

- ◆ Education
- ◆ Leadership
- ◆ Clinical Practice
 - ◆ Research
 - ◆ Case studies
 - ◆ Comment
 - ◆ CPD Module
 - ◆ Special series

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Instructions to authors

JPP is a peer-reviewed, professional journal focused on the role of the paramedic. JPP welcomes articles on all aspects of prehospital emergency, urgent and unscheduled care and professional development. The journal publishes literature reviews, case studies and original research articles. The journal also welcomes letters commenting on previously published articles, or any subject relating to clinical paramedic practice.

Articles should be approximately 3000 words, although this can be exceeded in special cases when agreed in advance with the editor.

For queries relating to potential articles, contact the editor Aysha Mendes at jpp@markallengroup.com

SUBMISSIONS

- Submit your article to our online peer review portal at <https://www.editorialmanager.com/jpar/default.aspx>
- Articles should be submitted as Microsoft Word files or equivalent. If you are not using Microsoft Word, please save the document as an ASCII or text file
- Articles should be double-spaced and pages should be numbered. All tables and figures should be included and numbered
- For purposes of confidentiality, author identification should only appear on the title page
- You will receive proofs for correction before publication along with any editorial queries the editor may have

MA Healthcare Ltd, publishers of JPP, will hold copyright of all articles published in JPP.

■ ARTICLES

Please ensure you selected the correct article type:

- ◆ Clinical Practice
- ◆ Research
- ◆ Education
- ◆ Leadership and Management
- ◆ Case Study
- ◆ Comment
- ◆ Continuing Professional Development (CPD) Module
- ◆ JPP Commissioned Series

Documents to upload

- Title page: The title page, which must be submitted as a separate file from the main manuscript, should include the following information: title, author details, abstract, acknowledgment, conflict of interest statement. This should be a separate file – this will be uploaded first on our submission site and this will automatically populate these fields for your submission, making it a more straightforward process
- Anonymous manuscript: This document must contain the full text of the article including the abstract, keywords, key points and references (please see below). It must not contain any information that could identify the author(s)
- Tables and figures included in the article must be uploaded as separate files even if they are already included in the original manuscript document
- Additional data/videos/audio may also be uploaded separately, if applicable.

Article elements to include

Our main articles types (Clinical Practice; Research; Education; Leadership and Management) align with the four pillars of paramedic practice and must include the following elements:

- **Abstract:** An abstract of between 100 and 150 words must be submitted giving a brief outline of the content of the article, including major findings. This is a summary of the entire article, not an introduction. For research articles, the abstract should be structured in the following sections: Background, Aims, Methods, Findings, Conclusion
- **Headings:** Relevant subheadings should be used to structure the article
- **Conclusions:** Your conclusions should be succinct and logically ordered. Identify gaps in present knowledge and suggest future initiatives
- **Keywords:** Please provide 5–6 searchable terms
- **Key points:** You must supply 4–6 full sentences that adequately summarise the major themes of your article
- **Reflective questions:** Please supply 3–5 questions based on your article that readers can use for reflective notes or discussion, which may be used to count towards their CPD portfolio
- **Tables and figures:** Figures (illustrations, graphs, bar charts and photographs) and tables (information listed in a boxed off row-and-column format) are popular with readers and are encouraged:
 - Please clearly indicate the number of the figure or table in the text of the article and also on the figure/table
 - In the case of illustrative figures, our artists can transform rough drawings you provide into finished artwork. Graphs, bar charts etc must have all percentages/numbers clearly marked on them, as our artists also redraw these
 - Photographs must be supplied electronically. Please ensure that the images are highresolution (300dpi minimum). They must not be embedded in a Word document or Powerpoint presentation
 - You must have written consent to publish photographs of patients and/or their conditions. Please indicate that such consent has been obtained in your submission
 - Any images that you have not taken or created yourself will be subject to copyright restrictions. It is the author's responsibility to obtain permission from the copyright holder (which may be the author/photographer or publisher) before submission. Images acquire from the internet cannot be used
- **References:** The [CSE system](#) must be used. Please ensure that the reference list is under the subheading 'References' and any formatting from reference managing systems (e.g. EndNote or Reference Manager) has been removed
- **Abbreviations and units:** Abbreviations are acceptable as long as they are defined at first mention. SI units should be used, except for measurement of blood pressure (mmHg) and haemoglobin (g/dl)
- **Conflict of interest:** It is the journal's editorial policy to ask authors to declare any conflict of interest, including any possible interest, financial or otherwise, that may embarrass the author or the journal if revealed at a later date. If you believe that applies to you, please provide a statement when prompted during the submission process
- **Ethical approval:** If your article involves the use of human subjects, you need to ensure that the article contains a statement that all procedures were performed in compliance with relevant laws and institutional guidelines and that the appropriate institutional committee(s) has/ve approved them
- **Informed consent:** Where there is an unavoidable risk of breach of privacy (e.g. in a clinical photograph or in case details) the patient's written consent, or that of the next of kin, to publication must be obtained. We will ask you to include the signed consent form with your submission.

