Journal of
Nurse Anesthesiology
& Perioperative Practice

Guidelines for Lessons From the OR

Lessons From the OR are concise, high-impact reports that capture critical moments in perioperative care—particularly those that reveal vulnerabilities, ethical tensions, system gaps, and opportunities for growth.

These submissions are not traditional case reports. Instead, they focus on what was learned from:

- Near misses
- Ethical dilemmas
- Systems challenges
- Crisis recognition and recovery

The goal is to advance a culture of reflection, transparency, and continuous improvement in perioperative and anesthesia practice.

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General Guidelines for Lessons From the OR

Core Purpose:
Submissions must center on a clear, practice-relevant lesson derived from a real clinical event.

Appropriate Scope:
Examples include:

- A near miss that revealed a latent safety threat
- An ethical tension requiring real-time decision-making
- A systems failure or workflow breakdown
- A crisis event with successful (or evolving) recovery

Tone and Framing:

- Emphasize reflection over blame
- Focus on systems and decision-making, not individual fault
- Write with intellectual honesty and humility

Ethical Considerations:

- Patient and provider anonymity must be strictly preserved
- Avoid identifiable institutional details unless essential and approved
- Informed consent should be obtained if patient-specific details are included
- IRB determination should be stated if applicable

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Author Guidelines for Manuscript Development

I. Title, Keywords, and Abstract

Title:

- Must identify the submission as *Lessons From the OR*
- Should highlight the central lesson or challenge

Keywords:

- Provide 3-5 keywords identifying the clinical topic, intervention, and practice setting.

Abstract (Brief):

- 2–4 sentences summarizing:
    - The scenario
    - The key challenge
    - The primary lesson

II. The Clinical Scenario (Core Narrative)

Context:

- Briefly describe the clinical setting (e.g., type of case, environment)
- Include only essential background details

The Event:

- Clearly and concisely describe what happened
- Focus on the **critical moment(s)**
- Highlight decision points, uncertainties, and evolving conditions

The Response:

- What actions were taken?
- How did the team respond in real time?
- What factors influenced decision-making?

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III. Reflection and Analysis (Core of Manuscript)

What Made This Challenging?

- Clinical complexity
- Cognitive load or diagnostic uncertainty
- Communication or teamwork dynamics
- System or workflow constraints

Contributing Factors:

- Human factors (fatigue, bias, situational awareness)
    - Consider the Systems Engineering Initiative for Patient Safety (SEIPS) framework for describing human factors
        - Person, Task, Tools & Technology, Physical Environment, Organization
- Equipment or environmental issues
- Systems or process gaps

Literature (If Applicable)

- What, if anything, does a literature search reveal about the incident, phenomenon, scenario, or steps to recovery?

Ethical Considerations (If Applicable):

- Describe the ethical tension
- Competing priorities (e.g., patient safety, autonomy, team dynamics)
- How decisions were navigated

IV. The Lesson

Key Takeaway(s):

- What is the most important lesson from this event?
- Frame as actionable insight(s) for clinicians

Practice Implications:

- What should clinicians:
    - Watch for?
    - Do differently?
    - Anticipate in similar situations?

Systems Implications (If Applicable):

- What changes could improve safety or reliability?
- Are there opportunities for protocol, training, or workflow improvement?

V. Conclusions

- Provide a concise closing reflection
- Emphasize growth, awareness, and improved practice
- Avoid hindsight bias or oversimplification

VI. Additional Elements

"If We Could Do It Again" (Strongly Encouraged):

- Brief reflection on what might be done differently with the benefit of hindsight

Practice Pearls (Required):

- Include 2–4 concise bullets:
    - High-yield, actionable lessons for clinicians

VII. 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.

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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

The most valuable *Lessons From the OR* are not about perfection—they are about **insight**. These reports should **illuminate** the **realities** of clinical practice, helping others recognize **risk**, navigate **complexity**, and respond more **effectively** when it matters most.

Strong submissions move beyond simply recounting an event. They should thoughtfully explore the clinical, operational, ethical, human, or systems-based factors that contributed to the situation and provide practical lessons that can improve future care. Whether describing a near miss, ethical tension, systems challenge, communication breakdown, or successful crisis recovery, authors should focus on reflection, learning, and the advancement of perioperative practice.

JNAPP will give preference to manuscripts that address:

- Clinical Excellence
    - What lessons can be learned to improve patient care, safety, outcomes, situational awareness, or clinical decision-making?
- Education
    - What should clinicians, educators, trainees, or leaders learn, teach, discuss, or rehearse based on this experience?
- Systems
    - What does this event reveal about workflow, patient safety, communication, reliability, quality improvement, human factors, or healthcare delivery?
- Equity
    - Did the event highlight challenges related to access to care, disparities, workforce considerations, resource allocation, advocacy, or equitable perioperative practice?
- Interprofessional Practice

    - What insights emerge regarding teamwork, communication, role clarity, leadership, or collaboration among the perioperative professions?
- Human Factors and Systems Thinking
    - What individual, environmental, technological, organizational, or cognitive factors contributed to the event? What changes may help prevent similar challenges or improve future performance?
- Resilience and Recovery
    - What enabled successful recognition, adaptation, mitigation, recovery, or learning in the face of uncertainty, complexity, or crisis?

Authors are encouraged to distinguish between **hindsight** and **real-time decision-making** and to approach these reports with **humility**, **transparency**, and a **commitment** to shared learning. Manuscripts should conclude with practical **lessons**, systems **implications**, and actionable **recommendations** that can help clinicians and teams perform more effectively in future situations.