Instructions to Authors

Manuscripts and materials are received by the CJRT with the understanding that:

1. They have not been published or are not under consideration for publication in whole or in any significant part elsewhere, in print or electronic format. If excerpts, tables or figures from other copyrighted works are included, the author(s) must obtain written permission.
2. Publication has been approved by all authors, and all persons designated as authors qualify for authorship. Each author has no financial interest in the material or, if so, there is an attached statement noting potential or real conflict of interest
3. Manuscripts containing the results of experimental studies on human participants must include a statement that an institutional ethics review committee approved the study, with the date of approval. If approval was not required, please mention proof of this. The CJRT complies with the policies of the International Committee of Medical Journal Editors' Uniform Requirements for Manuscripts on clinical trial registration.

Please contact the Assistant Managing Editor with any pre-submission inquiries: editor@csrt.com

MANUSCRIPTS MUST BE SUBMITTED ONLINE
Go to https://form.jotform.com/62724035852253

Accepted Formats

Narrative Reviews are evidence-based reviews of unique, interesting, clinically relevant topics in respiratory therapy and care. These articles emphasize important clinical topics of relevance to respiratory therapists. Narrative reviews are best suited for those manuscripts for which a full-length original research or systematic review article may not be appropriate, but for which a significant evidence base of published literature exists to substantiate the article and its conclusions. Narrative Reviews have a suggested length of 1500 to 5000 words. In lieu of a structured abstract, authors must provide three to four bullet points that highlight the main message of their article.

Clinical Case Studies are articles that present how interesting and challenging cases are assessed and how treatment options are determined. Clinical case studies convey clear lessons learned in the practice or administration of respiratory therapy and care. These articles usually include the presentation, history, examination, investigations, management and outcomes in order to educate the reader and highlight points of reflection and treatment challenges. The use of references is required and the use of visual aids such as tables, flow charts and images are encouraged. Clinical case studies have a suggested length of 1500 words with up to 10 references. If you are submitting a case report, you will be asked to upload the completed a 13-item CARE checklist along with your submission. The CARE guidelines provide a framework supporting transparency and accuracy in the publication of case reports and the reporting of information from patient encounters.

Original Research articles report clinical and scientific findings of interest to the respiratory therapy and respiratory care audience and contribute to the international literature in their respective disciplines. As a Canadian journal, we have a particular interest in original research articles that advance the practice, organization, and delivery of respiratory therapy to Canadians, but also encourage articles of broad interest to the international respiratory therapy community. In addition to traditional research study designs, this may include detailed and structured evaluations of new programs or approaches to the delivery of care, evaluations of quality improvement initiatives, and other types of health services research.

Original research articles should be 3000 to 5000 words in length and may include randomized controlled trials (RCTs), evaluations of new or novel approaches to the delivery of patient care, investigations of new medical devices and technologies, and any other laboratory or clinical investigations that apply a rigorous approach to their study. Manuscripts reporting on RCTs should adhere to the Consolidated Standards of Reporting Trials (CONSORT) guidelines. Observational research should adhere to the Strengthening of Reporting in Observational studies in Epidemiology (STROBE) guidelines. The STROBE checklists that outline these guidelines are available on the STROBE website (http://www.strobe-statement.org). The CJRT requires the registration of clinical trials in a public registry such as ClinicalTrials.gov. This registration number must be included on the title page and at the end of the abstract for all RCTs. Any deviation from the trial protocol must be explained in the submitted manuscript.

Systematic Reviews use a clearly defined question and a systematic and explicit method to identify, select, and critically review relevant research and extract and analyze relevant data from those studies that are included in the review. The CJRT will consider both systematic reviews with and without meta-analyses (the use of statistical techniques to pool data from multiple studies into a final analysis) for publication, though the method used must be appropriate for the research question and available data. All submitted systematic reviews should use the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement as a guide, and authors should include a completed PRISMA checklist and flow diagram to accompany the main text (http://www.prisma-statement.org). Systematic reviews are generally no more than 5000 words. Please note that the CJRT also publishes Narrative Reviews (see above), which are evidence-based reviews of topics of relevance to respiratory therapists that require a less rigorous (though scholarly and comprehensive) review and synthesis.