COMPLETING YOUR SUBMISSION

Please note that your submission [is not complete until you have viewed and approved the PDF version of your article](#) and received an email confirmation of completed submission.

EDITORIAL PROCESS

- **Peer Review:** All articles other than comments and short regular columns and features will undergo a double-blind peer review process where the article will be sent to two people who specialise in the subject area of the article. Reviewers are asked to return their comments within 2–3 weeks. Once we have received feedback from the reviewers about the article, we make a decision about how to proceed. Decisions are usually within the following categories: accept, accept with minor revision, revise and resubmit for second peer review, reject. Where an article receives two conflicting reviews, the consultant editor will either ask a third reviewer or make a final decision following review
- **Proofs:** Once the final, revised article has been accepted for publication, the corresponding author will receive a PDF copy of the article with final editorial or copy editor questions. The corresponding author is then responsible for

reviewing content and ‘proof reading’ the article to ensure it has been accurately reproduced. Major revisions to the text are NOT possible at this stage. There may be a delay of some months from the date of acceptance to publication date, depending on scheduling. However, we aim for this delay to be no longer than 6 months and, in most cases, it will be considerably shorter.

ARTICLE TYPES

- **Leadership and Management:** The JPP encourages a culture of support and leadership. This section is a dedicated space in which authors may present national initiatives, as well as local projects designed around leadership, and local deliveries to share leadership theory, projects and training. It will aim to keep readers fully up-to-date with the latest developments taking place as they affect you—the practising paramedic. We also publish a consultant column with an informal column from a consultant paramedic, sharing with readers the details of the enigmatic role and its various contributions to practice and leadership
- **Education:** This section provides an opportunity to share best practice for the development of learning, teaching and assessment within paramedic practice. We welcome articles related to innovative teaching and training methods, and all developments and projects related to paramedic education. Empowering a learning culture within the paramedic profession is hugely important to continuing its growth and professionalism. By maintaining our commitment to publishing articles related to all aspects of paramedic education, the journal continues to be the only paramedic-focused journal which emphasises paramedic education and learning. In defining the facilitation of learning and education as a specific section within our journal, we hope to encourage many more submissions within this theme. We also publish a student column with informal columns sharing the views of student paramedics and following those students once they become newly qualified paramedics
- **Clinical Practice:** Clinical articles should be between 2500–3000 words. It is therefore suggested that you focus your article on an aspect of a clinical topic in depth rather than trying to cover the whole topic. For example, if you were writing an article on acute coronary syndromes, it would be better to focus on the care of a patient with either non-ST elevation MI or ST elevation MI and then to discuss the treatment in the acute phase. Another article could then explore risk factors or investigations or rehabilitation. A clinical article should include the latest evidence-based guidelines/research relating to the topic. We also publish clinical skills-based and how-to type articles.
- **Research:** Research articles can be primary qualitative or quantitative research or a literature review (systematic, narrative etc). We also consider smaller pilot studies with valuable takeaway messages that can be used to encourage larger studies on an important topic area in paramedicine and case studies. If you have a shorter summary of already published but relevant and valuable research in the paramedic profession, we will consider this as well.

