

## **Instructions to Authors**

### **British Journal of Cardiac Nursing (BJCardN)**

#### **Aims and scope of the journal**

*BJCardN* is a monthly clinical and professional journal for nurses who wish to be fully informed of developments in cardiac nursing.

The journal aims to incorporate the different contexts in which nurses may encounter patients with cardiovascular related conditions, whether working in a hospital-based unit or ward or within a primary care setting. It embraces practice within the UK and overseas.

Articles published in the journal will normally fall into the following categories:

- Clinical
- Care study, which may include reflective analysis on practice
- Drug focus
- Practical Procedures
- Research (primary research/original studies) addressing clinical/education/leadership/management topics
- Practice or service innovation or Development including clinical audit
- Career Focus

More information on specific requirements for these can be found at the end of these guidelines.

We welcome submissions from both first time and experienced authors. If you have never written for publication before, please contact the consultant editor Jenny Tagney ([Jenny.Tagney@ubht.nhs.uk](mailto:Jenny.Tagney@ubht.nhs.uk)) or the editor, Vicqui Stuart-Jones ([bjcardn@markallengroup.com](mailto:bjcardn@markallengroup.com)) or telephone 020 7501 6769 to discuss this further as we may be able to arrange a mentor for you from the editorial board.

**Please note that all articles submitted are subject to peer review. Publication cannot be guaranteed.**

#### **General presentation guidance**

All articles should be submitted in Ariel 12 font and at least 1.5 or double line spacing, formatted for A4 paper, and all pages should be numbered. Please avoid naming individuals, trusts and hospitals to preserve anonymity. All articles should be submitted online at: <http://www.epress.ac.uk/bjcardn/webforms/author.php>

#### **Title page**

The title page – which should be submitted as a separate page – must include:

1. Title of the article.
2. The names of the authors (with initials or given names, whichever is preferred).
3. Institutional affiliation of each author.
4. Full details of each author's current appointment.
5. Name, postal and e-mail address and contact telephone number of the author responsible for correspondence (to be published if the article is accepted).

#### **Abstract/summary**

An abstract of no more than 150 words should be submitted on a separate page giving a brief outline of the content of the article. This should be structured with appropriate headings for research articles (see instructions below).

#### **Key words**

Please supply 5 suitable key words, which give an overview of the article giving consideration to how this article could be accessed via a literature search.

## **Introduction**

The introduction should be designed to develop readers' interest in the article and tell them something about the way it is handled. It should also state the main question or questions that the article sets out to answer where applicable.

## **Body of text**

Headings can help to provide structure to your article and guide the reader to particular sections. See specific information related to different types of articles for suggested headings.

## **Conclusions and recommendations**

Your conclusions should be succinct and logically ordered. Identify gaps in knowledge and suggest future initiatives.

## **Key point sentences**

Please supply 5–8 key bullet point sentences that summarize the major themes of your article. These will appear at the end of the article.

## **Tables and illustrations**

These should be included separately at the end of your article.

Appropriate and clear tables and illustrations can be a great help to readers. It is the author's responsibility to ensure that written permission is received from the copyright holder for the reproduction of figures and tables before submission.

## **Illustrations**

1. Electronic (JPEG or GIF format) illustrations may be used. Unfortunately we are unable to use hard copies.
2. Colour photographs of authors are desirable but not essential. Please submit with your article.
3. If a figure has been published previously, acknowledge and/or reference the original source and submit written permission from the copyright holder to reproduce the material.
4. In the case of clinical photography, written consent from the patient will be required before publication.
5. Figures should be numbered consecutively, in order of their first citation in the text.
6. Figures and pictures should be incorporated into the submitted text. For the review process please ensure that these are of low resolution to keep the overall file size to a minimum. Higher resolution figures can be submitted at a later date if the article is accepted for publication.

## **Tables**

1. These should also be appropriately labelled and numbered consecutively, in order of their first citation in the text.
2. Please explain in footnotes all abbreviations that are used in each table.
3. If you use data from another published or unpublished source, obtain permission and acknowledge fully.

## **References**

The Harvard System must be used. Provide full details of the original source of the material used. **Please ensure that references are presented as described below in detail. If they are not, we may refuse the article for publication.**

### *In the text*

1. Use the name and year (Harvard) system for references in the text:  
As Black and White (1987) have shown...  
As already reported (Black and White, 1987)...

