Canadian Journal of Anesthesia/Journal canadien d’anesthésie

Best Evidence in Critical Care Medicine (BECCM)

INSTRUCTIONS FOR AUTHORS

To convey important information from recently published randomized trials and systematic reviews in critical care medicine, and to contextualize the related new information for the readership of the Journal, we welcome submission of Best Evidence in Critical Care Medicine (BECCM) articles. Each article should provide a brief synopsis accompanied by a critical appraisal of an important published study in the field of critical care medicine. The referenced study must have been published within the past 12 months in another leading peer-reviewed journal. In addition to the general Instructions for Authors which apply to article preparation and submission, the following considerations apply:

1. The overall article length should be 1500 -1800 words, and up to 20 references, (the first of which should be the article that is being appraised).
2. In preparation of BECCM manuscripts, authors may also refer to the Users’ Guides of The Centre for Health Evidence of the University of Alberta (http://www.cche.net/usersguides/main.asp - accessed November 18, 2006)

After the Title Page, the article should be prepared under the following headings:

Critical care issue

- Define the problem and state why it is important in the field of critical care medicine

Summary and key findings (Up to 200 words)

- Provide a narrative summary of the article appraised. State the context or background for the study, the objective(s), study design, setting, number of patients or subjects, Interventions and measurements, main results (giving specific effect sizes and their statistical significance), and conclusions)

Critical appraisal

- This should be a critical appraisal (not an editorial or a commentary) presented under the following subheadings:

  Current state of the literature (before the study)

  Similar as Introduction in a review paper

  Study relevance
Analysis of methodology

Strengths and weaknesses

External validity

Clinical perspectives

Conclusions