

# AST Guidelines for Authors

## MANUSCRIPT GUIDELINES

*The Surgical Technologist* is the official journal of the Association of Surgical Technologists. The readership consists primarily of surgical technologists and surgical first assistants representing a number of specialties, with a secondary market of surgical technology instructors, medical libraries, and other operating room staff.

The purpose of the journal is to advance the quality of surgical patient care by providing a forum for the exchange of knowledge in surgical technology and by promoting a high standard of performance in the field. The journal features articles on surgical procedures and equipment, sterile technique, medical science reviews, legislative and regulatory issues, professional development, and trends in employment, education, and credentialing.

Certified surgical technologists may receive continuing education credits for writing. The number of credits awarded will be based on educational value, amount of research, and other relevant factors. CE credit will be awarded only for the initial publication of an article. See *AST Guidelines for Continuing Education* for additional information.

## Selection Criteria

AST's editorial and education departments will review each outline and manuscript submitted. Acceptance and publication of the manuscript will be based on the following criteria:

1. It must have a unique thesis or angle and be relevant to the surgical technology profession.
2. Its message must be clear, thorough, accurate and concise.
3. It must be in a format that maintains the journal's integrity of style.
4. It must be an original topic (one that hasn't been published in the *Journal* in the past two years) and fit into the editorial plan for the publication.

Outlines or manuscripts that don't meet the requirements may be rejected or returned to the author for revisions. All manuscripts will be edited for grammar, punctuation, usage, consistency, clarity and style. Authors will receive a copy of the manuscript after layout to review before publication. Authors may request extra copies of the magazine after publication.

## Authorship

Authorship is reserved for those who make major contributions to the research and preparation of the paper. Assistants and colleagues who are not substantially involved in the work, but who assisted in some way may be included under the Acknowledgments section. Authors are responsible for the factual accuracy and copyright of their contributions. Do not misrepresent data or distort facts. Avoid statements of opinion.

Avoid copyright violation and plagiarism. As authors, you are responsible for providing proof of permission to use previously published or copyrighted material. Thoroughly document sources within the text and appropriately cite references at the end of the article. You must disclose to AST's editors if the article or any of its parts have already been published or are being considered for publication by other publishers.

## Outline Submission

AST requires that you submit a thorough outline of your proposed topic and get that outline approved, before submitting a manuscript. The education department and the editors will review the outline based on the criteria above and contact you with anything necessary to ensure the manuscript will be publishable. Getting your outline approved will save you the time and effort of writing a manuscript that may be rejected.

## Manuscript Submission

After AST has approved your outline, you should e-mail the original manuscript to [kludwig@ast.org](mailto:kludwig@ast.org), or mail the manuscript with the computer file to Karen Ludwig, editor, AST, 7108-C S Alton Way, Englewood, CO 80112-2106. Photographs and illustrations should be protected by stiff cardboard. Please include a cover letter with a brief description of the article, audience and proposed CE category (if applicable), as well as the addresses, home and business telephone numbers, and brief biographies including credentials for all authors. You will be notified upon receipt of the manuscript.

## **Manuscript Preparation**

**Electronic Files.** Use Microsoft Word or Word Perfect to create the electronic document. Save the document in a Microsoft Word format. Please use one file for all the sections of the article and separate files for each individual graphic. The text file should include a list of figures—separate descriptions of any graphics included or referred to in the text.

**Formatting.** The manuscript should be double-spaced on one side of 8-1/2 x 11-inch paper and have 1-inch margins. Major headings should be bold and flush-left with the margin. Subheads should be italic and flush-left with the margins. Text should flow evenly from one section to another, not be separated by page breaks or excessive returns (line spaces). Indent paragraphs rather than adding space (returns) between them. Minimal formatting should be used. AST will flow the text into a layout program, so excessive formatting (page or section breaks, extra tabs or returns, etc) must be removed.

**Length.** Continuing education articles should run a minimum of 2,000 words and a maximum of 5,000 words (including references and the CE exam). Short topical articles should range from 500 words (one page) to 2,000 words (three to four pages).

**Proofreading.** You should carefully proofread the manuscript before submission to ensure its accuracy. Read first for sense. Did you include all the steps necessary for the procedure in a logical order? Did you include all instruments and supplies needed? Did you say what you intended to say? Read again to catch typographical and spelling errors. Are all facts referenced with a source? Finally, make sure that text references refer to the appropriate bibliography reference; figures refer to the appropriate graphic or table; numbers haven't been inverted or changed; etc.