2. For three or more authors print the first author's name followed by et al, e.g. As Black et al (1987) have shown...
3. When several references are cited simultaneously, the order should be chronological.
4. When more than one reference for the same author within the same year are used, they should be noted in the order they appear in the text e.g. Bloggs (2004a) Bloggs (2004b)
5. The suggested total number of references is 30 (except for systematic literature reviews)

#### *In the reference list*

1. Arrange references alphabetically by first author's name.
2. Print the names and initials of all authors for references with six or fewer authors; for seven or more authors print the first three and add 'et al'. As all references with three or more authors and the first same author will be cited in the text as 'et al', those references are arranged chronologically:  
Black B (1987)...  
Black B (1988)...  
Black B, White W (1963)...  
Black B, White W, Green G, Brown B, Tan T (1973)...  
Black B, Green G, Tan T (1974)...
3. The sequence for referencing a journal article is: author(s); year; title; journal; volume; issue (where applicable); first and last page numbers. The layout and punctuation are:  
Harrison K, Jackson J (1994) The management of heart failure. *Heart* **1(4)**: 14–8  
For journal abbreviations, please refer to MEDLINE. For example, The American Journal of Cardiology will be abbreviated to *Am J Cardiol*.
4. The sequence, layout and punctuation for books are:  
Personal author  
Laidler P (1994) *Cardiac Rehabilitation: Structure and Strategy*. Chapman & Hall, London  
Editors  
Cusack L, Singh S eds. (1994) *HIV and Cardio-thoracic intervention: Practical Approaches*. Chapman & Hall, London: 125–6  
Chapter in book  
Samuels B (1979) Pulmonary complications in heart patients. In: Rand A, Long B, eds. *Management of Cardiac Patients*. Butterworths, London: 387–95
5. Papers that have been submitted for publication but not yet accepted are not acceptable as references and must be discussed with the editors to ensure there are no potential copyright or conflict of interest issues. Similarly, 'personal communication' should be inserted in the text in parentheses.
6. Papers accepted but not yet published may be included in the references:  
Holmes J (in press) Cardiac surgery at the crossroads. *Br J Nurs*
7. Please reference online publications in the following style:  
e.g. Taylor N (2002) *Mapping cardiovascular research in the London Region*.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4131600](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131600) Accessed 7 May 2008

#### **Copyright**

MA Healthcare Ltd will hold exclusive rights to all articles published.

#### **Ethical principles**

All articles submitted must have been subject to appropriate scrutiny and received suitable permissions. For research studies, this will be in the form of a favourable opinion from research ethics committee(s). All authors are expected to adhere to sound ethical principles and maintain anonymity, confidentiality and identity of any patients and staff of NHS or, where appropriate, other organizations.

Where there is an unavoidable risk of breach of privacy (e.g. in a clinical photograph or in case details) the patient's written consent to publication must be obtained. We will ask you to send a signed consent form before publication.

### **Peer review process**

All articles other than career focuses will undergo a double-blind peer review process where the article will be sent to two people who specialise in the subject area of the article. Reviewers are asked to return their comments within two to three weeks. Once we have received feedback from the reviewers about the article we make a decision about how to proceed. Decisions are usually within the following categories: accept, accept with minor revision, accept with major revision, revise and resubmit for second peer review, reject. Where an article receives two conflicting reviews, the consultant editor will make a final decision following review.

### **Proofs**

Once the final, revised article has been accepted for publication, the corresponding author will receive a PDF copy of the article with final editorial or copy editor questions. The corresponding author is then responsible for reviewing content and 'proof reading' the article to ensure it has been accurately reproduced. Major revisions to the text are NOT possible at this stage. There may be a delay of some months from the date of acceptance to publication date, depending on scheduling. However, we aim for this delay to be no longer than six months and in most cases it will be considerably shorter.

## **Additional information**

### **Clinical article**

Clinical articles should be between 2000–2500 words. It is therefore suggested that you focus your article on an aspect of a clinical topic in depth rather than trying to cover the whole topic. For example, if you were writing an article on acute coronary syndromes, it would be better to focus on the care of a patient with either non-ST elevation MI or ST elevation MI and then to discuss the treatment in the acute phase. Another article could then explore risk factors or investigations or rehabilitation. A clinical article should include the latest evidence-based guidelines /research relating to the topic.

### **Care Study**

Care studies should be between 1500-2000 words. As the title suggests, articles in this category should focus on the care of an individual with a cardiac related condition, following an episode of care. It would be interesting for the reader if as much information about the patient (ensuring confidentiality) is included as succinctly as possible. A multi disciplinary theme would also be useful.

