

General Guidelines for Clinical Observation Reports

Clinical Observation Reports are designed to capture early insights from real-world practice that may not yet meet the threshold for formal study but are clinically meaningful, hypothesis-generating, and practice-informing.

These reports sit at the intersection of case reports and quality improvement, focusing on:

- Emerging trends observed in practice
- Early signal detection (safety, efficacy, workflow)
- Practice-based insights (equipment, positioning, pharmacologic nuances, perioperative processes)

Unlike case reports, which focus on individual patients, Clinical Observation Reports emphasize patterns, repeated experiences, or evolving clinical phenomena.

General Guidelines for Clinical Observation Reports

Relevance and Signal Strength:

Submissions must demonstrate:

- A recurrent observation or emerging pattern (not a single anecdote)
- Clear clinical relevance to perioperative or anesthesia practice
- Potential to influence practice, generate hypotheses, or prompt further study

Appropriate Scope:

Examples include:

- Equipment performance trends or limitations
- Positioning-related physiologic effects
- Pharmacologic nuances (e.g., unexpected responses, dosing patterns)
- Workflow or systems-based observations affecting care delivery
- Early safety signals or near-miss patterns

Ethical Considerations:

- Patient confidentiality must be strictly maintained
- If individual patient details are included, informed consent is required
- IRB determination (exempt vs. required) should be stated where applicable

Transparency:

- Clearly distinguish observation from inference
- Avoid overgeneralization; frame conclusions as signals, not proof

General Guidelines for Manuscript Development

I. Title, Keywords and Abstract

Title:

- Must identify the manuscript as a *Clinical Observation Report*
- Should highlight the key phenomenon or trend

Keywords:

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

Abstract:

Provide a structured summary including:

- Background
- Observation(s)
- Context (clinical setting)
- Key findings or patterns
- Implications for practice

II. Introduction

Rationale:

- Describe the clinical context in which the observation emerged
- Explain why this observation is important or noteworthy

Objective:

- Clearly state what the report aims to highlight (e.g., emerging trend, potential safety concern, practice insight)

III. Observations and Context (Core of Manuscript)

Clinical Setting:

- Describe the practice environment (e.g., academic center, community hospital, global health setting)
- Include relevant patient population or case mix

Description of Observations:

- Clearly describe the observed phenomenon
- Indicate frequency, pattern, or recurrence
- Provide representative examples where appropriate

Supporting Data (If Available):

- Aggregate counts, logs, or informal tracking data
- Trends over time (even if descriptive)
- Avoid implying statistical significance unless formally analyzed

Contributing Factors:

- Equipment, technique, pharmacology, positioning, or workflow elements
- Environmental or systems-level contributors

Immediate Practice Response (If Applicable):

- Changes made in response to the observation
- Early effects of those changes

IV. Interpretation and Implications

Clinical Interpretation:

- Provide a thoughtful interpretation of the observation
- Distinguish clearly between **what was observed** and **what is hypothesized**

Comparison to Existing Knowledge:

- Relate findings to existing literature or known practice patterns
- Highlight whether this is a known issue, underreported phenomenon, or potentially novel signal

Practice Implications:

- What should clinicians consider doing differently (if anything)?
- Are there precautions, adjustments, or heightened awareness needed?

Future Directions:

- Identify opportunities for formal study, quality improvement, or data collection
- Suggest hypotheses generated by the observation

Limitations:

- Acknowledge limitations such as:
 - Observational and non-controlled nature
 - Potential bias
 - Limited generalizability

V. Conclusions

- Provide a concise summary of the key observation
- Emphasize **signal detection and clinical awareness**
- Avoid causal claims not supported by data

VI. Additional Elements

Figures and Tables:

- Encourage use of:
 - Trend graphs (e.g., frequency over time)
 - Process diagrams
 - Equipment or setup illustrations
- Ensure all visuals are de-identified and clearly labeled

Practice Pearls (Recommended):

Include a brief section (2–4 bullets):

- “What clinicians should notice”
- “What clinicians should consider doing”

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.

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

Clinical Observation Reports are essential for **advancing practice** by capturing what clinicians see **before the literature does**. Strong submissions are grounded in **careful observation, intellectual honesty, and clinical humility**, offering insights that can shape future research, generate new hypotheses, improve systems of care, and ultimately enhance patient outcomes.

Unlike traditional research studies, Clinical Observation Reports are not intended to establish causation or definitive conclusions. Rather, they identify emerging trends, recurring patterns, early signals, and practice-based insights that warrant further investigation, discussion, or quality improvement. Authors should focus on clearly describing what was observed, the clinical context in which the observation occurred, and the potential implications for perioperative practice.

JNAPP will give preference to manuscripts that address:

- Clinical Excellence
 - What emerging observations may improve patient care, safety, outcomes, or clinical decision-making?
- Education
 - What should clinicians, educators, trainees, or leaders notice, teach, or discuss based on these observations?

- **Systems**
 - How might the observation inform workflow, patient safety, quality improvement, implementation efforts, equipment utilization, or healthcare delivery?
- **Equity**
 - Does the observation have implications for access to care, health disparities, workforce development, resource allocation, or equitable perioperative practice?
- **Interprofessional Practice**
 - What insights emerge that may inform collaboration among the perioperative professions?
- **Innovation and Early Signal Detection**
 - Does the observation identify a previously unrecognized trend, emerging practice pattern, equipment concern, pharmacologic nuance, operational challenge, or opportunity for innovation?

Authors are encouraged to **distinguish** clearly between **observations**, **interpretations**, and **hypotheses**. Manuscripts should conclude with practical implications for clinicians, opportunities for future study, and recommendations for further evaluation when appropriate.