Kerry A. Milner, DNSc, RN

Sharing Your Knowledge: Getting Your Idea Published

ABSTRACT

Nurses have a professional and ethical obligation to share best practices to advance nursing knowledge and create better outcomes for patients. Practice-based evidence is as important to advancing evidence-based practice as original research. Infusion nurses are in an excellent position to share local best practices more broadly. Writing for publication is a mechanism for disseminating practice-based evidence. This article reviews the importance of sharing best practices and describes not only how to prepare a manuscript for publication but also resources that will help nurses in this important endeavor.

Key words: best practices, evidence-based practice, manuscript preparation

Infusion therapy is a rapidly evolving area of nursing practice that demands constant innovation to provide optimal patient care. Many advances in infusion therapy remain localized when they should be shared more broadly. A key characteristic of the evidence-based practice (EBP) movement is to disseminate evidence through publications, presentations, or other media to change practice and improve patient outcomes.[1] Nurses are in an excellent position to write and publish papers on the EBP and quality improvement (QI) projects being conducted in their practice settings. The purpose of this article is to describe reasons for sharing best practices and to identify resources to assist nurses in the dissemination of local evidence by preparing a manuscript for publication.

Author Affiliation: College of Nursing, Sacred Heart University, Fairfield, Connecticut.

Kerry A. Milner, DNSc, RN, is an associate professor of nursing in the College of Nursing at Sacred Heart University in Fairfield, Connecticut, where she teaches in the baccalaureate and doctor of nurse practice programs. Her areas of expertise include evidence-based practice, medical-surgical critical care, and writing for publication. Dr. Milner leads writing-for-publication workshops.

The author of this article has no conflicts of interest to disclose.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text, and links to the digital files are provided in the HTML text of this article on the journal's Web site (http://journals.lww.com/journalofinfusionnursing).

Corresponding Author: Kerry A. Milner, DNSc, RN, Sacred Heart University, College of Nursing, 5151 Park Ave, Fairfield, CT 06825 (milnerk@sacredheart.edu).

DOI: 10.1097/NAN.0000000000000188

WHY SHARE BEST PRACTICES?

Nurses have a professional responsibility to actively participate in the dissemination of practice-based evidence. The 2015 American Nurses Association Code of Ethics includes the following position on dissemination: "All nurses must participate in the advancement of the profession through knowledge development, evaluation, dissemination, and application to practice."[2(p41)] A major reason for sharing best practices is to bring about change that will contribute to enhanced patient outcomes and satisfaction. Other motives include demonstrating to others evidence of success in your setting and raising the quality of services and care. Sharing the results from a successful EBP project, a QI initiative, or original research increases the likelihood for replication or duplication in other practice settings. This is an important process in the advancement of knowledge, and it provides an opportunity to better understand if a best practice in 1 setting is transferable to another. What doesn't work in practice and lessons learned are also important to share, so that others may be fully informed.

Unit-specific initiatives that successfully solve a practice problem and measure specific outcomes should be disseminated outside the practice setting, so that others may benefit. Writing for publication can be a way for nurses to share best practice; for example, the journal *Critical Care Nurse* has a section titled "In Our Unit," where nurses can share their results from unit-based EBP or QI projects.

WAYS TO SHARE BEST PRACTICES

Despite the many technological advances in communication, guidelines on best practice for disseminating

evidence and evidence-based information remain the same.[3] Traditional ways to share best practices include speaking before an audience (eg, podium/oral, panel, or roundtable formats), making poster presentations, or publishing papers. They are often referred to as the other 3 Ps for poster, presentation, and paper.

Other ways of sharing best practices that have been used less often by nursing include small groups, such as grand rounds, clinical rounds, and brief consultations. Digitalized communications—for example, the Infusion Nurses Society's Web site, Webinars, and podcasts—are a relatively new method for widely disseminating new knowledge. The advance of EBP in nursing has sparked the formation of on-site or online journal clubs as a means for sharing evidence. Even social media, such as Twitter, have been used to create microblogging journal clubs to share postpublication reviews of best practices.[4]

Health policy briefs and the media are a timely way to communicate best practices or changes to a broad audience. The World Health Organization often uses health policy briefs as a way to share best practices around the world. The briefs provide a clear, accessible overview of timely and important health policy topics. Finally, media can be used to share best practices. Examples of this include Reuters Health News, local and world newspapers, and major television news networks and their affiliates, such as Cable News Network, the American Broadcasting Company, and the National Broadcasting Company.

