



# ICU

**MANAGEMENT & PRACTICE**  
THE OFFICIAL MANAGEMENT JOURNAL OF ISICEM



## AUTHOR GUIDE

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# The Official Management and Practice Journal of ISICEM

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The International Symposium on Intensive Care and Emergency Medicine (ISICEM) is held every March in Brussels. Since it was established in 1980 it has become one of the largest international events in the field with over 6,000 participants from across the globe. This four-day symposium provides up-to-date reviews of the most recent, clinically relevant developments in research, therapy and management of the critically ill. Since 2000 ICU Management & Practice (originally titled ICU Management) has been the official management journal of ISICEM.

## **ICU Management & Practice – filling a need**

Managers and clinicians in intensive care and emergency medicine face highly demanding challenges caring for patients with the most serious injuries and illnesses. They work in extremely stressful, highly technological, labour- and resource-intensive environments. The constant need to improve the quality of care and to provide ‘more for less’, coupled with the lack of specific training in management issues, created a need for a central platform that addresses these key issues.

As one of the leading global journals designed specifically to support best practice in management of the critically ill, ICU Management & Practice addresses this need as an essential tool for professionals active in critical care and emergency medicine.

## **Editorial Ethos**

We cover the latest management trends, technological innovations, medical practices and news in intensive care and emergency medicine, appealing to a wide multidisciplinary audience of critical care & emergency medicine professionals working in leading positions.

ICU Management & Practice provides valuable information and support for improving the day-to-day working environment and outcomes within this complex sector. It addresses managerial and practical topics such as cost-effectiveness, best practice, ethics, safety, personnel management and finance in critical care.

ICU Management & Practice’s unique ‘editorial matrix’ has a clear focus on management and practical topics throughout the critical care discipline.

ICU Management & Practice promotes better understanding between the different specialties within intensive care and emergency departments and their teams, thus enhancing efficiency and patient safety. The Editor-in-Chief of ICU Management & Practice, Professor Jean-Louis Vincent, is one of the world’s leading critical care specialists.



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## Content

Articles may focus on any management or practice issue in intensive care related to economics, quality of care or patient outcome. We accept scientific papers with a clear connection to management and practice issues. Submissions may not have been published previously or be currently submitted for publication elsewhere. Articles must be written by independent authorities and any sponsors for research must be noted in the Conflict of Interest statement. If manufacturers are named in an article, the text must present an unbiased view, not in support of any particular company.

## Submission Guidelines

Authors are responsible for all statements made in their work, including changes made by the editor and authorised by the submitting author. The text should be provided as a single-spaced, left-justified word-processed document via email to **editorial@icu-management.org**. The final article should be submitted with the article submission form, which will be provided by the Managing Editor. Following review, a revised version, which includes the editors' comments and recommendations, is returned to the corresponding author for authorisation. In addition page proofs will be sent to the authors prior to publication.

## Length

■ Articles should be between 1400- 2000 words (not including references). Please note that contributions longer than the specified number of words may be edited for space reasons.

## Structure

Article texts must contain:

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- Title (50 characters including spaces), subtitle, main text and summary/conclusion, with short subheadings as appropriate
- Authors are encouraged to include checklists and/or guidelines, which summarise findings or recommendations
- References or sources, if appropriate, as specified below



# Instructions for Authors

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## Writing Style

Articles must be written in UK English (e.g. organisation, not organization), with short sentences, a clear structure (see above) and no bias.

## Images

All authors are asked to supply a portrait photo for publication with their article. This and any other relevant images for publication with an article should be sent by email as separate files (only high resolution images with 300dpi) and their order of placement in the article must be clearly indicated. Only the electronic formats “.tif” or “.jpg” can be used for images, i.e. not embedded in Microsoft Word or Power Point. Images must be no smaller than 9cm x 9cm at 100% scale. Only images meeting these specifications can be published. If an image has been published before, permission to reproduce the material must be obtained by the author from the copyright holder and the original source acknowledged in the text.

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Any references that are deemed important to understanding of the article should be cited in concise form within the article. Please use the Harvard reference system. Citations within the text for a single author reference should include the author surname and year of publication; for a citation with two authors include both author

surnames and year of publication; for more than two authors, include the first author surname followed by “et al.” and the year of publication. Multiple citations should be separated by a semicolon, and listed in alphabetical order. A guide to referencing is available from the Managing Editor or can be downloaded from the website at <https://iii.hm/7zs>.