**Tables and Figures.** Figures include all graphs, charts, line drawings, photographs, and other types of illustrations. If you are unable to provide tables or figures to illustrate your manuscript, please offer suggestions for the editors. (For instance, figures for a total shoulder arthroplasty article could include an anatomical illustration of the shoulder showing the collar bone and scapula, types of prosthesis, radiographs before and after the procedure, photographs of instrument setup, etc.)

If you provide tables or figures, label each in numeric, sequential order, and indicate any special orientation. In the text, indicate where tables and figures should appear by including the reference in parenthesis. For example: (Table 1) or (Figure 5). Color slides or photographs are acceptable, but should be clear and in focus. AST may choose to reproduce any graph, chart, or drawing submitted or to remove a table or figure as needed for space and quality.

*As with the text, the author is responsible for securing permission for using any tables or figures that he or she didn't create.* If the copyright holder requires financial compensation for use, contact the editors at AST. Do not secure reprint rights without permission from AST editors and expect to be reimbursed.

## **Manuscript Organization**

Every manuscript submitted to AST should include a title, introduction (abstract), body of the article, conclusion, author biography, acknowledgments, references, and tables or figures if necessary. Continuing education articles should also include a CE exam. *AST may refuse to accept a manuscript for publication that is missing key sections or source documentation.*

**Title.** The title should be a concise statement of the topic that summarizes the main idea of the story.

**Introduction.** The manuscript should begin with a brief summary or abstract of the purpose and conclusions of the article. This should also include a statement or paragraph that describes the extent of the problem and puts it into context for the readers. For example: "The CDC estimates more than 2 million hospital-acquired infections each year in the United States, costing the country 90,000 lives and an estimated \$4.5 billion a year."

**Body of the Article.** This section is specific to the topic and should be complete. Remember that your readers are surgical technologists with varying levels of education and experience and write accordingly. When describing a procedure, focus on the technical considerations for the surgical technologist. All procedural CE articles, should include the following sections: anatomy including anatomical considerations, preoperative preparation, surgical procedure, postoperative management, and results. Optional additional sections may include history of the procedure, diagnosis, non-surgical treatments, etc.

**Conclusion.** Summarize the resolution or results of the proposed problem. Answer any questions raised in the article that weren't resolved in the text. Describe conclusions, implications, methods, and practices that may be drawn from the information provided.

**Acknowledgments.** This section lists individuals who provided information or assistance in preparing the manuscript.

**References.** Every article concludes with a list of all references cited in the text. All articles that include facts, history, anatomy, or other specific or scientific information must cite sources, including primary sources (journal articles, books, manuals, personal interviews, Internet or World Wide Web sources) and secondary sources (other publications on the same or related subjects). A direct quotation from any of these sources must be cited in the text, referencing the bibliographic listing. Ideas and interpretations attributed to, or facts discovered by another writer must be referenced. (See section on Documenting Sources.) Check the references carefully against the original publication to make sure proper names, foreign words or phrases, journal titles, years, volume numbers and pages are complete. A bibliography, which lists non-referenced sources for additional reading, may be included as a separate section.

**Tables and Figures:** Tables detail information too complex to explain in the text. Abbreviations used in a table should be explained in a key at the bottom. Figures include all graphs, charts, line drawings, photographs, and other types of illustrations. These should illustrate, explain or add to the text, rather than repeat information. Label each table or figure in numeric, sequential order and refer to them in the text by that number (eg Figure 3).

## **COPYRIGHT INFORMATION**

### **Definition of Copyright**

Copyright is the protection provided by the laws of the United States to the creators of "original works of authorship," which includes literary works, pictorial, graphic and sculptural works, creative or dramatic works, audiovisual works, sound recordings, and architectural works. This protection exists for the author from the moment the work is physically created. The copyright immediately becomes the property of the author who created the work. Neither publication or copyright registration is required for a work to be protected by copyright.<sup>1</sup>

Copyright **does not** cover the following: "titles, names, short phrases and slogans; familiar symbols or designs; mere variations of typographic ornamentation, lettering, or coloring, mere listings of ingredients or contents; ideas, procedures, methods, systems, processes, concepts, principles, discoveries, or devices, as distinguished from a description, explanation, or illustration; and works consisting *entirely* of information that is common property and containing no original authorship."<sup>1</sup>

When in doubt about copyright, contact AST's editors for clarification.