The key concept across all these mechanisms is effective communication.[5] Nurses have an obligation to facilitate the dissemination of new knowledge. This wider exchange of information through various dissemination methods allows for accumulation and use of new knowledge in nursing and other disciplines, with the goal of improving patient care.

PREPARING A DOCUMENT FOR PUBLICATION

The process of writing and preparing a document for publication is like learning a new clinical skill.[6] First, the nurse must see the relevance for learning the new skill. Writing for publication will advance EBP because other nurses may read and implement the best practices in their health care setting. Second, the novice nurse needs an experienced person to demonstrate the skill. Find a mentor with sufficient writing and publication experience who is willing to demonstrate the skill of preparing a document for publication. Third, the nurse does a return demonstration of the skill by writing a first draft. Fourth, the nurse gets feedback about how she or he performed the skill. In this stage, the nurse will write multiple drafts and the mentor will provide ongoing feedback. Fifth, the nurse works on mastery of the new skill by submitting a manuscript to a journal and getting feedback from peer reviewers. At this point, there are 3 possible responses: the article has been accepted for publication; the article may be accepted after the author addresses the reviewers' comments; or the journal isn't interested in publishing the author's article at this time. In the last step, the nurse works toward mastery of writing for publication with guidance from her or his mentor.

Resources that provide useful information and helpful suggestions to nurses who are thinking about writing for publication can be found at the Wiley-Blackwell-supported Web site, *Nurse Author & Editor*.[7] The Web site contains articles offering advice on writing quality manuscripts, avoiding rejection, finding publishing opportunities, editing, and reviewing. A Wiley-Blackwell publication, *Writing for Publication: An Easy to Follow Guide for Any Nurse Thinking of Publishing Their Work*, can be downloaded free of charge.[8] The Oermann and Hays[9] textbook, *Writing for Publication in Nursing*, provides helpful tips for writers at all levels.

Finding a writing mentor can be challenging because many practicing registered nurses and advanced practice nurses have excellent clinical skills but lack experience in writing for publication. In places where writing mentors are scarce, nurses can ask their EBP council, nurse educator, or administrators to sponsor a writing-for-publication workshop. Similar to the way in which EBP mentors are developed, nurses who complete a writing workshop can be developed into writing mentors for other nurses at the unit or system level. Another possible source for writing mentors in an academic health system is the faculty who teach in the health science disciplines. With the help of administrators or nurse educators, nurses can reach out to faculty for writing support or ask experienced faculty to deliver a writing-for-publication workshop.

The University of Utah College of Nursing has a free, online course, "Writing for Professional Journals," which is open to the public.[10] The target audience for the course is individual learners or practicing nurses in a professional development track. The course contains 12 modules, and each module includes video lectures, PowerPoint slides (Microsoft PowerPoint; Microsoft, Bellevue, WA), readings, and learning activities that support the overall objective of learning to write for publication in professional journals.

TIPS FOR SELECTING A JOURNAL

Before writing, identify the audience and the journal that best targets the intended audience. It's a daunting task for a novice nurse-writer to find the right journal given the plethora of options. The goal is to find a journal that publishes articles related to your topic and target audience, so a good place to start is with nursing journals.

The Nursing and Allied Health Resources Section (NAHRS) of the Medical Library Association created the 2012 NAHRS Selected List of Nursing Journals to provide nurses and librarians with data on nursing and interdisciplinary journals to assist with decisions about where to submit articles for publication.[11]

A general resource for finding nursing and nonnursing journals is *JournalGuide*,[12] a Web-based resource to help authors identify appropriate journals for publication. Authors can easily search for and compare journals by typing in their manuscript title or keywords.

Beware of predatory publishers who publish counterfeit journals in which the author is required to pay to have his or her article published.[13] These publishers set up Web sites that closely resemble respectable online journals and publish low-quality articles. They promise shortened time to publication and lack a rigorous peer review process and practices used by conventional scholarly publishers. The Scholarly Open Access Web site, developed by librarian Jeffrey Beall, provides a list of stand-alone potential, possible, and probable predatory online journals. If you are considering publishing your work in an online journal, check this Web site first (https://scholarlyoa.com/publishers).

