Information for Authors. ESICM Academy House Style & Specifications Guide

Mini ‘how to’

E-learning CommiTtee

2017

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# Introduction

The European Society of Intensive Care Medicine (ESICM) first launched its distance‐learning programme PACT (Patient Centred Acute Care Training) in 2008. We are currently in the process of migrating a new eLearning platform based upon Moodle which will allow greater flexibility in updating content as well as improved multimedia functionality, e.g. videos, animation, links to additional ESICM web-content, etc. Our aim is that this guide will provide an introduction for authors to the system and answer some of the common questions that might arise as writing an eLearning module is very different from writing a journal article or book chapter.

As with PACT, our aim is that programme is suitable both for trainees preparing for the European Diploma and/or national equivalents as well as continuing education and professional development. It is suitable for those preparing for re‐certification and for trainers and course organisers. Individuals can use the differing course functionality for in‐depth study or to provide a quick overview of an intensive care medicine topic. We also hope that future post-graduate courses or qualifications will utilise the platform to deliver blended learning or pre-course content.

## Purpose of this document

The purpose of this document is:

a) to provide an outline of eCourses and eModule functionalities offered to Trainers to understand the Toolsets, Content Development Processes and User Roles in both systems; and

b) to develop Word templates that will be used as a communication channel between the Trainer and System Experts during the process of Course or Content Creation.

## 1.2 Main changes since last version

1. Introduced our “House style”
2. Added documents on copyright and permissions
3. Guidance on questions and quizzes

# How training is delivered within the Academy

There are two different ways in which training can be delivered to users: eModules and eCourses.

## eModule

An eModule is a training resource. Like Wikipedia, this is a structured document (**Error! Reference source not found.**) which displays information in pages. Each page is editable by Editors and may contain other training resources such as pictures, figures, tables and multimedia in general. The pattern is set although the individual sections can be updated separately. In general, this packages most text in a structured broken up into chapters with full multimedia components but no assessment activities. eModules are accessible through the Collaboration service (<https://collaboration.esicm.org>).



Figure 1 eModule structure (source, if not author’s own)

## eCourse

An eCourse is a collection of training resources delivered to the trainee based on specific methodology (Figure 2). The methodology is dictated using **Learning Pathways**. In general, an eCourse transcripts the information from an eModule or any other training resource into a non-linear fashion, adding additional functionality such as self-assessments (multiple choice questions using quizzes) and/or assessments (graded quizzes and/or exams), links to enhance multimedia training resources (video-conferences, medical videos, articles or similar), and interactive Patient Challenges (used as lessons).



Figure eCourse training resources

We anticipate that each module will first be produced in a eModule form will then be converted into an eCourse. Nevertheless, when writing an eModule, consideration should be made about additional eCourse content that may be added, e.g. assessments.

**General settings**

* Short description
* Learning objectives
* Learning pathway (if applicable)
* Authors, editors, reviewers list
* References and/or other bibliography
* Webcasts

**Learning pathway**: Each module could be flowcharted at the first instance, i.e. broken down into topics and an attempt made to determine which order they should be, whether topics should be dependent (enable access based on a specific condition [e.g. the trainee must complete quiz A with pass grade 75%]) or independent (open access without any conditions). For example, if creating a module on cardiovascular physiology, you may wish the learner to read the topic on heart preload before being able to read the topic on myocardial contractility. This topic can therefore be said to be ‘dependent' upon the first topic. Topics in which the learner is not required to complete the learning in a prespecified manner are said to be independent. Topics may also be mandatory, i.e. the learner must complete them (in a specified order if they are also dependent) to complete the course or non-mandatory where they are optional.

**Self-assessment**: Multiple choice questions in Type-A and/or Type K format.

**Interactive Patient Challenges**: The PACT Module textual Patient Challenges enhanced with multimedia and real time interaction with the trainee. The tutor can provide multiple scenarios that the trainee can navigate through and complete the challenge. At the end the trainee can get a pass grade or fail and/or can retake the challenge.

**Process Tracking**: The trainee can monitor his/her progress throughout the eCourse.

**Exams**: An exam simulator. For example, a quiz with 100 questions with time constrains simulating EDIC I exams.

# Content generation

## General guidance

For the module-creation process to be as simple as possible, each module must be supplied by the author in such a manner that the content can be easily transitioned into the online system by the technical expert. These are not healthcare workers and standard medical writing conventions are not appropriate. This document provides a didactic accompaniment to the templates. Its purpose is not to address every possibility the Academy platform offers but communicate information on core features and content.

