

# Tutorial Writing Guidelines



## ANAESTHESIA TUTORIAL OF THE WEEK

Thank you for your interest in writing a tutorial for Anaesthesia Tutorial of the Week (ATOTW). Please read and follow these updated guidelines rather than using archived tutorials as a guide.

**Before starting, ensure you have submitted the 'Tutorial Registration Form' to the Editor-in-Chief at [atotw@wfsahq.org](mailto:atotw@wfsahq.org)** – please do not start writing until you have done this.

### Overview

- All content must be the author's original work, unless relevant permissions have been granted and stated
- **Tutorials should be under 2500 words in length (excluding references and quiz)**
- The use of images, figures and tables to illustrate important points is encouraged
- Any figure used from another source requires permission to be granted prior to publication
- Keep number of references below 15
- The author is responsible for performing a plagiarism check prior to final submission

### Formatting requirements

Please follow the following formatting guideline prior to submission. Please note that there is no need to insert the ATOTW logo, tutorial number or footer – this will be added.

1. Submit manuscript as a Microsoft Word document (Examples can be found in appendix 1)
  - Arial font throughout (including headings, tables and labels)
  - Main headings: Size 12 bold font, in capital letters
  - Subheadings: Size 10 bold font
  - Main body of tutorial, tables and captions: Size 9 font
  - Single line spacing and single space after a full stop
  - Paragraph spacing: 0 pt before and after paragraphs (a blank line may be used between paragraphs)
  - Paragraphs should be justified, without any indentations
2. Submit tables, figures and images in a separate Microsoft Word document (Examples can be found in appendix 2)

### Structure

All our tutorials follow a structure as described below:

1. Essential information
2. Key Points
3. Introduction
4. Main body of tutorial
5. Summary
6. References
7. Questions: 20 'true/false' questions
8. Answers to questions with explanations
9. Figures, tables and diagrams (submit as separate document)

#### 1. Essential information

Please start your tutorial with the following:

- Subsection (General, Intensive care, Paediatrics, Obstetrics, Pain, Regional, Basic Science or Patient Safety)
- Title of the tutorial
- First author name, role, hospital, country
- Second author and/or supervising consultant (where applicable) name, role, hospital and country
- ATOTW editor name(s) involved in editing the article, role hospital, country
- Corresponding author email address

#### 2. Key Points

The 'Key Points' should highlight the important learning points covered within the tutorial. When writing the key points, consider a reader who only has time to read this one box.

- Submit in bullet point format (between 4 – 6 separate points)
- Each bullet point should have no more than 30 words, preferably fewer

#### 3. Introduction

The introduction should begin on the front page of the tutorial. It should include the background of the topic and information on what will be covered within the tutorial itself.

#### 4. Main body of tutorial

The structure of tutorials will vary significantly depending on the topic but please consider the following:

- Use plain English throughout
- Always consider a reader who has little pre-existing knowledge of the topic – could they follow your tutorial?

- Avoid using acronyms wherever possible. If an acronym is necessary, it must be defined where it is first used
- Headings and sub-headings should be used to break up the text
- Use boxes or tables to bring together important points (e.g. a table showing risk factors for a condition)
- Use diagrams and flowcharts where this will help to illustrate concepts

## 5. Summary

The author may wish to include a short summary paragraph to draw conclusions and essential learning points of the tutorial.

## 6. References and Further Reading

- Please keep number of references below 15
- Be aware that many readers may not have access to online journals
- References should be cited and numbered in brackets e.g. (1), (4,5), (6-10) in a chronological order within the tutorial using the endnote feature of Microsoft Word
- For **printed journal articles**, references should be provided in the following format:
  - Author(s) (Last name in full followed by initials). Title of the article. Title of journal in italics (use Medline abbreviation). Year of publication; Volume number: first to last page numbers of the article. If the article has more than three authors, list the first three authors followed by 'et al'.
  - Example: Edgecombe H, Carter K, Yarrow S et al. Anaesthesia in the prone position. *Br J Anaesth* 2008;100:165-183
- For **online resources**, references should be provided in the following format:
  - Author(s) of website. Title of website/ document. Website address (where possible, provide a hyperlink to any online resource and please ensure that the link works). (Date you accessed the source).
  - Example: Lifebox Foundation. How to use a Lifebox in the Field. [http://www.lifebox.org/wp-content/uploads/Manual\\_how-to-deliver-Lifebox-training-in-the-field.pdf](http://www.lifebox.org/wp-content/uploads/Manual_how-to-deliver-Lifebox-training-in-the-field.pdf) (accessed on 04/04/2015)
- For **books**, references should be provided in the following format:
  - Author(s). Title of book. Edition. Place: Publisher, Year.
  - Example: Langley GJ. The improvement guide: a practical approach to enhancing organizational performance. 1<sup>st</sup> edn. San Francisco: Jossey-Bass Publishers, 1996

## 7. Questions

All tutorials will be accompanied by an online test which will consist of 20 True or False questions. The purpose of the questions is to test reader's knowledge and understanding of the tutorial's topic.