Once a few journals have been identified, navigate to the journal Web site and read the description of the journal. Look closely at the last few issues of the journal. Look at the article topics. Are they similar to your topic? Look at how the articles are structured and written (eg, the type of headings; number and style of tables and figures; and images). Ask yourself if the readers of the journal would find your best practice or project results useful.

Assess if the journal is specialized or general interest. For example, the *Journal of Infusion Nursing* is the official publication of the Infusion Nurses Society and publishes new research, clinical reviews, case studies, and professional development information relevant to the practice of infusion therapy. The audience is health care providers who participate in the delivery of infusion therapy. In contrast, *Nursing Research* is more general interest, publishing articles on health promotion, human responses to illness, acute care nursing research, symptom management, cost-effectiveness, vulnerable populations, health services, and community-based nursing studies. It appeals to health providers in various specialties.

Another consideration that is gaining importance and may influence the process of journal selection is a journal's impact factor (IF). In broad terms, this is a measure of the "worth" of a journal. It is calculated by tallying the number of citations in a given year made to all the content that a journal has published in the previous 2 years, divided by the total number of citable items published in the journal in the previous 2 years.[14] For example, if a journal has an IF = 1 in 2014, then its articles published in 2012 and 2013 received 1 citation each on average in 2014. IF does not reflect the quality of an article or its impact on practice and should only be used to compare journals that publish material on the same subject because of the differences in citation behavior in different subject areas.[14]

WHY USE REPORTING STANDARDS?

In an effort to strengthen the quality and transparency of reporting in the biomedical literature, standards for reporting the results of different types of studies were first created in the late 1990s. The first reporting standards were meant to help authors with reporting results from single randomized control trials (Consolidated Standards of Reporting Trials, CONSORT)[15] and meta-analyses (Quality of Reporting of Meta-analyses, QUORUM).[16] Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) is the updated version of QUORUM.[17] These specific standards guide authors with the reporting of relevant information that is necessary to assess the methodological quality of a study. Moreover, if these standards are adhered to, it can aid the translation of evidence into practice, and critical appraisal and worth to practice may be assessed more easily because all the relevant information is included in the report.

All journals have author guidelines that specify how to write and submit a document for publication. They can be found on the journal's Web site. More nursing journals are specifying that authors follow appropriate standard reporting guidelines when preparing manuscripts for publication.[18] For example, the *American Journal of Nursing*, the *Journal of Nursing Care Quality*, and the *Journal of Pediatric Nursing* require authors to show evidence of use of the Standards for QUality Improvement Reporting Excellence (SQUIRE) guidelines if submitting a QI report.

SQUIRE Guidelines

In 2005, SQUIRE guidelines were proposed for reporting planned original studies of improvement interventions.[19,20] The guideline developers sought to stimulate the publication of high-quality improvement studies and to increase the completeness, accuracy, and transparency of this type of published report. Table 1 displays the recently revised SQUIRE 2.0 guideline.[21] This guideline and other information can be accessed online, and the glossary of key terms used in SQUIRE 2.0 can be viewed as Supplemental Digital Content at http://links.lww.com/JIN/A86. This guide helps ensure that the report of a QI study is sufficiently comprehensive for readers to understand the problem, setting, intervention, and outcomes.[22] The guidelines are organized