We have created ‘prefilled’ templates for both educational options – eCourse and eModule. These templates should be used as the basis to create modules − please delete the example text and populate it with your own content.

**Important**: If you are updating an existing PACT Module, use the corresponding word document. Do not add extra formatting or modify existing.

The content should be based upon the CoBaTRIcE curriculum and reflect what you consider essential for a trainee and practitioner to be a safe and competent doctor, who is using the programme for lifelong learning. The modules should be designed as a guide to learning, not an exhaustive text.

Material should be up‐to‐date and reflect current thinking, including evidence-based guidelines practice (e.g. based on recent prospective, randomised controlled trials, meta‐analyses, systematic reviews) or standards recommended in recent guidelines produced by specialist societies or international bodies.

The remainder of the document (whatever its intended type, i.e. eModule and eCourse) should follow this general structure. Please note, that subsections are not limited and the headings will not be suitable for all topics - for example, in a topic on cardiovascular physiology, there may not be a section on epidemiology - and subsections should be used under the relevant ‘overall’ headings, e.g. for physiology titled ‘preload,’ ‘afterload’ and ‘contractility.’

|  |  |
| --- | --- |
| Module Content | * Epidemiology
* Physiology
* Pathophysiology
* Clinical features
* Investigations
* Conservative Interventions
* Medical Interventions
* Surgical Interventions
* Complications
* Prognosis
 |
| Appendices | * Related topics
* Glossary
* References
 |

Please keep sections as short as possible - therefore subdivide wherever possible. Multiple subheadings are fine. Longer pages which are hard to maintain and are error prone.

# Quizzes

## Question Types

ESICM Academy enables self assessment and gamification of learning. To achieve that each eCourse must deliver a set of questions grouped into Quizzes. Students therefore can take a quiz and assess their knowledge on a topic.

The amount of questions in a quiz may vary depending on the volume of learning material in the topic preceding the quiz. It may be as little as 2 questions if it test a small topic, or may need 5 or more questions if it covers a larger topic. Ideally there should be a longer quiz at the end of an eCourse which test understanding of all the learning material presented in the eCourse

ESICM Academy supports the following type of questions:

1. Multiple Choice – Single Answer question (EDIC I – Type A question)
2. Multiple Choice – Multiple Answers question (EDIC I – Type A question)
3. Matching question type
4. Drag and Drop question type (similar to Matching question type)
5. Gapfill question type

### Template for Type A question

To provide a question(s) for a quiz just use the following table (copy and paste as needed for more than one question).

|  |  |
| --- | --- |
| **Ref** | BURNS#1 |
| Type scenario hereType lead-in/question here |
| **a.** | Type option here |
| **b.** | Type option here |
| **c.** | Type option here |
| **d.** | Type option here |
| **e.** | Type option here |
| Answer: Type answer here e.g. **C** |
| **Feedback**: Type explanation to the answer here. You can either include one explanation to the whole of the answer, or you can include an explanation for each option.  |

### Template for Type K question

|  |  |
| --- | --- |
| **Ref** | BURNS#2 |
| Type scenario hereType lead-in/question here |
| **a.** | Type option here |
| **b.** | Type option here |
| **c.** | Type option here |
| **d.** | Type option here |
| Answer: Type answer here e.g. **TFTT** |
| **Feedback**: Type explanation to the answer here. You can either include one explanation to the whole of the answer, or you can include an explanation for each option.  |

### Matching Question Type

Matching questions have a content area and a list of names or statements which must be correctly matched against another list of names or statements. For example "Match the Capital with the Country" with the two lists "Canada, Italy, Japan" and "Ottawa, Rome, Tokyo". In the Quiz Module, each match is equally weighted to contribute towards the grade for the total question.

|  |  |
| --- | --- |
| **Ref** | ECLS#1 |
| **ID\_Q** | **Question Text** | **ID\_A** | **Answer Text** | **Match** |
| 1 | A question | a | An answer | 1:c |
| 2 | Another question | B | Another answer | 2:a |
| 3 | Yet another | c | Yet another answer | 3:b |
| **Feedback**: Type explanation to the answer here. You can either include one explanation to the whole of the answer, or you can include an explanation for each option. |

### Drag and Drop Question Type

Similar to Matching question type only with this the student selects the answer with the mouse and drags it above the correct question.

|  |  |
| --- | --- |
| **Ref** | ECLS#3 |
| **ID\_Q** | **Question Text** | **ID\_A** | **Answer Text** | **Match** |
| 1 | A question | a | An answer | 1:c |
| 2 | Another question | B | Another answer | 2:a |
| 3 | Yet another | c | Yet another answer | 3:b |
| **Feedback**: Type explanation to the answer here. You can either include one explanation to the whole of the answer, or you can include an explanation for each option. |