Research articles should be approximately 3000 words and will usually follow the traditional research structure:

- Introduction / background
- Aim(s)
- Research design
- Methods and methodology (including ethics approval/patient consent/etc)
- Results
- Discussion
- Conclusion/recommendations
- Acknowledgement(s)

References

- **Background:** This should outline what is already known about the subject area, including any previous research studies. The author should demonstrate sound rationale for undertaking the study and their chosen design.
- **Aim(s) or research questions:** What the author hoped to achieve or answer by undertaking their study e.g. gain greater insight in to the experiences of women in primary care coronary heart disease prevention clinics or ‘What are the experiences of women in coronary heart disease prevention clinics within a primary care setting?’
- **Research design:** Was qualitative or quantitative approach utilised and why? Outline chosen design and justify this design over other possible designs.
- **Ethical issues:** May link with design and methodology. Please see above under general guidelines
- **Methods and methodology:** There should be sufficient detail in this section to enable other researchers to replicate your work. Additional headings may help to structure this section e.g. sample, procedure, data collection methods (including information regarding reliability and validation of any tools used in quantitative studies and approaches used to address issues around study rigour in qualitative studies) and analysis.

If submitting a review article, please explain the nature of the review e.g. high-quality traditional literature reviews, aggregative and interpretive reviews, qualitative, quantitative and mixed-method systematic reviews, meta-analyses, meta-summaries and metasyntheses. Details of the search strategy (databases searched with dates, search terms used, exclusion and inclusion criteria combined with rationales for your choices) should be included

- **Results:** If pertinent, this section may be subdivided with further headings. Data should not be presented in both text

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- and tables
- Discussion: The author should relate his/her findings to previous research and relevant clinical practice, commencing with any unique findings of their study. This section may also contain information regarding any limitations to the study and therefore findings/generalisability.
 - Conclusions/recommendations: What do the results contribute to current and future clinical practice? Is further research needed to fully answer the original questions or fulfil the aim(s)? Based on the findings, what do the authors recommend as 'next steps'?
 - Acknowledgement(s): These should include any funding bodies/grants that supported the research or contributed to the salaries(s) of any of the authors, acknowledgement of any particular units/wards or individuals who helped ensure the success of the project or assisted with writing it up.
 - References: As previously detailed
- **Case Studies:** Case studies should be between 2000-2500 words. As the title suggests, articles in this category should focus on the care of an individual with a cardiac-related condition, following an episode of care. It would be interesting for the reader if as much information about the patient (ensuring confidentiality) is included as succinctly as possible. A multidisciplinary theme would also be useful and, where possible, the patient's perspective.

The article should provide information about the presenting condition of the patient, starting with how he/she presented to the author's clinical area. The article should include the patient's medical and social history, any risk factors for his/her condition, current medications, his/her clinical observations (if possible) and results of any other initial tests (e.g. ECG).

There should also be a discussion about the treatment that was given to the patient, the evidence that underpinned it, alternative routes of care that were considered but decided against and the reasons for this, and how he/she might be followed up. Please see notes about consent above.

If the author chooses to adopt a reflective approach for the care study to identify personal learning gained, it is recommended that a framework is used to guide this process. Some useful references are:

- Boyd E, Fales A (1983) Reflecting learning: key to learning from experience. *Humanist Psychol* 23(2): 99–117
- Carper B (1978) Fundamental ways of knowing in nursing. *Adv Nurs Sci* 1(1):13–23
- Durgahee T (1976) Promoting reflection in post graduate nursing: a theoretical model. *Nurse Educ Today* 16: 419–26
- Gibbs, G (1988) *Learning by Doing. A Guide to Teaching and Learning Methods*. Further Education Unit, Oxford Polytechnic, Oxford

If you prefer to follow a framework, the [CARE guidelines](#) may be of use.

- **Comment:** Comment articles are opinion articles ranging from 700–1500 words and are usually of a topical nature. These don't require an abstract, key words, reflection questions, etc.
- **Continuing Professional Development (CPD) Module:** Articles for our CPD platform are about 2500/3000 words in length or so, often (but not always) include a clinical case study, include 4 learning points (what the reader will be able to do/understand upon completing the module) contain 5 open-ended CPD reflection questions throughout the text at relevant points, and are followed by a questionnaire of 10 multiple choice questions and answers related to the content of the article.
- **JPP Commissioned Series:** The JPP often publishes special series in areas such as legal, ethics, pharmacology/paramedic prescribing, emergency and urgent care, etc. If you have been approached by the editor or volunteered for one of these series, please follow the specific brief given to you by the editor and only choose this option when submitting your manuscript if you are writing for one of these series and the editor is aware and expecting it.

We are looking forward to receiving your manuscript. Please submit it to our review portal at:
<https://www.editorialmanager.com/jpar/default.aspx>