The article should provide information about the presenting condition of the patient, starting with how he/she presented to the author's clinical area. The article should include the patient's medical and social history, any risk factors for his/her condition, current medications, his/her clinical observations (if possible) and results of any other initial tests (e.g. ECG). There should also be a discussion about the treatment that was given to the patient and how he/she might be followed up. Please see notes about consent above.

If the author chooses to adopt a reflective approach for the care study to identify personal learning gained, it is recommended that a framework is used to guide this process. Some useful references are

Boyd E, Fales A (1983) Reflecting learning: key to learning from experience. *Humanist Psychol* **23**(2): 99–117

Carper B (1978) Fundamental ways of knowing in nursing. *Adv Nurs Sci* **1**(1):13–23

Durgahee T (1976) Promoting reflection in post graduate nursing: a theoretical model. *Nurse*

*Educ Today* **16**: 419–26

Gibbs, G (1988) *Learning by Doing. A Guide to Teaching and Learning Methods*.  
Further Education Unit, Oxford Polytechnic, Oxford

### **Drug Focus**

The aim of this section is to provide the nurse giving the medication a sound background knowledge about a specific drug or group/class of drugs, to ensure safe use. It should contain a discussion of the background physiology/pathophysiology, the pharmacology (including pharmacodynamics and pharmacokinetics) of the drug, indications for use, any licensing issues (e.g. only available on a named patient basis) the side effects, contraindications and nursing considerations, particularly with regard to patient information.

### **Practical Procedures both invasive and non-invasive**

A usual word length is around 2000 words. These articles would normally include

- Indications and contraindications for the procedure including the evidence base, any related pathophysiology and any consent issues (e.g. acute setting, unconscious patient etc).
- A description of the procedure including required patient preparation, equipment/environment
- Complications to include common and rare, how to identify that they have occurred and any immediate or follow-up actions required
- Nursing care including patient information

### **Research articles**

Research articles can be primary qualitative or quantitative research or a systematic review. They should be between 3000–4000 words and follow the traditional research structure:

- Introduction / background
- Aim(s)
- Research design
- Methods and methodology
- Results
- Discussion
- Conclusion/recommendations
- Acknowledgement(s)
- References

#### *Background*

This should outline what is already known about the subject area, including any previous research studies. The author should demonstrate sound rationale for undertaking the study and their chosen design.

#### *Aim(s) or research questions*

What the author hoped to achieve or answer by undertaking their study e.g. gain greater insight in to the experiences of women in primary care coronary heart disease prevention clinics *or* 'What are the experiences of women in coronary heart disease prevention clinics within a primary care setting?'

#### *Research design*

Was qualitative or quantitative approach utilised and why? Outline chosen design and justify this design over other possible designs.

#### *Ethical issues*

May link with design and methodology. Please see above under general guidelines.

### *Methods and methodology*

There should be sufficient detail in this section to enable other researchers to replicate your work. Additional headings may help to structure this section e.g. sample, procedure, data collection methods (including information regarding reliability and validation of any tools used in quantitative studies and approaches used to address issues around study rigour in qualitative studies) and analysis.

If submitting a review article please explain the nature of the review e.g. high quality traditional literature reviews, aggregative and interpretive reviews, qualitative, quantitative and mixed method systematic reviews, meta-analyses, meta-summaries and meta-syntheses. Details of the search strategy (databases searched with dates, search terms used, exclusion and inclusion criteria combined with rationales for your choices) should be included).

### *Results*

If pertinent, this section may be subdivided with further headings. Data should not be presented in both text and tables.

### *Discussion*

The author should relate his/her findings to previous research and relevant clinical practice, commencing with any unique findings of their study. This section may also contain information regarding any limitations to the study and therefore findings/generalisability.

### *Conclusions/recommendations*

What do the results contribute to current and future clinical practice? Is further research needed to fully answer the original questions or fulfil the aim(s)? Based on the findings, what do the authors recommend as 'next steps'?

### *Acknowledgement(s)*

These should include any funding bodies/grants that supported the research or contributed to the salaries(s) of any of the authors, acknowledgement of any particular units/wards or individuals who helped ensure the success of the project or assisted with writing it up.

### *References*

As previously detailed.

### **Practice/service development or innovation (to include clinical audit)**

These articles should be between 2000-3000 words and may follow a very similar structure to research articles, depending on the focus. If the project is clinical audit, the authors should include information regarding the audit cycle, recognized practice standards and clinical governance issues.

### **Career Focus**

These should be 1000-1500 words. The aim of these articles is to give the reader an understanding of a particular role and an awareness of the types of roles he/she may be interested in for the future. The author may wish to describe the route he/she followed and the qualifications needed. For more detailed guidance please contact the editor.