TABLE 1

Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) September 15, 2015

Text Section and Item Name	Section or Item Description
Title and Abstract	
1. Title	Indicate that the manuscript concerns an initiative to improve health care (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of health care)
2. Abstract	a. Provide adequate information to aid in searching and indexing b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions
Introduction	*Why did you start?*
3. Problem description	Nature and significance of the local problem
4. Available knowledge	Summary of what is currently known about the problem, including relevant previous studies
5. Rationale	Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific aims	Purpose of the project and of this report
Methods	*What did you do?*
7. Context	Contextual elements considered important at the outset of introducing the intervention(s)
8. Intervention(s)	a. Description of the intervention(s) in sufficient detail that others could reproduce it b. Specifics of the team involved in the work
9. Study of the intervention(s)	a. Approach chosen for assessing the impact of the intervention(s) b. Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	a. Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability b. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost c. Methods employed for assessing completeness and accuracy of data
11. Analysis	a. Qualitative and quantitative methods used to draw inferences from the data b. Methods for understanding variation within the data, including the effects of time as a variable
12. Ethical considerations	Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest
Results	*What did you find?*
13. Results	a. Initial steps of the intervention(s) and their evolution over time (eg, time-line diagram, flow chart, or table), including modifications made to the intervention during the project b. Details of the process measures and outcome c. Contextual elements that interacted with the intervention(s) d. Observed associations between outcomes, interventions, and relevant contextual elements e. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s) f. Details about missing data
Discussion	*What does it mean?*
14. Summary	a. Key findings, including relevance to the rationale and specific aims b. Particular strengths of the project
15. Interpretation	a. Nature of the association between the intervention(s) and the outcomes b. Comparison of results with findings from other publications c. Impact of the project on people and systems d. Reasons for any differences between observed and anticipated outcomes, including the influence of context e. Costs and strategic trade-offs, including opportunity costs

(*continues*)

TABLE 1

Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) September 15, 2015 (*Continued*)

Text Section and Item Name	Section or Item Description
16. Limitations	a. Limits to the generalizability of the work b. Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis c. Efforts made to minimize and adjust for limitations
17. Conclusions	a. Usefulness of the work b. Sustainability c. Potential for spread to other contexts d. Implications for practice and for further study in the field e. Suggested next steps
Other information	
18. Funding	Sources of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting

From Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0). September 15, 2015. http://squire.citysoft.org/document/docWindow.cfm?fuseaction=document.viewDocument&ID=904141B082D9DBD034FD2A7C6BFE916BD94DBBD430C132A12CF9AAF8608F549C. Reprinted with permission.

like a research report, with 6 major sections, such as title and abstract, and 18 items dispersed within these sections. Authors should address each of these sections in their article and include a clear reference that the SQUIRE guidelines were followed during the preparation of the report.

Evidence-Based Practice Process Quality Assessment (EPQA) Guidelines

The EPQA guidelines first appeared in the published literature in 2013.[23] The purpose of EPQA was to identify specific criteria that can be used to critically appraise the methodological quality of an EBP project or serve as a guide for planning an EBP project. Similarly, the SQUIRE guidelines can be used to plan or critically appraise a QI project's quality and methodology. Likewise, EPQA can be used as reporting standards for EBP projects.

Table 2 displays the EPQA guidelines. Similar to SQUIRE, the guidelines are set up like a research report—for example, title, abstract, introduction, methods, results, etc. Authors should address all 34 items, if applicable, when writing their report and state that the EPQA guidelines were followed in the planning and writing of the EBP project.

What If Your EBP Project Becomes a QI Project?

Figure 1 displays the possible outcomes of the EBP process. The figure begins with a practice problem that is investigated using the EBP process. Depending on the results of the critical appraisal of evidence (evidence review), outcomes include no change, a QI study, or an original research approach. If your EBP project results in a QI study, you will want to use both the EPQA and SQUIRE as a guide when writing the report. If original research is warranted, then use the guidelines that match the research design.

Resources for Finding Other Types of Reporting Standards

The EQUATOR (Enhancing the QUAlity and Transparency Of health Research) Network is an international initiative that seeks to improve the quality and transparency of reporting of health research on a global level.[24] On its Web site, users can find reporting guidelines for several study types (eg, CONSORT, PRISMA, SQUIRE).

WHY USE A CITATION MANAGER?

Regardless of the level of the researcher, from a student writing his or her first report to a Nobel Prize-winning scientist, source citation is fundamental to good research.[25] Citation managers, also called reference managers, can make the process of source citation easier.