Short Articles and Commentaries Commentary articles address controversial subjects in respiratory therapy and respiratory health, and present an argumentative case to support a clear point of view. While these articles are almost always solicited, we welcome unsolicited submissions, suggestions for topics, and proposals for articles. Suggested length of no more than 1500 words with 10 references.

Letters to the Editor commenting on recently published articles in the CJRT are welcomed and should be submitted no later than two months following the publication of the article of interest. Letters to the Editor should be brief, argumentative, and constructive, highlighting salient issues addressed (or overlooked) in the article of interest. Letters to the Editor may also present original material that may not be suitable for a full-length article. Suggested length of 750 words with two tables or figures. Please submit directly to the Managing Editor: editor@csrt.com

Manuscript Preparation

The CJRT uses the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, compiled by the International Committee of Medical Journal Editors (ICMJE). Manuscripts submitted to the CJRT should contain the following:

Title page: The title page should include a concise but informative title, which will make the electronic retrieval of the article sensitive and specific; keywords; each author's full name and highest earned academic degree(s); each author's complete affiliation(s), including department(s), institution(s), city, state, and country; and the name and complete mailing address, phone number, fax number and e-mail address of the corresponding author (to whom all correspondence and reprint requests will be directed).

Cover Letter: This should include the following information:

- Confirmation of the fact that the manuscript is not under consideration for publication elsewhere. We encourage disclosure of correspondence from other journals and reviewers, if previously submitted.
- Confirmation that each author fulfills the requirements of Authorship.
- Any potential conflict of interest – if there is no conflict, please state this.
- Confirmation of review committee approval for any experimental studies on human participants and/or confirmation of clinical trial registration.

Abstract: A structured abstract is an important part of original research articles. The abstract should provide readers with background information for why the study was conducted and should state the study's purpose, research methods, main findings, conclusions and any sources of funding. The abstract should not exceed 250 words.

Key Words: Provide a maximum of 6 keywords (that are not included in the title) on your title page. Please avoid general and plural terms and multiple concepts (avoid, for example, 'and', 'of '). Be sparing of abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Introduction: This section informs readers of the topic being studied, the context and background for the study, and the major research questions and objectives of the study. This section should be kept brief, with further elaboration in the discussion section.

Methods: Be as clear as possible in describing the methods used in the study, avoiding jargon as much as possible, in favour of a more narrative description of the protocol used in the study. The description of research methods used should be sufficiently detailed to allow readers to be able to understand how results were obtained. The statistical analysis, including descriptive and inferential analysis, should be included at the end of this section. If experimental animals are used, provide a statement in the text to indicate that all procedures followed were in accordance with institutional policies. Manuscripts containing the results of experimental studies on human participants must disclose in the first paragraph of the Materials and Methods section whether informed consent was obtained from patients in the study after the nature of the procedure had been fully explained. A statement must be added indicating that an institutional review committee approved the study (with the date of approval). If ethics approval was not required, please state this.

Results: The results of your study should be descriptive and should address the research questions and study objectives provided in the introduction. Results of the study should be presented in a logical sequence in text, tables, and illustrations, beginning with the main findings first. Authors should avoid redundant reporting of data in the text that is also reported in a table.

Discussion: Data describe, but research explains. Discuss the significance of the results of your study, but avoid repeating in detail data or other information provided in other sections of the manuscript. It is in the discussion section that authors should offer initial explanations for the results obtained, and compare or contrast these findings with other relevant research in the field. This is also the best venue for discussing the known limitations of the study. Authors should discuss the implications of the findings on clinical practice, and also describe how this study might (or should) influence future research in this area. Be ambitious, but realistic, in the discussion of the implications of the study's results; avoid unqualified statements that are unsupported by the evidence generated by this or other studies. Provide a conclusion that briefly summarizes your findings and any relevant new questions or answers generated by the study. Do not introduce findings or analysis in the Discussion that were not presented in the Results.

