

Basil Hutchinson And

Excellence Awards Resource

**Acknowledgments**

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# General Information

The Basil Hutchinson and Excellence (formerly Coviden and Medtronic) awards are annual events where members of the New Zealand Anaesthetic Technicians’ Society (NZATS) are invited to put forward a manuscript of their choosing so they may inform their colleagues of their research and experience. The awards are judged by an unbiased part of three and the winners are announced at the society’s annual conference. If the minimum mark is not achieved, there will be no winner for that year.

# Basil Hutchinson Award for Trainee/Student Anaesthetic Technicians

An Award for Trainee Anaesthetic Technicians working within the field of Anaesthesia and are a current financial member of NZATS. It is awarded for the best case study, research paper or historical essay relating to the field of Anaesthesia, written in the last 12 months. AUT assignments (from your coursework) will not be considered as acceptable submissions for this competition.

Categories:

Case study, research paper or historical essay with regard to the area of Anaesthesia

# Excellence Award for Registered Anaesthetic Technicians

An Award for Registered Anaesthetic Technicians working within the field of Anaesthesia and are a current financial member of NZATS. It is awarded for the best case study, research paper or historical essay relating to the area of Anaesthesia, written in the last 12 months.

Categories:

Case study, research paper or historical essay with regard to the area of Anaesthesia

# Editorial Policies

The overriding mission of the awards is to produce a paper that has educational value and scientific merit for colleagues associated with anaesthesia. The educational value must apply to a wide range of readers and not be limited to a particular region or country, with the exceptions of Australia and New Zealand. The scientific merit will be judges on the novelty of the work, the validity of the methodology and the soundness of the interpretation of the findings.

Papers must have sufficient clinical relevant to be of interest to practising anaesthetic technicians. Papers must be written less than 12 months ago at the time of submission.

In relation to specific paper types:

* Randomised clinical trials should comply with the recommendations of the CONSORT statement and utilise its associated checklist and flow diagram.
<http://www.consort-statement.org/>
* Clinical studies, including case-controlled and cohort studies, should include appropriate statistical analysis to support conclusions.
* Review articles, whether systematic or narrative, should, through critical analysis, ‘add value’ to our knowledge in relation to any specific topic and not merely summarise current knowledge.
* Audits will be published only if their findings are likely to apply as well outside the institution/s in which they were conducted.
* Surveys must have a response rate that ensures the finding are representative of the population under study.
* Case reports must describe a novel technique, a novel application of a conventional technique or an unexpected finding, and must have educational value. Case reports of unusual conditions or combinations of unusual conditions managed conventionally will not be considered.

Submissions will be assessed by 3 unbiased judges as nominated by the NZATS Executive. Those submissions considered potentially suitable for the award may be sent out for external review by an unbiased party.

All papers must represent original work. NZATS reserves the right to use plagiarism detection software and to inform the authors’ institution of plagiarism is detected. As plagiarism has implications for all authors included on a paper, all authors should ensure that plagiarism has not been committed.

NZATS aims to provide a decision (accept, request a revision, decline). Due to feedback from previous entrants we are not going to extend the deadline for submissions. Therefore all opportunities will be take not promote/advertise the maximise the change for entrants to get involved.

Winners of each award will be notified prior to conference so that they may arrange travel to attend the formal dinner to receive their award.

# Manuscripts

Manuscripts should be prepared in accordance with the International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication. Papers are accepted on the understanding that no substantial part has been, or will be, published elsewhere. This does not refer to the publication of abstracts or presentations at scientific meetings, as long as these are clearly identified as abstracts and do not include data that were not presented at the meeting. Papers accepted for publication remain the copyright of NZATS.

# Submission

A copy of the manuscript should be sent to info@nzats.co.nz

The formatting should be Microsoft Word 2007 or later.

# Conflict of Interest

Authors must declare in their manuscript whether or not they have a conflict of interest, i.e. personal, professional or business affiliation relevant to the paper, as described by the ICMJE. If any of the authors has a conflict of interest, the ICMJE Conflict of Interest Disclosure Form must be completed and submitted with the manuscript. Sources of funding, equipment or other support must be given.

# Registration of clinical trials

Clinical trials must be registered with a Public Trials Registry as recommended by the ICMJE. In Australia and New Zealand, it is recommended that trials are registered with the Australian and New Zealand Clinical Trials Registry. The trial registration number must be stated on the manuscript.

# Legal Considerations

A statement of permission for reproduction from the copyright holder, author or publisher must be provided when any table or figure that has been published elsewhere is included.

