

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 you start, we humbly request you to kindly do a thorough search on ATOTW website to understand the type of tutorials and to find a focused topic to write on which has not been addressed in ATOTW. **Indeed, we recommend that you go through our previously published tutorials (more than > 5-10 years back) which might need an update as more robust evidence is available now in that area.** These can help you propose a focussed topic with a precise outline of scientific content using headings & sub-heads to be covered, which needs to be submitted to ATOTW Editor-in-Chief at atotw@wfsahq.org for evaluation & approval.

Make sure that you have submitted the “Manuscript Outline” to the Editor-in-Chief at atotw@wfsahq.org. Please do not start writing until you have done this. [The manuscript outline template is available here.](#)

We also recommend that you choose a senior supervising consultant who shall be co-author with you in this tutorial. This supervising consultant should have expertise in the field you are proposing to write on.

The Outline draft shall be sent for review to our section editor by the EIC. Our editors shall review the feasibility, comprehensiveness and accuracy of this proposed tutorial outline draft document. Our editors can suggest acceptance, revisions or reject the proposal. **Once the outline draft has been accepted, you will need to submit the accepted [outline draft document](#) via Editorial Manager/Peertrack, the software we use to manage manuscripts: <https://www.editorialmanager.com/atotw/default.aspx> . You can find [instructions on how to use the software here.](#)**

Afterwards, the EIC shall request a full manuscript draft from authors. This full draft will be assigned to subject specific Section editor, who shall review the full manuscript and assign a Primary Editor for a detailed manuscript review. The assigned Primary editor shall guide, mentor, review and recommend corrections/editing to section editor. Both section editor & Primary editor will submit their recommendations via the EIC to authors for further corrections of your tutorial full manuscript. The Peer track system will have timelines and a process to track status of your manuscript. After requisite corrections are approved by both our Primary & Section editor and EIC, we shall request a plagiarism report and final submission with checklist for lining up the article for publication.

Overview

- All content must be the author's original work based on evidence based scientific literature, with relevant permissions that have been granted and stated
- **Tutorials should be under 2500 words in length (excluding references and quiz)**
- The use of images, figures, self-made infographics 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 25
- The author is responsible for performing a plagiarism check prior to final submission, which ideally should have less than 10% similarity

- The author must acknowledge if any form of artificial intelligence (AI) was used to generate the text for the tutorial

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 document (Examples can be found in appendix 2)

Structure

All our tutorials follow a structure as described below:

- Essential information
- Key Points
- Introduction
- Main body of tutorial
- Summary
- References
- Questions: 20 'true/false' questions
- Answers to questions with explanations
- Figures, tables and diagrams (submit as separate word file 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/ affiliation, hospital, country & contact details like email address & Mobile number
- Second author and/or supervising consultant (where applicable) name, role, hospital and country & their & contact details like email address & Mobile number
- ATOTW editor name(s) involved in editing the article, role hospital, country & email addresses
- Corresponding author email address

2. Key Points

The 'Key Points' should highlight the important core 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
- Mention and refer in main manuscript text Tables, figures

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 up to 25.
- Be aware that many readers may not have access to online journals
- References should be cited and numbered in superscript 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 (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. 1st edn. San Francisco: Jossey-Bass Publishers, 1996

7. Questions & Answers to 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 the reader's knowledge and understanding of the tutorial's topic.

- There are **20 true/false question** with each tutorial
- 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)
- Authors to spell out abbreviations for all MCQ statements

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
- Please submit the quiz as a separate word file titled quiz questions & answer with explanation

9. Pictures, diagrams and other figures

- Please submit as separate document in word file**
- 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 us when submitting the manuscript
- Where permission cannot be obtained, figures may be reproduced by the authors or editorial team

10. 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

11. Plagiarism check

- It is essential that all tutorials submitted are your own work and avoid plagiarism
- It is the responsibility of the author to perform a plagiarism check of their own work, ensuring similarity rate less than 10% preferably
- Authors may use <http://plagiarisma.net> which is an easy-to-use online tool

12. AI policy

- It is the responsibility of the author to acknowledge in writing whether any form of artificial intelligence (AI) has been used to generate the text for the tutorial. These considerations have become imperative in light of recent rampant use of AI and other forms of plagiarism for scientific writing.

13. General Guidelines

- Authors should use scientific terms and simple English
- For obstetric patients, instruct authors to use the term “parturient” when referring to patients to be inclusive, as opposed to “mother” or “female”
- Authors should avoid referencing outcomes observed in their hospitals as “evidence” and instead use objective, peer-reviewed studies
- Use of Box with key messages can be used to reduce text and convey must know knowledge.

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

Corresponding address: joe.bloggs@hotmail.com

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 (accessed on 04/04/2015)

QUESTIONS AND ANSWERS

1. Lignocaine can be used to minimize hemodynamic responses to airway manipulation.

True: Use of intravenous lignocaine in doses of 1.5-2 mg/kg, 2 to 3 minutes before laryngoscopy and intubation as well as extubation attenuates the sympathetic response to airway manipulation.