A citation manager is specific software that will help collect, organize, and manage citation information and generate formatted reference lists in a range of styles.[26] Mendeley (www.mendeley.com) and Zotero (www.zotero.org) are free citation managers for a

TABLE 2

Evidence-Based Practice Process Quality Assessment Guidelines

Section/Item	Item Number	Criteria	Evaluation	
Title			Met	Not Met
Title	1	Identifies the report/project as an evidence-based practice project		
Abstract			Met	Not Met
Structured summary	2	Provides a structured summary which includes, as applicable: data to provide the background of the problem, statement of the problem, objective of the EBP project, setting, inclusion and exclusion criteria, sources(s) of evidence, appraisal method, limitations, conclusions, recommendations, and implications		
Introduction			Met	Not Met
Rationale	3	Describes the rationale for the EBP project		
External data	4	Includes external data, such as quality improvement data, to provide background in support of the problem		
Internal data	5	Includes internal data to frame the problem in a large context of the patient population in question		
Problem statement	6	Provides an explicit statement of the question being addressed using established formats, such as population, intervention, comparison, outcome (PICO, PIO, PICOT, COPES)		
Goals	7	Realistic goals for the project are established and demonstrate the opportunity for improvement		
Methods			Met	Not Met
Search method	8	Explicitly describes the search method, inclusion and exclusion criteria, and rationale for search strategy limits		
Information sources	9	Describes multiple information sources (eg, databases, contact with study authors to identify additional studies or any other additional search strategies) included in the search strategy, and date ranges		
Key words	10	List key words and phrases used for each database.		
Study selection	11	States the process for title, abstract, and article screening for selecting studies		
Data collection process	12	Describes the method of data abstraction (eg, independently or process for validating data from multiple reviewers)		
Data items	13	Includes conceptual and operational definitions for all variables for which data were extracted (eg, define blood pressure as systolic blood pressure, diastolic blood pressure, ambulatory blood pressure, noninvasive blood pressure, or arterial blood pressure)		
Rating tools	14	A quality assessment rating tool appropriate for the level of evidence is used (AGREE, CONSORT, etc.)		
Risk of bias of individual studies	15	Includes assessment of potential risk of bias of individual studies		
Summary measures	16	States the principal summary measures (eg, risk ratio, difference in means)		
Synthesis of results	17	Describes the method of combining results of studies including quality, quantity, and consistency of evidence		
Risk of bias across studies	18	Specifies assessment of risk of bias that may affect the cumulative evidence (eg, publication bias, selective reporting within studies)		
Consensus procedures	19	Describes procedures used to resolve conflict and achieve consensus		
Results			Met	Not Met
Study selection	20	Provides number of studies screened, assessed for eligibility, and included in the review, with reasons for exclusion at each stage, ideally with a flow diagram		

(*continues*)

TABLE 2

Evidence-Based Practice Process Quality Assessment Guidelines (*Continued*)

Section/Item	Item Number	Criteria	Evaluation	
Study characteristics	21	For each study, presents characteristics for which data were extracted (eg, sample characteristics, design, intervention, findings and conclusions, level and quality of rating, strengths and weaknesses) and provides citations. Ideally, this is presented in table format.		
Risk of bias within studies	22	Present data on risk of bias of each study and, if available, any outcome-level assessment.		
Results of individual studies	23	For all outcomes considered (benefit or harms), include a table with summary data for each intervention group, effect estimates, and confidence intervals, ideally with a forest plot.		
Discussion			Met	Not Met
Summary of evidence	24	Summarizes the main findings, including the strength of evidence for each main outcome, considering their relevance to key groups (ie, health care providers, users, and policy makers)		
Limitations	25	Discusses limitations at study and outcome level (eg, risk of bias), and at review level (eg, incomplete retrieval of identified research, reporting bias)		
Conclusions	26	Provides a general interpretation of the results in the context of other evidence, and recommendations for further research, practice, or policy changes		
Implementation			Met	Not Met
Translation strategies	27	Describes reasonable plan and translation strategies, when applicable		
Stakeholders	28	Identifies stakeholders and methods for gaining stakeholder buy-in		
Ethics review	29	Describes the interactions with an institutional review board, if applicable		
Outcomes	30	If the plan was implemented, an evaluation of the effectiveness of the practice/policy change is made, including the extent to which the practice/policy change was implemented (process outcome) and the extent to which the desired outcomes were achieved (outcome evaluation)		
Other			Met	Not Met
Funding	31	Describes sources of funding for the project and other support (eg, supply of data), and the role of funders for the EBP project		
Team	32	The team has the research and clinical capacity to produce reliable and valid recommendations based on the available evidence.		
References	33	References cited are relevant to the project.		
	34	The most current evidence is included.		

