Journal of
Nurse Anesthesiology
& Perioperative Practice

General Guidelines for Scoping Reviews

The **Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)** is the authoritative international standard for reporting scoping reviews and should be used to guide all submissions. Unlike systematic reviews, which aim to answer narrow clinical questions, scoping reviews map the breadth of a topic, identify key concepts, and pinpoint knowledge gaps.

- **Protocol Registration:** Although not mandatory, it is highly recommended to register the protocol (e.g., on OSF or JBI Evidence Synthesis) to prevent duplicate efforts and ensure transparency
- **Search Strategy:** You must present a full electronic search strategy for at least one primary database so it can be repeated by others
- **Selection Process:** Screening of titles/abstracts and full texts should ideally be performed by two or more independent reviewers. Use a **PRISMA Flow Diagram** to report the number of sources screened, assessed, and included

General Guidelines for Manuscript Development

I. Title, Keywords, and Abstract

- **Title:** Must identify the report as a scoping review.
- **Keywords:** Provide 3-5 key words that identify diagnoses, interventions, and provider specialty of the focus of the scoping review.
- **Abstract:** Provide a structured summary including background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions.

II. Introduction

- **Rationale:** Explain why a scoping review is necessary. Contrast it with a systematic review; for example, if the field is emerging or requires a broad map of heterogeneous evidence.
- **Objectives:** State the primary question using the **PCC** (Population, Concept, Context) framework.

III. Methodology

- **Protocol and Registration:** State if a protocol exists and provide the registration platform (e.g., OSF, JBI) and registration number
- **Eligibility Criteria:** Define inclusion and exclusion criteria based on the PCC framework. Specify the types of sources (e.g., primary research, grey literature, editorials).
- **Information Sources and Search Strategy:** List all databases searched and the date range. **Mandatory:** Include the full search strategy for at least one database as an appendix or within the text to ensure reproducibility.
- **Selection of Evidence:** Describe the screening process. Best practice involves at least two reviewers independently screening titles/abstracts and full texts.
- **PRISMA Flow Diagram:** You must include a flow diagram to track the flow of citations.

III. Data Synthesis and Appraisal

- **Data Charting and Synthesis Tables:** Data charting should be an iterative process. For the manuscript, present these in clear, scannable tables.
- **Study Characteristics Table:** Include author, year, country, study design, population, and key findings.
- **Synthesis of Results:** Organize results by theme or concept rather than by individual study. Use a "Mapping Table" to show how different sources address specific sub-questions.

IV. Critical Appraisal **(Optional but Recommended)**

If you choose to conduct an appraisal, follow these reporting requirements:

- **Rationale:** You must state *why* appraisal was performed (e.g., to identify the quality of evidence in a specific emerging field).
- **Tool Selection:** Use validated tools appropriate for the study designs (e.g., JBI Critical Appraisal Tools or MMAT for mixed methods, Fuld).
- **Reviewer Process:** State how many reviewers performed the appraisal and how disagreements were resolved.
- **Presentation:** Include a "Risk of Bias" or "Quality Assessment" table. Note that in scoping reviews, this is used to describe the **state of the field**, not to exclude low-quality studies.

- **Reporting:** Present appraisal results in a dedicated table. Do not use appraisal scores to exclude studies; instead, use them to discuss the "trustworthiness" of the current evidence base

V. Results and Discussion

Results

- **Graphical Representation:** Supplement tables with figures, such as bar charts showing the distribution of studies by year or geographic maps showing research density.
- **Thematic Analysis:** Describe the qualitative "map" of the evidence.

Discussion

- **Summary of Evidence:** Summarize the main findings in relation to the objectives.
- **Limitations:** Discuss limitations at the study level (quality of sources) and the review level (search constraints).
- **Conclusions:** Focus on the implications for future research, policy, or the development of a future systematic review.

V. 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 scoping reviews are not simply inventories of the literature—they are tools for **understanding** the current state of **knowledge**, identifying **gaps**, and informing future **research**, **education**, **policy**, and clinical **practice**. Submissions should move beyond describing what has been published and provide meaningful synthesis that advances perioperative and nurse anesthesia practice.

JNAPP will give preference to manuscripts that address:

- Clinical Excellence
  - What does the current evidence suggest about improving patient care, safety, or outcomes?
- Education
  - What should clinicians, educators, trainees, or learners know, teach, or prioritize based on the available evidence?
- Systems
  - How do the findings inform workflow, quality improvement, implementation, patient safety, or healthcare delivery?
- Equity
  - How does the evidence address access to care, health disparities, workforce development, resource allocation, or equitable perioperative practice?
- Interprofessional Practice
  - What insights emerge for collaboration among the perioperative professions?

Authors are encouraged to conclude their review with clear implications for practice, education, systems improvement, and future research.