### Gapfill Question Type

The gapfill question type allows the creation of questions with multiple answers by using special characters. For example **The [cat] sat on the [mat]** will create a question with two gaps where the answers are cat and mat. This type of question can be useful for teaching languages.

|  |  |
| --- | --- |
| **Ref** | ECLS#2 |
| **Question Text** | **Wrong answers** |
| The **[cat]** sat on the **[mat]** | Dog, rug |
|  |
| *Note: words in brackets are the correct answers* |
| **Feedback**: Type explanation to the answer here. You can either include one explanation to the whole of the answer, or you can include an explanation for each option. |

## Quiz assemble

Use the following table to assemble a quiz using questions ids.

|  |  |
| --- | --- |
| **Ref** | Quiz#1 |
| **Questions** | **Order (smaller number displayed first)** |
| BURNS#1 | 4 |
| BURNS#2 | 5 |
| ECLS#1 | 1 |
| ECLS#2 | 3 |
| ECLS#3 | 2 |
| … | … |
| **Feedback**: Type explanation to the answer here. You can either include one explanation to the whole of the answer, or you can include an explanation for each option. |

# Gamification

## Games

Questions can be presented in the form of games. See the template in 5.2 on how to “assemble” a game such as 5.1.1 and 5.21.2 using simple questions.

### Crossword

This game takes words from either a Glossary or quiz short answer questions and generates a random crossword puzzle. Teacher can set the maximum number of columns/rows or words that contains. Student can press the button “Check crossword” to check if the answers are correct. Every crossword is dynamic so it is different to every student.



### Cryptex

This game is like a crossword but the answers are hidden inside a random cryptex. For example



## Game assemble

Provide a set of questions with corresponding single word answers. The game will be assembled automatically.

|  |  |
| --- | --- |
| **Ref** | Game#2 |
| **Question Text** | **Single Word Answer** |
| Which is the astronomical body that orbits planet Earth | Moon |
| Which astronomical body is the center of our planet system | Sun |
| What is in the center of our Galaxy | BLACKHOLE |

# Copyright

### Copyright transfer statement

All e-learning authors will be expected to complete a copyright transfer statement agreeing to transfer the copyright of the module to the European Society of Intensive Care Medicine (ESICM) and warranting that the contribution is original.

### Conflict of interest

Authors must disclose all relationships or interests that could influence or bias the work. Examples of potential conflicts of interests that are directly or indirectly related to the creating the e-learning material may include but are not limited to the following:

• Research grants from funding agencies (please give the research funder and the grant number)

• Honoraria for speaking at symposia

• Financial support for attending symposia

• Financial support for educational programs

• Employment or consultation

• Support from a project sponsor

• Position on advisory board or board of directors or other type of management relationships

• Multiple affiliations

• Financial relationships, for example equity ownership or investment interest

• Intellectual property rights (e.g. patents, copyrights and royalties from such rights)

• Holdings of spouse and/or children that may have financial interest in the work

In addition, interests that go beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed. These may include but are not limited to personal relationships or competing interests directly or indirectly tied to this research, or professional interests or personal beliefs that may influence your e-learning material.

The authors must disclose this on the front page under faculty disclosures.

### Informed consent

All individuals have individual rights that are not to be infringed. Where photographs, videos, images (X-rays, CT scans) are used, patient identifying details must be removed (e.g. names, dates of birth, identity numbers and other information).

If identifying information about a patient is present, a Patient Consent Form should be completed and the following statement should be included on the first page of the e-learning module: “Informed consent was obtained from the patient whom identifying information is included in this e-learning module.”

### Copyright permissions for reuse of material

Unless you adapt a figure, image or table substantially, you will need to request permission from the copyright holder to reproduce it, some of whom will charge for reuse.

Depending upon the source, you must contact the copyright holder direct, usually using a permissions link on the web site, and complete the online form. Once approved, the copyright holder will provide you with the correct wording to include in your document.

Examples:

Elsevier: <https://www.elsevier.com/authors/permission-request-form>

NEJM: <http://www.nejm.org/page/about-nejm/permissions>

Lancet: Please contact Elsevier Permissions Department: T: +44 (0)1865 84333. permissions@elsevier.com

Wiley: [www.wiley.com/legacy/wileychi/risk/docs/copyright\_permission\_request.doc](http://www.wiley.com/legacy/wileychi/risk/docs/copyright_permission_request.doc)

**Example of form (Wiley)**

**COPYRIGHT PERMISSION REQUEST FORM**

FROM:

Name Date:

Address

Dear Sir or Madam

I am preparing for publication an article entitled:

***[Insert your Article Title Here]***

to be published in the **Encyclopedia of Quantitative Risk Assessment,** edited by **Prof. Brian Everitt** and **Prof. Ed. Melnick.**

I request your permission to include the following in this and all subsequent editions of the Work, and in all derivative works, in any and all media and in all languages, published by John Wiley & Sons, Ltd. or its licensees throughout the world.