Abbreviations: AGREE, Appraisal of Guidelines for Research and Evaluation; CONSORT, Consolidated Standards of Reporting Trials; COPES, client oriented practical evidence search; EBP, evidence-based practice; PICO, population, intervention, comparison, outcome; PICOT, population, intervention, comparison, outcome, time-frame. Courtesy of Mei Ching Lee, PhD, MS, RN, CHPN.

basic account. They have a Microsoft Word plugin feature so that users can reference sentences and create a reference list as they write. For those who are new to reference managers and have access to a health sciences librarian, it may be wise to consult with the librarian during the selection process. Both Mendeley and Zotero offer videos and tutorials on how to use their product.

SUMMARY TIPS FOR HOW TO WRITE A GOOD MANUSCRIPT

Here are just a few tips for writing a manuscript:

- Find a sufficiently skilled mentor.
- Target an appropriate audience in a reputable journal.

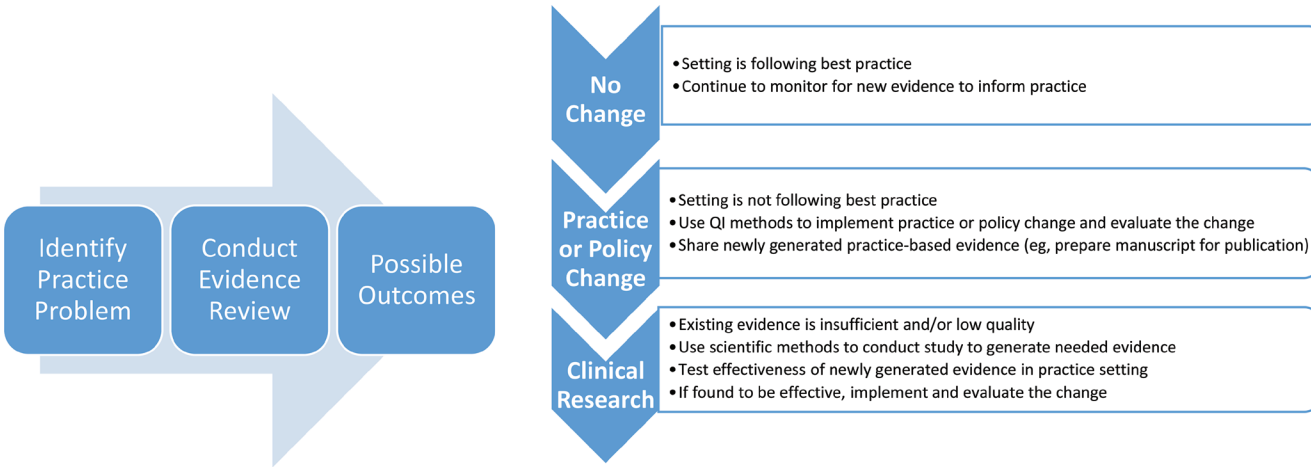

Figure 1 Possible outcomes of EBP process. *Abbreviations: EBP, evidence-based practice; QI, quality improvement.*

- Carefully follow directions for formatting and reporting, such as author guidelines, and follow appropriate reporting standards (eg, SQUIRE, EPQA).
- Be sure the title is clear and concise, including project type (eg, QI, EBP, original research).
- Develop a detailed outline and write the manuscript guided by the outline.
- Write in the past tense.
- Use reference management software (eg, Zotero or Mendeley).
- Check for errors in spelling, grammar, sentence structure, and references.
- Don't wait until the manuscript is "perfect" before submitting it to a journal because the journal's reviewers will have suggestions for improvement.

CONCLUSION

Infusion therapy is a rapidly changing practice area, and nurses in clinical practice are at the forefront of the advances in this area. To support the EBP movement, local evidence needs to be shared outside of the practice setting in which it originated. Nurses have a professional and ethical obligation to disseminate local evidence. Writing for publication is a traditional mechanism for sharing best practices. For many nurses this is a new skill they can master with the help of a mentor and the resources identified in this article.

