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& Perioperative Practice

General Guidelines for Evidence Based Practice Manuscripts

JNAPP welcomes reports describing the translation of evidence into clinical practice. Evidence-Based Practice (EBP) manuscripts should describe how evidence was identified, evaluated, implemented, and assessed within a clinical setting. Authors should follow the guidelines herein, but may find it helpful to consult the Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) guidelines for additional information.

Unlike research studies, which seek to generate new knowledge, EBP projects focus on applying existing evidence to improve patient care, clinical outcomes, workflow, safety, and healthcare delivery.

General Content Expected for Evidence Based Practice Projects

- **Practice Gap**: Clearly identify the clinical problem, practice variation, or implementation opportunity.
- **Evidence Review**: Summarize the evidence supporting the proposed practice change.
- **Framework**: Identify the evidence-based practice or implementation framework used (e.g., Iowa Model, Johns Hopkins EBP Model, ACE Star Model, PARIHS).
- **Implementation Strategy**: Describe how the evidence was translated into practice.
- **Evaluation Plan**: Include measures used to assess implementation success, adoption, compliance, fidelity, and outcomes.
- **Sustainability** Plan: Describe how the authors intend to sustain and amplify the practice.

General Guidelines for Manuscript Development

I. Title, Keywords, and Abstract

- **Title**: Must identify the manuscript as an Evidence-Based Practice project.
- **Keywords**: Provide 3-5 keywords identifying the clinical topic, intervention, and implementation focus.
- **Abstract**: Provide a structured summary including background, practice gap, evidence review, implementation strategy, results, and conclusions.

II. Introduction & Background

- **Practice Problem**: Describe the identified clinical or operational problem.

- **Evidence Summary**: Summarize the literature supporting the intervention.
- **Purpose and Aim**: State the project's objectives.

III. Methods

- **Evidence Appraisal**: Describe how evidence was identified and evaluated. Provide an evidence synthesis table for clarity and brevity.
- **Framework**: Describe the EBP or implementation model used.
- **Intervention**: Describe the practice change.
- **Implementation Process**: Explain education, stakeholder engagement, and rollout strategies.
- **Evaluation Measures**: Include process measures, outcome measures, and implementation measures such as compliance, adoption, or fidelity.

IV. Results

- **Implementation Outcomes**: Report adherence, adoption, and implementation success.
- **Clinical Outcomes**: Report patient, operational, or educational outcomes when available.
- **Barriers and Facilitators**: Describe factors influencing implementation success.

V. Discussion

- **Interpretation**: Discuss the effectiveness of the implementation effort.
- **Lessons Learned**: Highlight practical implementation insights.
- **Sustainability**: Discuss plans for maintaining practice change.
- **Limitations**: Address project limitations and contextual factors.
- **Conclusions**: Focus on translating evidence into improved perioperative care.

VI. Manuscript Formatting (AMA Style)

JNAPP utilizes The AMA Manual of Style

- **Citations:** Use superscript Arabic numerals (e.g., Evidence suggests...[1]).
- **Reference List:** List references in numerical order as they appear in the text.
- **Tables:** Number tables sequentially (Table 1, Table 2). Use brief, descriptive titles above the table and define all abbreviations in a footnote.
- **Length**

JNAPP does not impose strict word limits for most manuscript categories. Authors should use the length necessary to adequately address all required reporting elements while maintaining clarity, focus, and readability.

Manuscripts should be sufficiently detailed to provide readers with a complete understanding of the topic, methods, findings, and implications for practice. At the same time, authors should avoid unnecessary repetition, excessive background information, or discussion that does not contribute meaningfully to the manuscript's objectives.

The Editorial Board values concise, high-quality scholarship. Submissions should be comprehensive enough to ensure transparency and reproducibility, yet streamlined enough to maintain reader engagement and emphasize the most important clinical, educational, systems, or policy insights.

Final Note to Authors

High-quality evidence-based practice manuscripts are not simply summaries of evidence or descriptions of a practice change—they are **demonstrations of how evidence can be successfully translated into clinical care**. Submissions should illustrate the **process** of moving **evidence into practice** and **provide practical insights** that help clinicians, educators, and leaders **implement** evidence-based **improvements** within their own settings.

JNAPP will give preference to manuscripts that address:

- Clinical Excellence
    - How did the evidence-informed intervention improve patient care, safety, outcomes, or clinical decision-making?
- Education
    - What should clinicians, educators, trainees, or leaders learn about implementing evidence into practice?
- Systems
    - How did the practice change influence workflow, implementation success, patient safety, quality, or healthcare delivery?
- Equity

    - How does the intervention address access to care, health disparities, workforce development, resource allocation, or equitable perioperative practice?
- Interprofessional Practice
    - What insights emerged through collaboration among the perioperative professions during implementation?

Authors are encouraged to conclude their manuscript with clear implications for clinical practice, implementation strategies, sustainability, systems improvement, and future evidence translation efforts.