### **Author's Responsibility**

As authors, you are responsible for the integrity of your writing. All articles submitted for publication should be free from plagiarism, should properly document sources, and should have attained written documentation of copyright release when necessary.

You are responsible for providing proof of permission to use previously published or copyrighted material. *For CE articles, print and electronic transfer of copyright are required.* To use copyrighted material, the author must request written permission from the owner of the copyright and note the application of the copyright (print, electronic, Web, etc). *Copyright permission for text, tables, figures and other materials should be secured before the manuscript is submitted for publication.* Keep a list of anyone who has been contacted for permission and, after permission is granted, keep copies of the written documents. You will need to provide AST with copies of those documents prior to publication.

Any copyrighted material that has been modified or adapted from other sources should be brought to the attention of the editors to evaluate whether a credit line or copyright permission request is needed.

### **AST Policy and Responsibility**

*AST may refuse to publish material that the editors believe is unauthorized use of copyrighted material or a manuscript without complete documentation.* Authors submitting manuscripts for publication must cite references in the text and document sources.

AST will see that the proper copyright notice appears in the *Journal* and will file for copyright registration in the name of the association. The editors will send a copyright release form to each author for their signatures. All authors must sign and return this form with approval or changes to their manuscript. AST will handle all reprint

permission requests from outside sources and will notify the author before granting permission. Authors who wish to reproduce any of their material must submit a written permission request to AST so the association is aware of the use of all copyrighted material.

### Documenting Sources

The references cited in the text and the reference list at the end of your article establishes the authority of your article. Ideas and interpretations attributed to, or facts discovered by another writer or source must be referenced. Failing to do so will put AST in jeopardy of copyright infringement. *The authors are responsible for providing proof of permission to use previously published or copyrighted material.*

The *AMA Manual of Style* defines direct plagiarism as “Verbatim lifting of passages without enclosing the borrowed material in quotation marks and crediting the original author.”<sup>2</sup> Any material lifted word-for-word from the original must be placed in quotation marks and the source footnoted.

Other types of plagiarism include the following: “Borrowing the ideas and opinions from an original source and a few verbatim words or phrases without crediting the original author”; “Restating a phrase or passage, providing the same meaning but in a different form without attribution to the original author”; and “Noting the original source of only part of what is borrowed or failing to cite the source material in such a way that a reader will know what is original and what is borrowed.”<sup>2</sup>

You must footnote and cite any material used from another source. Each sentence that includes words or information taken from a source must include a reference number that corresponds with the list of references at the end of the manuscript. If the information is available from more than one source, add reference numbers for all sources at the end of the sentence. If an entire paragraph is based on information from the same source or sources, add the reference number(s) at the end of the paragraph instead of the end of each sentence.

The format for your reference section at the end of the manuscript should follow AMA style. The AMA manual recommends the following information for complete references:

**Book references:** authors’ last names and first and middle initials\*, chapter title, editor’s or translator’s last name and initials, book title\*, volume number, edition number, place of publication\*, name of publisher\*, year of copyright\* and page numbers for material used\*.<sup>3</sup>

*Example:* Bishop WJ. *Early History of Surgery*. London: Robert Hale Limited; 1960:11-18, 48-66.

*Example:* Wangenstein OH. Foreword. In: Absolon, KB. *The Surgeon’s Surgeon Theodore Billroth 1829-1894*. vol 1. Lawrence, Kansas: Coronado Press;1979:xiii-xvii.

**Journal references:** authors’ last names and first and middle initials\*, title and subtitle of article\*, name of journal\*, year\*, volume number\*, issue month or number, page numbers for article\*.<sup>3</sup>

*Example:* Dines DM, Warren RF. Modular shoulder hemiarthroplasty for acute fractures. *Clinical Orthopedics*. October 1994;(307):18-26.

**World Wide Web material:** author’s name, title of page or site, name of organization, date of material, html address, date accessed. If a serial is published online, use the journal reference data above with [serial online] after the name of the publication, and include the Web address and access date.<sup>3</sup>

*Example:* RC Mellors. Congenital and Hereditary Bone Disorders. Weill Medical College. Cornell University. [www.edcenter.med.cornell.edu/CUMC\\_PathNotes/Skeletal?Bone\\_02.html](http://www.edcenter.med.cornell.edu/CUMC_PathNotes/Skeletal?Bone_02.html). Accessed 8-9-99.

