

# Canadian Journal of Neuroscience Nursing

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## GUIDELINES FOR AUTHORS

Manuscripts are accepted for exclusive publication in the *Canadian Journal of Neuroscience Nursing*. The Editor reserves the right to accept or reject manuscripts. Accepted manuscripts become the property of the CJNN. Rejected manuscripts are returned to the author. Authors are not reimbursed for articles.

**Peer Review.** All manuscripts are subject to blind review by a minimum of two reviewers. Review criteria include scientific merit, relevance to neuroscience nursing, and logical development of ideas. The review process may take five to eight weeks. Accepted manuscripts are subject to editorial review.

**Manuscript Requirements.** Submit the manuscript electronically to [cjnn@cann.ca](mailto:cjnn@cann.ca). If elements of the manuscript, such as photographs, cannot be submitted electronically, please send a set of originals to the *Canadian Journal of Neuroscience Nursing*, c/o CANN P.O. Box 47143 Creekside, Calgary AB, T3P 0A0. Retain an electronic copy for your use.

Any word processing program is acceptable for submitting the electronic version of a manuscript, but MS WORD software is preferred. Please indicate the program (i.e. WORD) and version (i.e. WORD 2016, etc.) in your cover letter, as well as the title and author of the manuscript.

Use a minimum of formatting; do not use unusual fonts and variety of type, or embedded footnotes or references. Do not insert headers or footers, except for page numbers. You may create a separate file for figures and tables; and not insert them in the text. If the figures or tables are in a different program than the text (i.e. .tif or .jpg file), please identify the program. Material should be double spaced, including text, tables, references, and figure legends. Allow 1" margins on all sides. Paragraphs should be indented 5 spaces. Maximum length is 6000 words or 20 pages.

**Abstract:** An abstract must be included and contain fewer than 200 words.

**Introductory** statements sum up what is known or remains unsettled in the field, and a goal of your study. Try to compress these messages into one or two sentences.

**Methods:** State the type of study conducted, e.g. retrospective analysis, case series, cohort, phase I or II clinical trial. Describe subject selection criteria and data collection tools concisely, yet with enough details for peers to understand what was done.

Avoid presenting actual data in this section, i.e. number of subjects and their baseline characteristics. Presentation of data belongs to the Results section. Instead, describe scales or methods used for assessment and recruitment as well as outcomes or dependent variables. The most important factors for abstract acceptance to a prestigious and competitive meeting are the quality, novelty, reliability and scientific or clinical importance of your work.

**Results:** Start here by describing your study subjects with actual numbers for study demographics, and then lead the reader to the main findings. Accurate presentation of data in the abstract is extremely important. Name groups clearly, i.e. target or controls, or A, B and C for brevity. If too many analyses were generated, present only key data points and leave the rest for the paper. Stay focused by including data relevant to the research question.

**Discussion (Conclusions):** Your conclusions should be straightforward, brief and specific to your observations. Quite often they consist of two sentences. The first concisely summarizes the main findings, and the last states interpretation or clinical implications.

Readers and reviewers commonly check the title and, if they become interested, skip right to the last sentences before they read the full abstract in detail.

Do not overestimate the importance of your research findings. Avoid broad claims and strong statements since even pioneer breakthrough studies require independent confirmation. Instead, be specific and focused on your study findings and what they mean.

Table 1. Abstract formatting\*

Research-Based Abstracts (IMRaD)	Clinical Practice/Program/QI Project Abstracts (IMRaD)
<b>Introduction:</b> Description of the problem. Identify purpose of the study - research questions or hypothesis.	<b>Background and Issues:</b> A short summary of the issue(s), problem, or specific clinical challenges or controversy, with relevant background and contextual information. Identify purpose of the study – a clear statement of goal of project is described.
<b>Methods:</b> Study design, including a description of participants, procedures, measures, and appropriate statistical analyses.	<b>Methods:</b> Description of the project or program, clinical intervention(s), analysis plan or criteria used to guide analysis.
<b>Results:</b> Specific results in summary form.	<b>Results: Lessons Learned:</b> A brief description of the findings or lessons learned as a result of the project.
<b>Discussion and Conclusions:</b> Major findings are presented with interpretation and implications for management and nursing practice.	<b>Discussion and Conclusions:</b> A brief description of recommended position or approach, or specific recommendations related to the original problem or questions identified.

\*Alexandrov A., Hennerici M. Writing Good Abstracts. *Cerebrovasc Dis* 2007; 23:256–259.

**Manuscript Headings** often include: Introduction; Review of the literature (conceptual and data based); Research question/Objectives/Hypotheses/Clinical concern; Methodology; Analysis/Findings; Discussion including specific clinical implications/recommendations; Summary/Conclusions; and References (please note, not all of these headings are needed or apply to all papers).

Use *Stedmans' Medical Dictionary* for correct spellings. Abbreviate a term only after it has been used in full, and then follow it with the abbreviation in parentheses. Use metric system. Use generic (nonproprietary) name of drug with trade (proprietary) name in parentheses after first usage. Capitalize the first letter of trade, proprietary, or brand name. Do not use author name(s) anywhere in the text (if citing own work, in-text citation would be (*author*, year)).

In a file separate from the manuscript, list both work and home addresses, telephone numbers, fax numbers, e-mail addresses, educational credentials, current position, and title for each author.

**Illustrations.** An electronic version or clean, clear original of any artwork should be submitted. Photocopies are not acceptable. Photographs should be high quality glossy prints, untrimmed and un-mounted. Use a felt tip pen to identify each illustration with author's name and illustration number on the top back of the original photo. Indicate top of the figure. Supply brief legends in a separate file. Letters on drawings and illustrations must be professional quality. Obtain written permission for publisher for use of artwork, illustrations, tables, or other figures not your original work. Supply original copy of the permission form with the manuscript; retain a copy for your records.

**References.** The style of reference is dictated by the latest edition of the Publication Manual of the American Psychological Association. In the text, references should be cited by author's name and year of publication in parentheses, for example, (Smith, 2012). Direct quotations should include page numbers, (Smith, 2012, p.14). The reference list, which appears at the end of the manuscript, should be in alphabetical order by author. All references cited in the text must be included in the reference list, and every reference in the list must be cited in the text. Otherwise, the reference must be removed, or if appropriate, included in a bibliography or list of suggested readings. The author is responsible for verifying the references against the original documents.

**Corrections.** Authors are responsible for providing final manuscript corrections on request. Authors are required to read proofs of the 1st journal layout and make only necessary corrections. Compliance with deadlines is essential.