- There are **20 true/false question** with each tutorial
- Please write these as a separate section after the 'References' section
- Questions should not be ambiguous and should relate directly to the content of the tutorial
- Questions should be succinct (suggested maximum of 20 words per question)

## 8. Answers to questions

- Answers to the questions should be provided separately below the 'Questions'
- Each question should have a True or False answer
- Each question should have an explanation for the correct answer, written in full sentences

## 9. Pictures, diagrams and other figures

- **Please submit as separate Word document**
- **Please see appendix 2 for examples**
- **Please indicate where you would like the figure/ table to appear within the tutorial (see appendix 1)**
- Aim to keep the size of any illustration down to <200KB. Larger files should be reduced in size
- All diagrams, pictures, images and boxes should be labeled as 'Figures'.
- The figures should be numbered and have an accompanying description.
- The figure description should be placed below the figure itself
- Any figures should be original work or have permission from the original owner
- All figures from another source should have permissions granted. Most journals will grant this for educational purposes by non-profit making organisations and we suggest the author requests this directly.
- Where permission is granted, this should be stated after the figure label
- Where permission is granted with accompanying cost, please inform [atotw@wfsahq.org](mailto:atotw@wfsahq.org)
- Where permission cannot be obtained, figures may be reproduced by the authors or editorial team

### Tables

- Tables should be created within the Word document – avoid tables inserted as a picture
- Text within the table should be in Arial, font 9
- Each table should be numbered and have an accompanying description below the table itself

## Plagiarism check

- It is essential that all tutorials submitted are your own work
- It is the responsibility of the author to perform a plagiarism check of their own work
- We recommend using <http://plagiarisma.net> which is an easy to use online tool

## **Appendix 1**

### **Example Tutorial Submission**

**Subsection:** Paediatric Anaesthesia

**Title:** Post-operative pain management in children

**First author:** Dr Joe Bloggs, Anaesthetic Registrar, Example Hospital, UK

**Second author:** Dr Jenny Baker, Anaesthetic Consultant, Example Hospital, UK

**ATOTW Editor:** Dr Mary Johnson, Anaesthetic Consultant, Example Hospital, UK

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#### **KEY POINTS**

- Very important point one
- Very important point two
- Very important point three
- Very important point four

#### **INTRODUCTION**

Post-operative pain management is an essential part of the management (1) of etc etc etc...

#### **AETIOLOGY OF PAEDIATRIC PAIN**

The main causes of acute pain in children are from procedures, surgery, trauma and acute medical illness (2,3).....This is summarised in table 1..

Table 1

##### **Procedure related pain**

The pain associated with planned medical procedures.....

##### **Postoperative pain**

Post-operative pain should be discussed pre-operatively with....

#### **PAEDIATRIC PAIN ASSESSMENT TOOLS**

Systematic, routine pain assessment using standardized, validated measures....See Figure 1.

Figure 1

#### **SUMMARY**

Summary of the tutorial

#### **REFERENCES**

1. Sawyer RJ, Richmond MN, Hickey JD, Jarratt JA. Peripheral nerve injuries associated with anaesthesia. *Anaesthesia* 2000; 55: 980-991
2. Edgecombe H, Carter K, Yarrow S. Anaesthesia in the prone position. *Br J Anaesth* 2008;100:165-183
3. Lifebox Foundation. How to use a Lifebox in the Field. [http://www.lifebox.org/wp-content/uploads/Manual\\_how-to-deliver-Lifebox-training-in-the-field.pdf](http://www.lifebox.org/wp-content/uploads/Manual_how-to-deliver-Lifebox-training-in-the-field.pdf) (accessed on 04/04/2015)