The AMA recommends reference material for many other forms of sources (CD-ROMs, e-mail messages, presentations, etc.). Contact the *Journal’s* editorial department with questions about citing any unusual sources.<sup>3</sup>

\*Minimum acceptable data for print references.

### EFFECTIVE WRITING

Good writing should be clear, precise, thorough, smooth, and logical. A successful writer considers the reader and leads him or her from thought to thought. Use unbiased language whenever possible. The following guidelines will help you create a good manuscript.

**Be clear and precise.** Make certain that every word used means exactly what you intend it to mean. Use full names for instruments and procedures. For example, the full name for a “Gelpi” is a Gelpi perineal retractor. Make sure those names are correct. A Weitlaner retractor is not a Weitlander, a Weetlaner, or a Wheatlander. Avoid

slang or jargon. (See section on Jargon.) A “snap” in some hospitals means a small mosquito or Kelly hemostat; in other hospitals, it can mean any hemostat.

Use correct usage of medical terms. For instance, the words acute and chronic refer to duration, not severity, so they shouldn’t be used to describe patients or treatment. (If available, refer to the *AMA Manual of Style* for questions of usage.)

Write with the active voice instead of the passive voice to avoid confusion. In the active voice, the subject of the sentence is different than the object. In passive voice, they are the same. Something happens to the object of the sentence leaving the reader to wonder who or what is making it happen. For instance, “The incision (object) is enlarged with micro scissors,” leaves the reader wondering who is enlarging the incision. “The surgeon or first assistant (subject) enlarges the incision (object) with micro scissors,” is more specific. In most cases, you can avoid passive voice by telling who is doing what during the procedure.

Be cautious about using the words, it, which, this, that, these and those, without being specific. For instance, in the following sentences, “it” could refer to the parietal pleura, the visceral pleura or the thin layer of liquid. “The parietal pleura and visceral pleura are separated by a thin layer of watery liquid. During breathing, it reduces friction.” Rewriting the second sentence to read, “During breathing, the watery liquid reduces friction,” clarifies the meaning.

Be concise. Instead of listing all possible instruments for a procedure, list the ones consistent with all surgeons’ preferences. Read sentences to see if all the words are necessary. In phrases such as “skin rash,” “red in color,” and “sum total,” some of the words are redundant. Get rid of any words that can be removed without changing meaning.<sup>4</sup>

**Be thorough and logical.** Think through the steps of the procedure or the logic of the argument. Is there anything you have assumed that the reader would know? Think like a trainer. Are there any details missing that would be helpful for a surgical technologist who is new to the field or to the procedure? Are there instruments or supplies that you mention later in the article that you didn’t include in the preoperative section? Do you mention any muscles, bones or ligaments that weren’t discussed in the anatomy section?

**Be smooth.** Make sure your subjects and verbs agree. Don’t change tenses unnecessarily. Avoid overused expressions and clichés. Use transition words, phrases or sentences to introduce a new topic. Don’t leave the reader hanging by suddenly abandoning the development of an argument or theme.

**Use gender neutral language.** Avoid language that imparts bias against persons or groups on the basis of sex, race, age, disability, or orientation. Avoid generalizations and stereotypes. Use the following table as a guide:<sup>4</sup>

Biased	Better
Man, mankind	people, humans, humankind
Chairman, chairwoman	chair
The elderly	older persons, elderly patients, aging adults, the older population
The disabled, the handicapped, crippled, lame, deformed	persons with disability, physically disabled
Retarded adult, mentally ill person	Person with mental illness, adult with mental retardation
Diabetics, asthmatics, epileptic, AIDS victim, stroke victim	Person with diabetes, person with asthma, person with AIDS, etc

Sex refers to the biological characteristics of males and females. Gender includes more than sex and serves as a cultural indicator of a person’s personal and social status.<sup>4</sup> Terms such as nurse, physician, and scientist are sex-neutral and do not require modification. Do not use gender-created pronouns such as s/he, shem, or shim.<sup>4</sup> The nouns lesbians and gay men are preferred to the broader term, homosexuals, when referring to specific groups. Avoid using gay or gays as a noun. Heterosexual and homosexual may be used as adjectives.<sup>4</sup>

Avoid reference to race unless medically pertinent. Whenever possible, be specific. Use broad terms such as black, white, Native American, Hispanic, Latino, and Asian, only when more specific terms (Mexican, Japanese, Hawaiian, etc) can’t be avoided. Use African American only to refer to people from African decent. References to a multicultural group or to people of color can be used appropriately to refer to diverse heritages.