# Ethical Standards

Studies on human subjects must comply with the Helsinki Declaration of 1975 and its subsequent revisions, and with the Australian National health and Medical Research Council (NHMRC) Guidelines or other national guidelines of an equivalent standard. A statement affirming ethic committee (Institutional Review Board, Research Ethics Committee) approval must be included in the text and must include the name of the approving body and the approval number for the work undertaken. A copy of the approval must be available on request.

Audits and other quality improvement activities submitted for publication must have either institutional ethics committee approval or be registered as a quality assurance/improvement activity within the institution. Registration as a quality assurance/improvement activity does not exempt studies from compliance with appropriate ethical guidelines as indicated above, and the registration number must be provided. Authors uncertain as to whether their quality assurance/improvement activity requires ethics committee approval should check the NHMRC statement “When does quality assurance in health care require independent ethical review?”, and if necessary, obtain written confirmation form their ethics committee that no ethic committee approval is required.

# Preparation of Manuscripts

All papers must be written in English. Standards are the Oxford English Dictionary and British English is preferred for spelling scientific terminology.

Original papers should be divided clearly into sections as per the marking schedule relevant to the type of manuscript being presented.

Review articles should not exceed 10,000 words.

Survey questionnaires will not be included in the printed copy but may be included in the website publication.

Case reports must completely de-identify the patients. Patient consent or the consent of next of kin must be obtained before publication and this must be noted in the text of the manuscript.

# Formatting

Formatting of the title, sub-titles, running heads etc may be applied by the NZATS team. Bold types, multiple fonts and different point sizes should be avoided.

# Tables

Tables and appendices should follow after the text. The preferred position of these in the main body of text should be marked with an entre “Insert Table 1 here” etc. Use Arabic numerals to number the tables. Supply a brief title for each table and place explanatory matter in the table legend, not in the heading. Give each column a short or abbreviated heading. Explain all nonstandard abbreviations used in the table legend. Standard Deviation (SD) is the accepted measure of variation in text and tables.

# Figures

Figures should be computer generated, photographed or professionally drawn. Freehand lettering is unacceptable. Letters, numbers and symbols should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

Figures depicting two dimensions of data should be presented with simple vertical and horizontal axes. Framing, shading, icons and the use of fanciful typefaces are unacceptable. The graph lines should be at least 0.25pt in thickness. When symbols, arrows, numbers or letters are used to identify parts of the illustration, identify and explain each one clearly in the legend. The preferred position of these in the main body of text should be marked with an entry “Insert Figure 1 here”. Use Arabic numerals to number the figures.

Standard error of the mean (SEM) is acceptable in figures for the sake of graphical clarity, provided that the numbers of observations are clearly stated.

# Online Submission of Figures

Figures must be uploaded as separated files from the main body of the manuscript in the order an author wishes them to appear in the text. Figure legends should follow after the test in the Word document.

# References

All referencing should be of APA 7th Edition style.

# Abbreviations

Generally, abbreviations should not be used in the title or summary. Standard common abbreviations may be used in the text, but must appear in parenthesis after the first use of the expression written out in full. If the expression appears fewer than 10 times in the text, it is preferable not to use an abbreviation. Too many abbreviations make the text difficult to read and understand.

# Marking Schedules

## Written Case Study

|  |  |  |
| --- | --- | --- |
| Introduction | Concise and introduces topic of essay | /5 |
| Case Presentation | Good description of the case being discussed for this case study | /10 |
| Understanding surgery/anaesthetic considerations | Detailed discussion on why this case was a good case to learn from and what others can take away from this case study | /15 |
| Conclusion | Summary of events and learning | /5 |
| References | APA style | /5 |
| Total |  | /40 |

Comments

## Research Essay

|  |  |  |
| --- | --- | --- |
| Abstract/Introduction | Provides brief overall summary of research and introduction to research being presented | /5 |
| Methods | Describes what was done to obtain results | /5 |
| Results | Tables/ figures or description of the outcomes of research | /5 |
| Discussion | Detailed interpretation of the findings | /15 |
| Conclusion | Overall summary of research | /5 |
| References | APA style | /5 |
| Total |  | /40 |

Comments

## Historical Essay

|  |  |  |
| --- | --- | --- |
| Introduction | Concise and introduces topic of essay | /5 |
| Topic Discussion | Describes what area of history in anaesthesia being discussed and all relevant information | /15 |
| Relevance to anaesthetic practice today | Relate back to anaesthetic practice today, compare and contrast history with present +/- future | /10 |
| Conclusion | Summary of essay topic | /5 |
| References | APA style | /5 |
| Total |  | /40 |

Comments