## QUESTIONS and ANSWERS

1. Termination of the dural sac usually occurs at the level of L3  
**False:** Termination of the dural sac occurs around the level of S3
2. The intercrystal line (between the iliac crests) occurs close to L5 in children  
**True:** The intercrystal line (between the iliac crests) occurs close to L5 in children
3. Hypotension following epidural blockade is rarely seen in children less than 8 years of age  
**True:** Hypotension is rarely seen in children less than 8 years of age, a product of a lower circulating volume in the lower limbs and splanchnic system, and a relative lack of resting peripheral vascular tone
4. Clonidine added to caudal solutions rarely causes hypotension  
**False:** Clonidine may cause hypotension when used as an additive in caudal solutions
5. Pre-term infants have an almost absent autonomic response to spinal anaesthetics  
**True:** There is an almost absent autonomic response to spinal anaesthesia up to 5-6 years of age
6. ....  
**False:.....**
7. ....  
**True:.....**
8. ....
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

## Appendix 2

### Table, Figure, Image for ATOTW submissions

- Tables should be created within the Word document – avoid tables inserted as a picture
- Text within the table should be in Arial, font 9
- Each table should be numbered and have an accompanying description below the table itself
- Ensure any pictures or images that are copied have permission for publication, or documentation of their creative commons licensure. For information on how to cite Creative Commons content, please search for their website and look under the section which explains how to credit creative commons work.
- Each figure should be numbered and have caption below it
- Examples of how to label table, figures and images are shown below

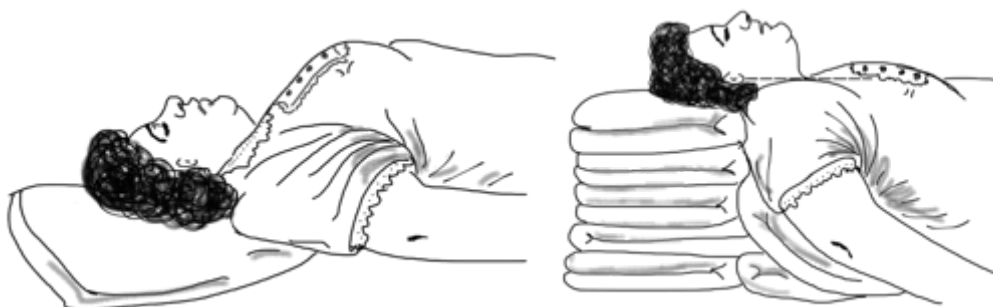
### TABLES

Environmental risk factors	Physical risk factors
High environmental temperature	Cardiovascular disease
Lack of acclimatisation	Poor cardiorespiratory reserve
Lack of air conditioning	Extreme of ages
Protective clothing	Previous heat stroke
Vigorous exercise	Dehydration (diarrhoea, vomiting)
	Obesity
	Skin disease e.g. anhidrosis, psoriasis, malaria, scleroderma
	Conditions increasing heat production e.g. thyrotoxicosis
	Concurrent viral illnesses/ Sepsis
	Drug therapy (table 3)

**Table 2.** Environmental and physical risk factors predisposing to heat stroke

### FIGURES

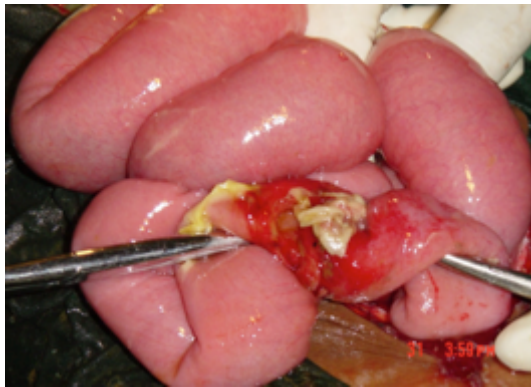
#### Figures that are originally produced:



**Figure 4:** A comparison between supine and ramped position in an obese patient. In a supine position (left), the ear is below the level of the sternal notch. In a ramped position (right), the ear is level with the sternal notch and the face is parallel with the ceiling.