## AST STYLE

Do not capitalize surgical technologist, certified surgical technologist, surgical first assistant, doctor, surgeon, nurse, etc, in general references.

Do not use courtesy titles (Dr, Mrs, Mr), but add credentials whenever applicable (MD, PhD, CST). When a person holds a CST or CST/CFA and additional degrees, use AST-related credentials first (Paul Price, CST/CFA, MBA).

Use first names and titles only once, refer to last names only on second reference (Brown believes..., not President Brown believes...)

Credentials should follow the name and set off in commas. (Bob Caruthers, CST, PhD, will head that committee. Not: Bob Caruthers is a CST and will head that committee)

Check a dictionary to see if a word needs hyphenating. At AST, the following words are not hyphenated:

antimicrobial	coauthor	intraoperative	noninvasive
nonmember	nonnegotiable	nonphysician first assistant	nonprofit
nonresident	postoperative	preconference	preoperative

Do not use periods in abbreviations, (NY, PhD), acronyms (CST, AMA) or for etc, eg, or ie.

The complete name of an organization should be spelled out on first reference with its acronym in parentheses after the name. The acronym can be used for each additional reference. For example: Association of Surgical Technologists (AST) on first reference, AST for additional references (never the AST). Do not use periods with abbreviations or acronyms.

Units of measure should be spelled out on first reference with the abbreviation following in parentheses. The abbreviation should be used on second reference. For example: use 2 milliliters (ml) of solution.

Spell out whole numbers from one through nine and fractions. Use numerals for numbers 10 and above, decimals, units of measure, and statistics. Use numerals to represent ages, times, sums of money, temperatures, and mixed fractions. Except for the percent sign and the degree sign (for angles) and the °C symbol, put a space between the quantity and the unit of measure (35° angle, 20 ml, 30°C).

## Jargon

Avoid using terms that are not precise or consistent throughout the industry. Don't shorten a description to the point of being confusing. For instance, drugs are neither systemic nor local, but given for systemic or local effect; however, local anesthetics are a class of drug. Techniques for delivering anesthesia are general, local and regional.<sup>4</sup>

The following table gives examples of how to turn jargon into specific terms:

Jargon	Preferred
cardiac [diabetic] diet	diet for patients with cardiac disease [diabetes]
Emergency room	Emergency department
Congenital heart	Congenital heart disease; congenital cardiac anomaly
Hyperglycemia of 250 mg/dL	Hyperglycemia (blood glucose level of 13.9 mmol/L [250 mg/dL])
Jugular ligation	Jugular vein ligation or ligation of the jugular vein
Left heart failure	Left ventricular failure; left-sided heart failure
Normal range	Reference range
Pap smear	Papanicolaou test
Psychiatric floor	Psychiatric department, service, unit, ward
Respiratory infection	Respiratory tract infection or infection of the respiratory tract
Therapy of [a disease or condition]	Therapy for
Treatment for [a disease or condition]	Treatment of
Urinary infection	Urinary tract infection or infection of the urinary tract

From the *AMA Manual of Style*, pages 262-3.

1. US Copyright Office. Library of Congress. Available at <http://lcweb.loc.gov/copyright/>. Accessed Sept. 27, 1999.

2. Ethical and Legal Considerations. In: *AMA Manual of Style: A Guideline for Authors and Editors*. . Iverson C (chair), Flanagan, A, Fontanarosa PB, et al. 9th ed, Baltimore, Md: Williams & Wilkins; 1998:103-104

3. Iverson C. Preparing an Article for Publication. In: *AMA Manual of Style: A Guideline for Authors and Editors*. . Iverson C (chair), Flanagan, A, Fontanarosa PB, et al. 9th ed, Baltimore, Md: Williams & Wilkins; 1998:30-44.

4. Young RK. Correct and Preferred Usage. In: *AMA Manual of Style: A Guideline for Authors and Editors*. . Iverson C (chair), Flanagan, A, Fontanarosa PB, et al. 9th ed, Baltimore, Md: Williams & Wilkins; 1998:260-269.