REFERENCES

1. Fineout-Overholt E, Gallagher-Ford L, Mazurek Melnyk B, Stillwell SB. Evidence-based practice, step by step: evaluating and disseminating the impact of an evidence-based intervention: show and tell. *Am J Nurs*. 2011;111(7):56-59.
2. American Nurses Association. Code of ethics for nurses with interpretive statements. http://nursingworld.org/DocumentVault/Ethics_1/Code-of-Ethics-for-Nurses.html. Published 2015. Accessed July 13, 2015.
3. Melnyk BM, Fineout-Overholt E. *Evidence-Based Practice in Nursing and Healthcare*. 3rd ed. New York, NY: Wolters Kluwer Health; 2014.
4. Topf JM, Hiremath S. Social media, medicine and the modern journal club. *Int Rev Psychiatry*. 2015;27(2):147-154.
5. Chyun DA, Henly SJ. New scholars writing for publication. *Nurs Res*. 2015;64(4):231-234.
6. Batcheller J, Kirksey KM, VanDyke Y, Armstrong ML. Publish or perish: writing clinical manuscripts suitable for publication. *J Contin Educ Nurs*. 2012;43(1):44-48.
7. Nicoll LH (ed). *Nurse Author & Editor* Website. http://naepub.com.
8. *Writing for Publication: An Easy to Follow Guide for Nurses Interested in Publishing Their Work*. http://www.wiley-docs.com/HSJ-14-63694_Writing_for_Publication.lowres.pdf.
9. Oermann MH, Hays JC. *Writing for Publication in Nursing*. 3rd ed. New York, NY: Springer Publishing; 2016.
10. University of Utah College of Nursing. *Writing for Professional Journals*. http://nursing.utah.edu/journalwriting.
11. Sherwill-Navarro P, Kennedy JC, Allen MP. Developing an evidence-based list of journals for nursing. *J Med Libr Assoc*. 2014;102(2):105-109. http://nahrs.mlanet.org/home/images/activity/nahrs2012selectedlistnursing.pdf.
12. Research Square Journal Guide[BETA] Square. http://www.journalguide.com/.
13. Beall J. Predatory publishers are corrupting open access. *Nature*. 2012;489(7415):179.
14. Jones T, Huggett S, Kamalski J. Finding a way through the scientific literature: indexes and measures. *World Neurosurg*. 2011;76(1-2):36-38.
15. Altman DG. Better reporting of randomised controlled trials: the CONSORT statement. *BMJ*. 1996;313(7057):570-571.
16. Clarke M. The QUORUM statement. *Lancet*. 2000;355(9205):756-757.
17. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *PLoS Med*. 2009;6(7):e1000100.
18. Oermann MH, Turner K, Carmen M. Preparing quality improvement, research, and evidence-based practice manuscripts. *Nurs Econ*. 32(2):57-63, 69; quiz 64.

19. Davidoff F, Batalden P, Stevens D, Ogrinc G, Mooney SE; SQUIRE Development Group. Publication guidelines for quality improvement studies in health care: evolution of the SQUIRE project. *BMJ*. 2009;338:a3152.
20. Ogrinc G, Mooney SE, Estrada C, et al. The SQUIRE (Standards for QUality Improvement Reporting Excellence) guidelines for quality improvement reporting: explanation and elaboration. *Qual Saf Health Care*. 2008;17(suppl 1):i13-i32.
21. Ogrinc G, Davies L, Goodman D, et al. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process: Table 1. *BMJ Qual Saf*. 2015:bmjqs - 2015-004411. doi:10.1136/bmjqs-2015-004411.
22. Oermann MH. SQUIRE guidelines for reporting improvement studies in healthcare: implications for nursing publications. *J Nurs Care Qual*. 2009;24(2):91-95.
23. Lee MC, Johnson KL, Newhouse RP, Warren JI. Evidence-based practice process quality assessment: EPQA guidelines. *Worldviews Evid Based Nurs*. 2013;10(3):140-149.
24. Altman DG, Simera I, Hoey J, Moher D, Schulz K. EQUATOR: reporting guidelines for health research. *Lancet*. 2008;371 (9619):1149-1150.
25. Hensley MK. Citation management software: features and futures. *Ref User Serv Q*. 2011;50(3):204-208.
26. Childress D. Citation tools in academic libraries: best practices for reference and nstruction. *Ref User Serv Q*. 2011;51(2):143-152.