References: The CJRT uses The International Committee of Medical Journal Editors (ICMJE) guidelines for references (https://www.nlm.nih.gov/bsd/uniform_requirements.html). References are numbered in the order they appear in the text, followed by those that appear only in figures and

tables. To cite references in the text of the article, place reference numbers within parentheses, not sub- or superscripted, and separate multiple references by commas without spaces.

Figures: Should be self-explanatory and should supplement, not duplicate the text. Each figure must be numbered and cited in consecutive order in the text. In the body text, place a reference to a figure in parentheses (unless it is part of the sentence). All abbreviations in the figure must be spelled out in the caption, even if they were already spelled out in the article. Order of figure caption: Figure information, superscript explanations, abbreviations, reference information. Permissions: Figures that are reproduced or adapted from another source must acknowledge that source, which is cited as a reference. If permission was not obtained, do not add "with permission". Ask the author to obtain permission. Use the following, unless the original publisher has requested a specific statement: Figure 1) ... Reproduced/adapted with permission from reference 21. If only the data are taken from another source, but the figure is original, use: Figure 1) ... Data from references 22,24.

Tables: In the body of the text, place a reference to a table in parentheses (unless it is part of a sentence). Example: They often occurred in conjunction with large calcified masses (Table 1). Table 2 details the demographics of the study participants. All abbreviations that appear in the tables, including table head, table section and table text must be spelled out in the table footnote even if they have already been spelled out in the text of the article. List abbreviations alphabetically, separated by a semicolon. Order of footnotes: Table information; superscript explanations, abbreviations, reference information.

Biographical Notes/Acknowledgements: Biographical notes about the author(s) should be written in the third person. All contributors who do not meet the criteria for authorship as defined in the Authorship section should be listed in an acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance. Because readers may infer endorsement of the data and conclusions, all persons acknowledged must give written permission for their contribution to be noted in print. It is the corresponding author's responsibility to obtain written permission.

Drug Policy: Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is mentioned in the text. No Trademark or copyright symbol needs to be inserted into the text.

Ethical Considerations

Authorship: The CJRT bases its criteria for authorship on the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals (http://www.icmje.org/roles_a.html). The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Corresponding authors will be asked to verify the contributions of all authors in the Copyright form.

Retraction policy (Scientific misconduct): All allegations of misconduct will be referred to the Editor-in-Chief, who will review the circumstances in consultation with the Deputy Editor. All such allegations will be kept confidential; the number of inquiries and those involved will be kept to the minimum necessary to achieve this end. Initial fact-finding will usually include a request to all the involved parties to state their case, and explain the circumstances, in writing. In questions of research misconduct centering on methods or technical issues, the Editor-In-Chief may confidentially consult experts who are blinded to the identity of the individuals, or if the allegation is against an editor, an outside editor expert. The Editor-In-Chief and Deputy Editor will arrive at a conclusion as to whether there is enough evidence to lead a reasonable person to believe there is a possibility of misconduct. Their goal is not to determine if actual misconduct occurred, or the precise details of that misconduct. When allegations concern authors, the peer review and publication process for the manuscript in question will be halted while the process above is carried out. The investigation described above will be completed even if the authors withdraw their paper, and the responses below will still be considered. In the case of allegations against reviewers or editors, they will be replaced in the review process while the matter is investigated. The CJRT will deal with any further action (such as notifying the author's institution) on a case-by-case basis. The most common forms of scientific misconduct can be found on the ORI publication Analysis of Institutional Policies for Responding to Allegations of Scientific Misconduct (http://ori.dhhs.gov/).