2. Lignocaine is an ester type of local anesthetic.

False: Lignocaine is a monocarboxylic acid amide type of local anesthetic.

3. Lignocaine acts on sodium channels.

True: Lignocaine acts on the voltage gated sodium channels of neuronal membrane.

4. The potency of local anesthetic depends on its pKa.

False: The potency of local anesthetic depends on its lipid solubility and speed of onset of its action depends on its pKa.

5.

True:

6.

False:

7.

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:

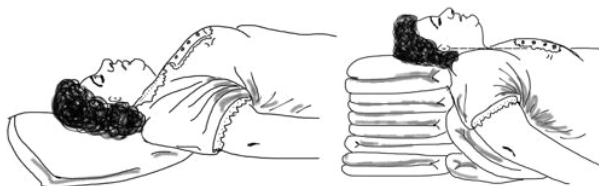


Figure 4: A comparison between supine and ramped position in an obese patient. In a supine position (left), the ear is below the level of the sternal notch. In a ramped position (right), the ear is level with the sternal notch and the face is parallel with the ceiling.

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:

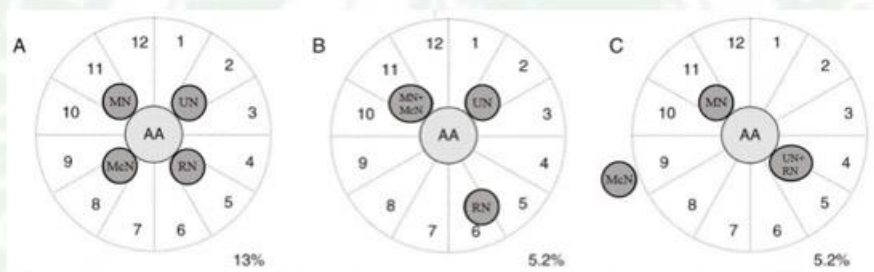


Figure 3: Illustration of anatomical variability of main nerves at the level of the axilla. Left side lateral, right side medial. MN = median nerve
UN = ulnar nerve RN = radial nerve McN = musculocutaneous nerve

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:

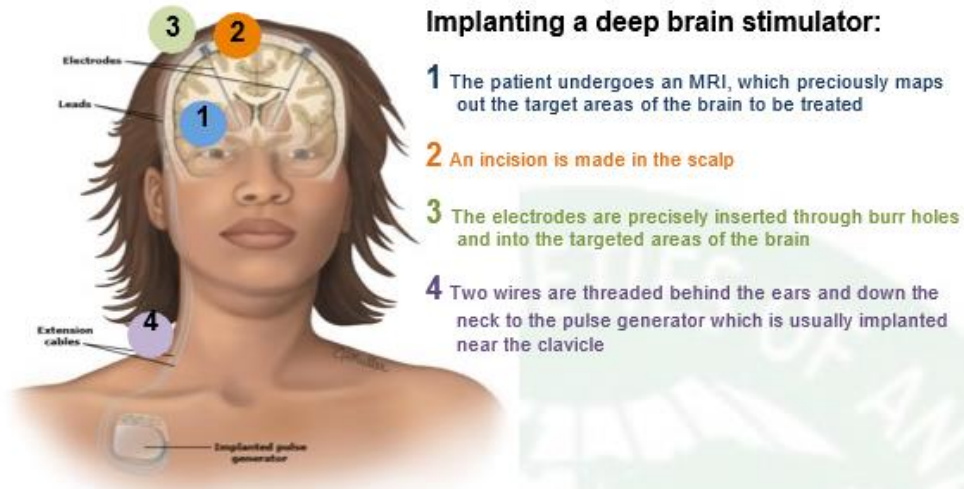


Figure 2: Components of a DBS. Reproduced with permission from UpToDate

Figures with Creative Commons content

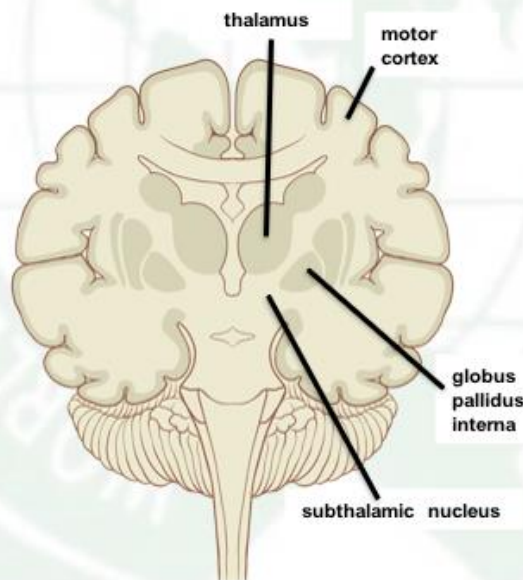


Figure 1: Common targets for surgery: globus pallidus, thalamus and subthalamic nucleus
 Source: Patrick J. Lynch, distributed under Creative Commons Attribution 2.5 License 2006