**Photograph/image directly contributed by colleague**

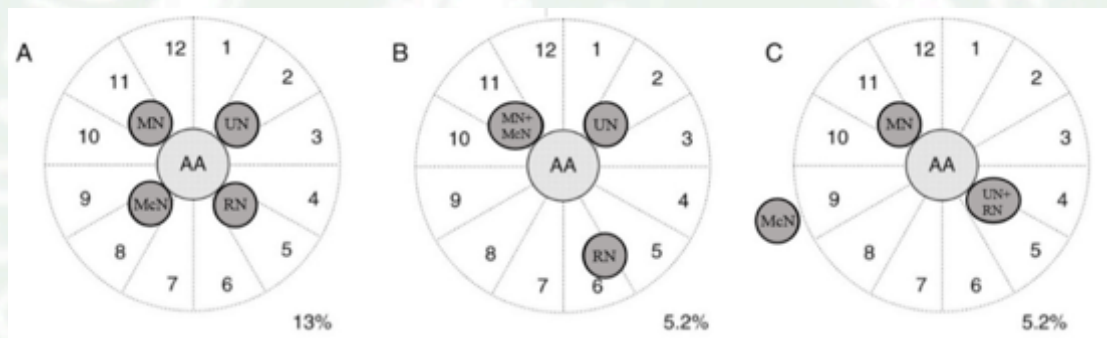


**Figure 2:** Perforations on the anti-mesenteric border of the terminal ileum (Photographs supplied by Prof Emmanuel Ameh, Paediatric surgeon, National Hospital, Abuja, Nigeria)



**Figure 3:** X ray image displaying spinal instrumentation. Image provided by the Washington University St. Louis - Barnes Jewish Hospital Radiology Department

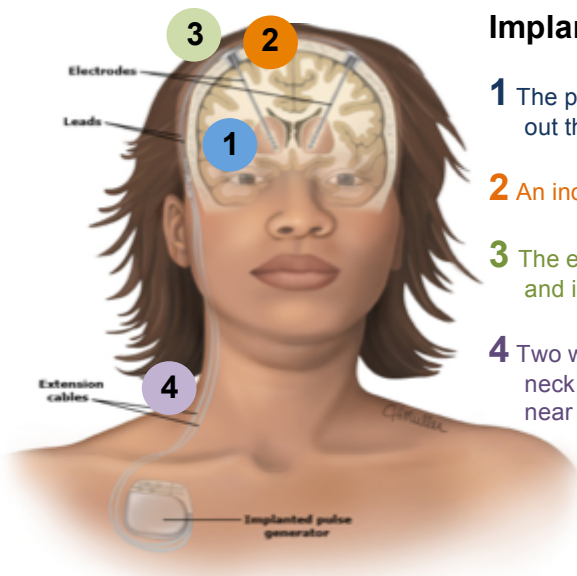
**Figures reproduced from another publication:**



**Figure 3:** Illustration of anatomical variability of main nerves at the level of the axilla. Left side lateral, right side medial. MN = median nerve  
UN = ulnar nerve RN = radial nerve McN = musculocutaneous nerve

*Assessment of topographic brachial plexus nerves variations at the axilla using ultrasonography, Christophe JL., et al, BJA, 2009, by permission of Oxford University Press on behalf of the British Journal of Anaesthesia. This image/content is not covered by the terms of the Creative Commons licence of this publication. For permission to reuse, please contact the rights holder.*

Figure from educational website:



### Implanting a deep brain stimulator:

- 1 The patient undergoes an MRI, which precisely maps out the target areas of the brain to be treated
- 2 An incision is made in the scalp
- 3 The electrodes are precisely inserted through burr holes and into the targeted areas of the brain
- 4 Two wires are threaded behind the ears and down the neck to the pulse generator which is usually implanted near the clavicle

Figure 2: Components of a DBS. *Reproduced with permission from UpToDate*

### Figures with Creative Commons content

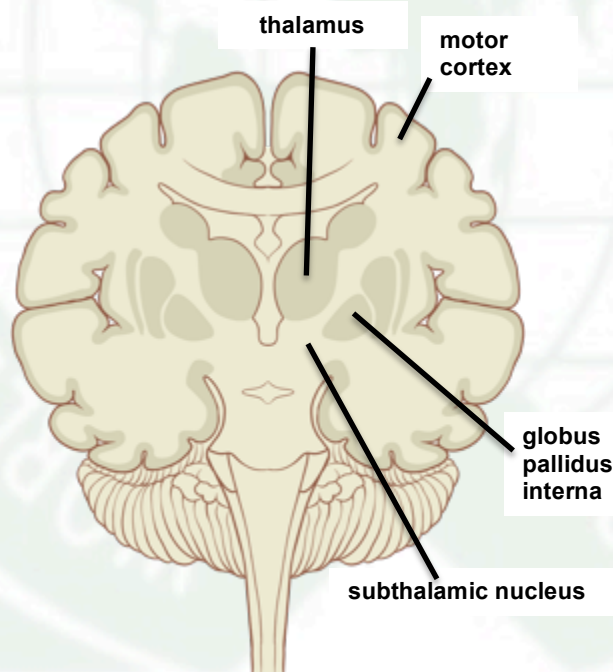


Figure 1: Common targets for surgery: globus pallidus, thalamus and subthalamic nucleus  
Source: Patrick J. Lynch, distributed under Creative Commons Attribution 2.5 License 2006