Policies on Conflicts of Interest: The potential for conflict of interest exists when an author, the author's institution, reviewer or editor has financial relationships (such as employment, consultancy, stock ownership, honoraria and paid expert testimony) that may inappropriately influence his or her actions. Other forms of conflict of interest include personal, academic and intellectual issues. Any potential conflict of interest should be disclosed in the cover letter. Sources of outside support for research, including funding, equipment, and drugs, must be named in the cover letter. If an author has no conflicts of interest to declare, this must be explicitly stated. Authors should contact the Editorial Office with questions or concerns, but should err on the side of inclusion when in doubt. Manuscripts that fail to include the complete statements of all authors upon submission will be returned to the corresponding author and will delay the processing and evaluation of the manuscript. The CJRT adheres to the policy on conflict of interest from the International Committee of Medical Journal Editors. If, in the editor's judgment, the information disclosed by the author represents a potential conflict of interest, it may be made available to reviewers and may be published at the editor's discretion; authors will be informed of the decision before publication. The editor will discuss with the authors on an individual basis the method by which any conflicts of interest will be communicated to readers. Editors and reviewers for the CJRT are responsible for disclosing to the editor-in-chief any personal or financial relationship that may bias their work during the peer review process and recuse themselves when such conflicts are of sufficient.

Policies on Human and Animal Rights: Studies describing research involving humans or animals will not be considered for publication unless the study was approved by the authors' Research Ethics Board (REB) or Institutional Review Board (IRB), and carried out using ethical and appropriate methods. A statement concerning REB approval must be included in the beginning of the Methods section of all research articles, including the name of the approving REB and the date of approval. Any systematic gathering of patient or volunteer data must also be approved by a local REB or adhere to recognized standards in the area, such as for quality improvement initiatives. If in doubt, consult your institution's REB for guidance. Authors must provide a copy of the REB approval letter or certificate at the time of manuscript submission to the CJRT. A lack of appropriate documentation may lead to delays or rejection of articles.

Policies on Informed Consent: The patient's rights to privacy should not be infringed. Identifying information must be deleted from the text, figures and tables, unless it is essential for

scientific purposes and the patient gives written informed consent for publication after being shown the manuscript to be published. Manuscripts containing the results of experimental studies on human participants must disclose, in the first paragraph of the Materials and Methods section, whether informed consent was obtained from patients in the study after the nature of the procedure had been fully explained. For further information on informed consent, see the International Committee of Medical Journal Editors.

Quality Improvement and Ethical Considerations: Authors may find the use of the A Project Ethics Community Consensus Initiative (ARECCI) Ethics Screening Tool helpful for the purpose of reviewing ethical considerations in quality improvement (QI) projects. This tool can assist in evaluating projects to ensure that relevant ethical considerations are included in your submitted manuscript and for ensuring that ethical obligations have been met. See the following for further information:

- To identify and integrate appropriate ethics considerations into your project: ARECCI Ethics Guidelines for Quality Improvement and Evaluation Projects.

- To determine the level of risk for project participants and appropriate ethics review requirements: ARECCI Ethics Screening Tool.

Plagiarism: This includes several forms:

- *General plagiarism* - the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. Plagiarism is scientific misconduct (see Permissions).
- *Self-plagiarism* - this refers to the practice of an author using portions of their previous writings on the same topic in another of their publications, without specifically citing it formally in quotes. This practice is widespread and sometimes unintentional, as there are only so many ways to say the same thing on many occasions, particularly when writing the Methods section of an article. However, it is considered scientific misconduct if not properly attributed, or if large sections are simply copied and pasted.
- *Divided publication/redundant publication* - sometimes called "salami" publication, where papers cover the same population, methods, and question. A distinction needs to be made between salami and redundant publication: where there is a two thirds overlap, it is redundant publication. If the hypotheses were completely separate questions, then it is acceptable for them to be posed in two separate papers. If they are related questions, or very closely related, then they should be published as a single paper. Splitting up papers by outcomes ("salami slicing") is not legitimate.

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