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The usual form of acknowledgement is to quote the author(s) or photographer and publication title of the original material or source. John Wiley & Sons, Ltd. will include the words:

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Please would you therefore confirm the name of the copyright holder to be quoted as granting permission.

Please indicate agreement by signing and returning a copy of this letter. In signing, you warrant that you are the sole owner of the rights granted and that your material does not infringe upon the copyright or other rights of anyone. If you do not control these rights, I would appreciate your letting me know to whom I should apply.

Yours sincerely

Figure No/Table No in Wiley book or identification of quotation in MSS

**Figure/Table:**

We hereby grant permission for the use of the material requested above.

Date .......................................... Signed ............................................................................

Copyright Holder ..............................................................................................................

Publisher ...........................................................................................................................

# eModules

## General guidance

Web content is not easy to create or amend even with current state of the art tools except those provided from Google and Microsoft which restricts business to their services. ESICM utilizes a ‘What You See Is What You Get’ (WYSIWYG) editor to enable page editing for non-expert users. This provides an easy access interface where the user works as if in a word processor. It is hoped that this will allow content editors to update information (on already updated PACT Modules uploaded to <https://collaboration.esicm.org>) on the eLearning platform more frequently than the PACT system did.

Some web elements are difficult or impossible to achieve with this editor and must be created by the technical team, i.e.

|  |  |
| --- | --- |
| Difficult to achieve | * Picture importing with anything other than simple captions
* Table importing and editing
 |
| Impossible to achieve | * Specific picture size and position, which in turn will affect layout
* Table size and position
* Table formatting
* Table row and column spanning
* References
 |

Where these elements are required, please put a note on the document (or email the eLearning expert) and the eLearning expert will do it using manual HTML formatting. Please try and avoid lots of unnecessary tables as they are not easy to edit using the WYSIWYG editor.

# ESICM Academy House Style

## Word file formatting

Documents should be produced using Microsoft Word, using the document provided. Do not use proprietary text formatting; always use the Normal style for text. It is acceptable to use **bold**, *italic* or underline. Bullet points and lists of numbers are also acceptable.

### What to do

* Use the word navigation pane (View->Navigation Pane). Word will show − on the left side − the structure of your document (interactive TOC).
* Use headings and subheadings for chapters and subchapters, etc.
* Update the TOC regularly (right click).
* Use captions for tables and figures even in cases there are no captions (put an empty caption). Cite figures and tables using word's functionality. If you follow this all citations are automatically updated in case of any modifications.
* Use the following labels for marking a text as something important (always followed by a colon e.g. Important:). When transcribed to e-Module, the online service will render each label with specific format. For example:
* **Important**: this is something important
* **Note**: this is just a note
* **References**:
1. a reference (bullet)
2. another reference (bullet)
* **Challenge**: define a challenge
	+ **Learning Issues:**
1. a list item (bullets) of learning issues
2. another list item (bullets) of learning issues
* Add a list of Authors, Editors, Reviewers.
* Provide pictures, videos or other multimedia.
* Provide equations if needed (the eLearning team will transcript them in the proper format)
* Insert pictures in line with text.
* put versions of your document in the document name. e.g. trauma-nikolasstylianides-v1-11-12-2016.docx
* Use track changes carefully (if many people work on the same document at the same time it could get confusing)

### What not to do

1. Do not change page size and margins
2. Do not use Headers and Footers (no page numbering either)
3. Do not put footnotes or endnotes
4. Do not put margin notes
5. Do not put tables of figure numbers manually
6. Avoid frames.

## Hints for word editing

### Headings and subheadings

Use Word headings to structure your document. The document should be clearly structured and using headings allows easy production of Contents Tables which can be placed in the top of the document for easy navigation. Wiki courses will be composed of pages that will be grouped in Structures (like a book). Please use heading numbering (as in this document, i.e. 1.1, 1.2, 1.3, etc.) - this aids in chapter referencing and helps navigation.



Figure 3 Document map feature

Tip: Within Microsoft Word, use the **document map feature** (View -> Document Map) to switch on the navigation pane on the left side. This can help during document editing when using a structured format such as this.

