introduction that defines the topic and the purpose of the review and describes its relevance to critical care nursing.
  - State how the literature search and reference selection were done.
  - Evaluate and use several sources of evidence-based reviews on the topic.
  - Rate the level of evidence for key recommendations in the text (level A: RCT/meta-analysis; level B: other evidence; level C: consensus/expert opinion).
  - Acknowledge controversies, recent developments, other viewpoints, any apparent conflicts of interest, or instances of bias that might affect the strength of the evidence presented.
  - Highlight key summary points

Innovative Design or Quality Improvement Reports

- The CJCCN accepts reports on innovative design or quality improvement projects that are of relevance to critical care nursing.

- Submissions should be a maximum of 20 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document.

- Submitted manuscripts should adhere to recognized reporting guidelines for quality improvement reports.

- **Quality Improvement Reports**
  - **Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0).**
  - Guideline: https://www.equator-network.org/reporting-guidelines/squire/
  - Checklist: https://www.equator-network.org/wp-content/uploads/2012/12/SQUIRE-2.0-checklist.pdf

Systematic Reviews

- *Includes: Integrated Reviews, Rapid Reviews, Scoping Reviews and Narrative Reviews*

- The CJCCN accepts systematic reviews on topics related to critical care nursing practice. Systematic reviews submitted with or without meta-analysis will be considered. All reviews should address bias through the use of appropriate appraisal tools.

- Reviews must include a PRISMA diagram clearly illustrating the search results, exclusions and inclusions.

- Submissions should be a maximum of 20 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document. All relevant tables and figures should be included (maximum 4 tables and 4 figures). Additional tables and figures may be submitted as supplemental files.

- Submitted manuscripts should adhere to recognized reporting guidelines for systematic reviews.

- **Systematic Reviews:**
  - **Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA).**
  - Guidelines: https://www.equator-network.org/reporting-guidelines/prisma/
  - Checklist: https://static1.squarespace.com/static/65b880e13b6ca75573dfe217/t/65d81881d8a48075f1fa7a3a/1708660865607/PRISMA_2020_checklist.pdf
  - Checklist expanded: https://static1.squarespace.com/static/65b880e13b6ca75573dfe217/t/65d818f02bbbc04c85371122/1708660977279/PRISMA_2020_expanded_checklist.pdf

Case Studies/Case Reports

- The CJCCN accepts case study and case report submissions that document the care of a patient with a rare or unusual presentation or unexpected response to treatment and care.

- Submissions should be a maximum of 8 pages (excluding references, tables, and figures). Layout should consist of a Case Presentation and a Discussion. Manuscripts submitted in French are permitted an additional 3 pages. A 100-word abstract should be included as a separate document.

- Submitted manuscripts should adhere to recognized reporting guidelines for case studies and case reports.

- **Case Reports / Case Studies**
  - **Consensus-based Clinical Case Reporting Guideline Development (CARE).**
  - Guideline: https://www.equator-network.org/reporting-guidelines/care/.
  - Checklist: https://static1.squarespace.com/static/5db7b349364ff063a6c58ab8/t/5db7bf175f869e5812fd4293/1572323098501/CARE-checklist-English-2013.pdf

Discussion / Analysis / Commentary Articles

- The CJCCN accepts discussion and/or theoretical papers that provide a compelling argument, or a theoretical elaboration of a topic related to critical care and/or critical care nursing. These submissions should be original, present an innovative or relatively unknown aspect of critical care and/or critical care nursing practice. All submissions should incorporate extant literature on the topic.

- Submissions should be a maximum of 10 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document.

Letters to the Editor

- The CJCCN welcomes Letters to the Editor; however, not all letters will be published. The decision to publish resides with the Chief Editor in consultation with the Editorial Team and Review Board. The Chief Editor's decision is final.

- Where a Letter to the Editor is specific to a CJCCN publication, the Chief Editor reserves the right to provide authors with an opportunity to respond. In this instance, responses will be published with the Letter.

- Letters to the Editor should be a maximum of 500 words in length and be referenced with a maximum of five references where appropriate.

Additional Information

- **Copyright**
  - Manuscripts submitted and published in the ***Canadian Journal of Critical Care Nursing*™** (CJCCN) become the property of the CJCCN and the ***Canadian Association of Critical Care Nursing*** (CACCN).

- **Products, Devices and Drugs**
  - Use only generic names for products, devices, and drugs.

- **Research Ethics & Data Confidentiality**
  - Submissions of original research should indicate Ethical Approval.
  - Provide the associated Research Ethics Board (REB) approval numbers and Letter.
  - Quality improvement reports should also report on ethical conduct and REB approval and/or exemption.
  - Anonymization of patient data or health professional staff must be ensured.
  - No sensitive data will be accepted in the article.

- **SAGER Guidelines & Canadian Institutes of Health Research: Sex, Gender and Health Research**
  - CJCCN supports the SAGER Guidelines and encourages authors to report data systematically by sex or gender when feasible.
  - Guidelines:

    https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6
  - The Canadian Institutes of Health Research: Sex, Gender, and Health Research also offers valuable resources for authors: https://cihr-irsc.gc.ca/e/50836.html

- **Government of Canada Tri- Council Policy**
  - CJCCN has adopted the Government of Canada Tri-Council Policy Statement.
  - Statement: https://www.ic.gc.ca/eic/site/063.nsf/eng/h_F6765465.html
  - The object of the policy is to improve access to the results of agency- funded research and to increase the dissemination and exchange of research results (e.g., Canadian Institutes of Health Research; Social Science and Humanities Research Council).
  - CJCCN has adopted this policy with the following stipulations for article sharing:
    - post print version of the article for publication with Tri-Council funded research,

    and
    - the article is embargoed until published in the CJCCN and released.