### Example of within text citation:

(Edwards 2004; Edwards and Miller 2002; Miller et al. 2003).

Reference lists should be alphabetised by lead author and included at the end. Example of standard journal reference: Sydow K (1999) Collecting information; qualitative research methods for solving workplace problems, *Tech Comm*, 46 (4): 532-44.

Authors are responsible for the accuracy of the references they cite.

Thank you,

The ICU Management & Practice Editorial Team  
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# I-I-I Blog & I-I-I Videos

We welcome blog and video contributions.

## I-I-I Blogs (I Page I Question I Answer)

Write a blog post of 250-700 words, and we promote it in our newsletters and in social media.

## I-I-I Videos

The ICU Management & Practice team attends major congresses every year. Many prominent intensivists have appeared on our I-I-I Videos

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### Burnout Syndrome in Critical Care: What Needs to Happen Now?

Following the release of the U.S. Critical Care Societies Collaborative Call to Action on Burnout Syndrome, ICU Management & Practice interviewed co-authors Ruth Knaflitz and Vicki Good from the American Association of Critical-Care Nurses.

**Q: Is there a tendency for health professionals experiencing burnout not to admit it or recognize it?**

**Knaflitz:** There is a tendency for healthcare professionals experiencing burnout not to admit or recognize it as some perceive they need to be stoic—and that admitting their feelings might be perceived as a sign of weakness. The CCSC Call to Action is intended to highlight the importance of preventing and addressing burnout in ICU healthcare professionals, and to bring recognition that burnout is common among members of high-stress professions. Burnout is commonly caused by emotional, mental and physical exhaustion related to excessive or prolonged stress, and we must increase awareness of the importance of recognizing and managing burnout. We are encouraging ICU healthcare providers to share how they are addressing burnout by joining the conversation at [#ICUandBurnout](#).

**Good:** Healthcare personnel go into this profession to care for others and we frequently forget that we need care ourselves. Some personnel see this as a sign of "weakness" and do not want to admit that they may need to engage in self-care or set personal and professional boundaries. This is one reason why the CCSC has issued a Call to Action for the profession as a whole and individually to bring attention to the importance of recognizing and addressing burnout.

**Q: Is there a balance needed between system solutions and individual actions by the health professional who is at risk of burnout syndrome?**

**Knaflitz:** A balance is needed between system solutions to address prevention of burnout such as providing staff with adequate lunch and break times, and individual actions of the health care professional, such as taking advantage of workplace fitness facilities or other stress reduction measures. The demands of patient care in the ICU can be challenging and the fast-paced environment can lead to a stressful work environment. Having workplace measures in place such as yoga or fitness classes, providing access to a respite room, and ensuring adequate staff support measures such as debriefings after an emergency situation are very useful in providing stress relief and in balancing the fast-paced work environment in the ICU.

**Good:** Organizations and the overall healthcare system must provide an environment that is healthy and conducive to preventing burnout. The American Association of Critical-Care Nurses (AACN) advocates tenets that nurses must practice in healthy work environments and has been a leader in defining the key standards that must be in place in order to have such environments. Those standards include: skilled communication, true collaboration, authentic leadership, effective decision-making, appropriate staffing and meaningful recognition. Additionally, we as individuals must take accountability to prevent burnout by practicing good self-care by taking breaks and vacation time, seeking assistance when needed, and taking care of our overall health and wellness.

**Q: What can the ICU director do to prevent burnout or to ensure individuals who experience burnout get help quickly?**

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### I-I-I Interviews by HealthManagement.org

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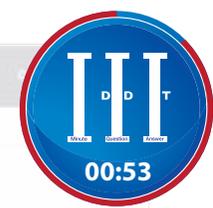
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### Definition of qualified recipients

Qualified recipients are Heads of ICU Departments & ICU physicians, Heads of ED & ED physicians, Anaesthesiologists and other medical professionals who provide care in specialised care units for seriously ill patients.

**ISICEM** delegates receive a complimentary one-year subscription as part of their congress fee.



### VERIFIED CIRCULATION

ICU Management & Practice is independently audited on behalf of ISICEM by AKC.

**Verified Circulation** according to the standards of International Business Press Audits.

\* Full geographic circulation is available upon request.

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