### Body

Do not use proprietary text formatting; always use the Normal style for general course text. Use labelling for important text.

Labels:

* **Note:**
* **Important:**
* **Challenge:**
* **Learning Issues:**
	+ Followed by a bulleted list of issues
* **References:**
	+ Followed by a bulleted list of references

### Structure

The document should be created using the following structure:

Table 1: General document structure

|  |  |
| --- | --- |
| PACT Module Title | The title of the eModule and/or Course |
| Authors, Editors and Reviewers | Bulleted lists |
| Table of Contents | Put a table of contents page (*References>Table of Contents*) after the title page. Set Contents title in “Title” format to avoid it to be referenced as a document heading. |
| Introduction | * Executive summary
* Learning objectives
 |
| Content  | Text in chapters and subchapters |

## Front page

The front page for each module should include the following standard information.

**An ESICM multidisciplinary distance learning programme for intensive care training**

**[Module title]**

**Current status [xxxx]**

This module is updated and maintained by the [XXXX] section

Chairperson: [First name, last name, Town, Country]

Deputy chairperson: [First name, last name, Town, Country]

**First update**

**Module authors**

[Title, name, job title, institution]

[Title, name, job title, institution]

**First edition**

**Module authors**

[Title, name, job title, institution]

[Title, name, job title, institution]

**Reviewers**

[Title, name, job title, institution]

[Title, name, job title, institution]

**E-learning section reviewer**

[Title, name, job title, institution]

**Medical Editor**

[Title, name, institution]

**Medical Illustrator**

[Title, name, institution]

**E-Learning Project Manager**

**Estelle Flament,***ESICM*, *Brussels*, *Belgium*

**E-learning Technical Manager**

 **Nikolas*…***

**E-learning Chair/ Deputy Chair**

 **Kobus/Theo**

**Expiry date XXXX**

**Learning objectives**

After studying this module on bleeding and thrombosis in intensive care you should be able to:

1. Describe..

COBATrICe competencies covered in this module

1. XXX

2. XXX

**Faculty disclosures**

Dr X reports…

**Author’s statement**

The current authors wish to acknowledge the efforts of the authors of the first edition of this online module. The initial module produced in …

**DURATION XXX hours**

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## English usage

|  |  |
| --- | --- |
| Spelling | Oxford English Dictionary, s (not z) spelling |
| Apostrophes | 1990s not 1990’s, CROs not CRO’s. Use to show possession, e.g. In 3 weeks’ time, Dr Smith’s hotline presentation. Exception: ‘its’ does not have an apostrophe when indicating possession.To indicate possession in a word that ends in ‘s’, add an apostrophe at the end of a word, e.g. Dr Mas’ paper was published in *Stroke*. |
| Headings | Title Case |
| Brackets | Use round brackets for most purposes; use square brackets within round brackets, e.g. (n=3075 [17.9%]). |
| Commas | Do NOT use the ‘Oxford’ comma. The ‘Oxford comma’ is a final comma before ‘and’/’or’ in a list of items. A series of three or more adjectives should be separated by commas if the order of the adjectives can be changed, e.g. A multicentre, randomized, double-blind, placebo-controlled study. However, if the adjectives combined are seen as one entity they should not be separated, e.g. The patient has chronic progressive multiple sclerosis.Separate digits with a comma to indicate place values beyond ten thousands, e.g. 12,345, 112,345, 1,123,456, but 1234 if only four digits. |
| Hyphenation | Where two words are used as an adjective, they should be hyphenated, e.g. long-term therapy, follow-up treatment, mild-to-moderate symptoms.In general, do not hyphenate prefixes and suffixes; close them up to their root words, e.g. preclinical, anticancer, prelaunch, intragroup.Hyphenate prefixes ending in the same vowel, e.g. anti-inflammatory, anti-infective, intra-abdominal, meta-analysis.Use a hyphen after each component of an adjectival series, e.g. small- and medium-sized needles.Use en rules rather than hyphens to indicate ranges in text, e.g. A dose of 15–20 mg.Hyphenate all noun-adjective compounds, e.g. clear-cut result, vascular-targeting agent.Hyphenate fractions, e.g. two-thirds.Hyphenate compound numeric combinations that are spelled out, e.g. twenty-five people withdrew from the trial.Ages as adjectives are hyphenated, e.g. 18-year-old students.With age ranges, use 16- to 18-year-olds.Hyphenate side-effects. |
| Bullet points | For lists, use a colon at the end of the introductory sentence and sentence case in bullets, with only a full stop at the end, e.g.The key predictors of future cardiovascular events:* Traditional risk factors
* Cardiovascular disease burden
* Cardiovascular treatments.

For bullets that are not lists, use a colon at the end of the introductory sentence, initial upper case for first word in bullets, with a full stop at the end of the last sentence, e.g.The conclusions of the one-year paper include the following:* Data provide insights into the understanding and evaluation of the real-world risk of atherothrombosis
* Compared with a history of disease in a single vascular bed, disease in more than one vascular bed (polyvascular) doubles the risk of a major cardiovascular event (cardiovascular death/myocardial infarction/stroke) or hospitalization within one year.

As per the main text, bullets should be left aligned. |
| Abbreviations | Spell out in full rather than use abbreviations and acronyms in headings, unless this would make the heading overly long.Spell out abbreviations and acronyms at first mention **in each section** of the document, i.e. coronary artery disease (CAD), **and in each Figure and Table**. After this, use the abbreviated version, i.e. CAD. Abbreviate United States and United Kingdom only when used as adjectives, e.g. Thirty-five percent of the US population owns at least one computer. Open punctuation is the usual editing style, e.g. CAD, MRC, IV. In reference listings, abbreviate names of journals according to the National Library of Medicine ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)). Dr not Dr.  |
| Colons | Use before lists if they are preceded by a complete sentence, e.g. Treatment may include the following: aspirin and bed rest. Use when abbreviating the word telephone, e.g. Tel:Use one space after a colon (and throughout text, i.e. no double spaces after a full stop). |
| Dates | Use the following examples as a guide when writing out dates:On 4 August 1946 (day + month + year – no commas)From 4 to 8 August1946–19501900s, 1960s, 2000s, 2040s (no apostrophes). |
| En rules | Use in ranges, in place of the word to, e.g. 1997–1998.Use between two parameters, e.g. cost–benefit analysis, dose–response curve.Use between two names, if they refer to different people, e.g. Epstein–Barr virus (but not double-barrelled names, e.g. Mr Robert Smith-Jones).Use to provide a break or an aside in a sentence.Use to create a very clear clause in a crowded sentence. |
| Foreign words | Italicize foreign words if used in the text unless a proper noun. Commonly used Latin words should be in plain type, e.g. de facto, pro rata, per se, in vivo, in vitro, et al. |
| Grammar | Nouns and verbs should agree, e.g. The data are.., None is…Organisations and groups of people take singular verbs, e.g. The government is…, The team has researched… |
| Quotation marks | Use single quotation marks for all quotes.If the quotation is a complete sentence, it should start with a capital letter and the punctuation (full stop or comma) at the end of the sentence lies within the end quotation.The full stop is placed outside the end quotation mark for fragments of quotes, e.g. The baseline paper concludes that ‘classic cardiovascular risk factors are consistent and common’.  |
| Split infinitives | The marker ‘to’ is normally used before infinitives; e.g. He wanted to observe. A ‘split infinitive’ is a structure in which ‘to’ is separated from the rest of the infinitive by an adverb; e.g. He wanted to closely observe. Split infinitive structures are quite common in English, especially in an informal style and are acceptable. |
| Telephone and fax numbers | International numbers, use ‘+’ followed by the country code and number, bracketing the ‘0’ of the area code, e.g. +44 (0)20 7123 4567.When listing a telephone number in contact details abbreviate to ‘Tel:’, e.g. Tel: +44 (0)20 7123 4567. |
| Time | The 24-hour clock should be used for all mention of time, including a zero before single-figure numbers, e.g. 09.00.Use a full stop (not a colon) between hours and minutes with no space either side of the full stop, e.g. The meeting was scheduled to start at 08.30. |
| Units | L (litre), mL, minutes, seconds, hours |
| Sex/gender | Gender refers to a person’s self-representation (or how that person is responded to by social institutions based on the person’s gender presentation). Gender is rooted in biology and shaped by environment and experience. Sex describes a class of ’living things as male or female according to their reproductive organs and functions assigned by chromosomal compliment’ (AMA 10th ed. 2007: p 395). Please use the terms appropriately.Refer to ‘man’ rather than ‘male’ and ‘woman’ rather than ‘female’ when referring to people.  |
| Common phrases / jargon | Use emergency department not emergency room.Change ‘in order to’ to ‘to’Change ‘prior to’ to ‘before’Use ‘Owing to’ (not ‘Due to’) at the start of a sentence.  |
| However | , however, (two commas), unless used as ‘however much…’ |
| Which/that | which (with a preceding comma) for non-defining articlethat (without a preceding comma) for defining article |
| Document format | A4 paper size and 2.54 cm margins should be used and manuscripts must be double spaced. Text should be left aligned.A working font of Arial 10 pt should be used until the manuscript is ready to go into journal style.Page numbers should appear in the bottom right-hand corner of the page in Ariel 10 pt.Paragraphs should start aligned to the left with a space between each paragraph. No blank line between headings and text.Use single spaces between sentences. |
| Tables and figures | Figures and tables should be numbered in the order they appear in a manuscript. Figures and tables should be introduced in the text before they appear.Headings should be bold. Use sentence case in table and figure headings with no punctuation at the end of the title, e.g.**Table 1. Baseline features for patients with and without CABG.****Figure 1. Event rates according to number of risk factors at goal among patients with CABG.**Headings should be positioned above the table but below the figure.Use sentence case for figure axis labels and keys; style ‘Time (days)’ rather than ‘Time, days’..Align all table cells top left and plain font. Add gridlines around all cells. Use ‘Blood pressure (mmHg)’ rather than ‘Blood pressure, mmHg’ and quote means and SDs as mean±SD.Explain what is shown in the table as a footnote, e.g. Data are expressed as n (%) or mean±SD.Expand abbreviations in a footnote to the table or figure, e.g. CAD, coronary artery disease; PAD, peripheral arterial disease.After the abbreviations, add footnotes indicated using superscript letters, e.g.a Footnote one. |
| Numbers, units and symbols | Numbers that are not measurements or percentages over nine should be in numerals; numbers up to and including nine should be in words, e.g. nine patients, 20 visits.Avoid starting sentences with a number. If this cannot be avoided, spell out the numbers at the start of sentences, e.g. Fifty-nine patients took part in the clinical study.Use figures for precise numbers when they accompany a symbol or a unit of measurement, e.g. 6 mL, 8 kg, $400, 100 mmHg.Insert a space between the number and the unit, e.g. 2 mL, 10 mg.Use onefold to ninefold, then 10-fold, etc.Use first, second, third not firstly, secondly, thirdly.Fractions should be hyphenated i.e. two-thirds, three-fifths. They do not need to be written out in full when they accompany whole numbers, e.g. 8¾.Measurements should be metric.Use % in text and tables, in closed style, e.g. 18%. Use the long form at the beginning of a sentence, e.g. Fifty percent of the patients received medication.Hyphenate all compound numbers from twenty-one to ninety-nine, e.g. Seventy-eight centres participated in the study. Use P value.Use lower case ‘n’ for number of subjects, e.g. n=60 (i.e. no spaces around the =).Use commas as the thousands separator for values above 9999.Use numerals for phases of clinical trials or in diabetes, e.g. phase 3 study, type 1 and 2 diabetes.Precede decimals with a zero where appropriate, e.g. 0.001. |
| Symbols | ≤, ≥, <, > use the style: ≤40 mg, ≥21 mL, <10 mL, >12 mg (i.e. no space between the symbol and the number, but a space between the number and the unit). For ± use the symbol (not characters, +/-) with a space either side, i.e. 10 ± 3 days. |
| Trade names | Use drug class, chemical or generic names (lower case first letter) not trade names.  |
| Multivariate/multivariable | multivariable as only one outcome (not multiple outcomes being tested) |
| Full stops | No full stops at the end of call-out boxes (notes, activities, cautions, see module/section X, communications); but full stops at the end of answers, clinical scenarios, ordinary paragraphs. |

## Artwork and images

Digital images to be included should be resized to 72 dots per inch (dpi) if possible.

Care should be taken to use images for which the author has the copyright (and is happy to transfer this to ESICM). Remove patient or hospital identifying features (see ‘[*Copyright*’ and ‘*Informed consent’*](#_Copyright_transfer_statement) sections in this document).

Include the full wording for all abbreviations and acronyms, along with source, stains, magnification, and describe any arrows or marks.

If a medical image requires adjustment, make a note in the document (hand-drawn versions are acceptable). A professional illustrator will recreate the figures in the ESICM style.

When importing a picture (formatted to be ‘in line with text’), create a Caption (right click on picture and *Insert Caption*) for reference. This allows a ‘Table of Figures’ to be created at the end of the document (*References>Table of Figures*). This will help keep track of the multimedia components for inclusion in the Course version.



Figure 4 Example caption. Include abbreviations (in alphabetical order) here, e.g. ACE, angiotensin-converting enzyme.

### Image Format

Follow the simple rule when creating or providing images:

1. JPEG FILE FORMAT

Great for images when you need to keep the size small

Good option for photographs

Bad for logos, line art, and wide areas of flat colour

1. GIF FILE FORMAT

Great for animated effects

Nice option for clip art, flat graphics, and images that use minimal colours and precise lines

Good option for simple logos with blocks of colour

1. PNG FILE FORMAT

Lossless

Excellent choice when transparency is a must

Good option for logos and line art

Not supported everywhere

1. WebP

Currently not supported by all browsers. More information can be found at <https://developers.google.com/speed/webp/>

## References

Please insert the citation next to the statement using the ‘Author, Date’ style, as follows:

**Text**

‘Peak plasma concentrations are reached within 2–4 hours of administration and the drug plasma half-life is approximately 5–9 hours in healthy subjects and 12 hours in elderly patients without renal impairment. It is highly protein bound (Cuchel, Bruckert et al. 2014).’

**In Figure or Table legend**

Figure 1 Figure title (Rader and Kastelein 2014).

Figure 1 Figure title. Adapted with permission from Elsevier…. (Rader and Kastelein 2014).

**In further reading list**

Afshari A, Wikkelsø A, Brok J, et al. Thrombelastography (TEG) or thromboelastometry (ROTEM) to monitor haemotherapy versus usual care in patients with massive transfusion. Cochrane Database Syst Rev 2011;CD007871.

Cuchel ME, Bruckert HN, Ginsberg HN, et al. Homozygous familial hypercholesterolaemia: new insights and guidance for clinicians to improve detection and clinical management. A position paper from the Consensus Panel on Familial Hypercholesterolaemia of the European Atherosclerosis Society. Eur Heart J 2014; 35:2146-57.

Rader DJ, Kastelein J. Lomitapide and mipomersen: two first-in-class drugs for reducing low-density lipoprotein cholesterol in patients with homozygous familial hypercholesterolemia. Circulation 2014;129:1022-132.

## Uploading video material

The most common HTML5 supported file format is MPEG-4 (MP4) and it has been around longest. Most browsers nowadays support h264 encoded MP4 (internet explorer, Firefox, chrome, safari including their mobile versions).

A 576 original resolution (Video standard) would display reasonably well but 720 (HD definition) will look even better. Also 1080 (Full HD) are welcomed.

Avoid upscaling/downscaling videos. In most of the cases videos would end up even worse than the originals.

A Medical Video must be also evaluated by more than one Expert (Healthcare Professional, Educationalist, etc.) to assess the content and how it is delivered.

Modern mobile devices can record high quality videos given a good surround light.

## Things to avoid (i.e. common mistakes!)

* Fully justified text (use ‘ragged right’ or left justified).
* Double spaces after punctuation
* Multiple tabs
* Multiple paragraph returns
* Footnotes
* Using hard returns in tables. Use a new row for each line of data/text
* Tables that cannot be edited. If possible, send as Word files.

## Acronyms and abbreviations

AAGBI Association of Anaesthetists of Great Britain and Ireland

ACT activated clotting time

ADP adenosine diphosphate

AHA American Heart Association

APC activated protein C

aPCC activated prothrombin complex concentrate

APTT activated partial thromboplastin time

AT antithrombin

ATLS advanced trauma life support

AV atrioventricular

BCSH British Committee for Standards in Haematology

BI brain injury

BiVAD biventricular assist device

BM bone marrow

BMS bare-metal stent

BNP B-type natriuretic peptide

BP blood pressure

Ca2+ calcium ion

CABG coronary artery bypass graft

CNS central nervous system

COX cyclooxygenase

CPB cardiopulmonary bypass

CPR cardiopulmonary resuscitation

CRP C-reactive protein

CT computed tomography

CTPA computed tomography−pulmonary angiography

CVD cerebrovascular disease

CVVHD continuous venovenous haemodialysis

DAMP damage-associated molecular pattern

DAPT dual antiplatelet therapy

DES drug-eluting stent

DIC disseminated intravascular coagulation

D-ITP drug-induced immune thrombocytopaenia

DNA deoxyribonucleic acid

DVT deep vein thrombosis

ECG electrocardiogram

ECLS extracorporeal life support

ECMO extracorporeal membrane oxygenation

ELSO Extracorporeal Life Support Organization

ESICM European Society of Intensive Care Medicine

ESR erythrocyte sedimentation rate

FDP fibrinogen degradation product

FFP fresh frozen plasma

V, etc. factor V, etc.

VIIa, etc. activated factor VIIa, etc.

GCS graduated compression stockings

GP glycoprotein

HCV hepatitis C virus

HELLP haemolysis, elevated liver enzymes and low platelets syndrome

HIT heparin-induced thrombocytopenia

HITT heparin-induced thrombocytopenia with thrombosis

HIV human immunodeficiency virus

hTEG heparinase thromboelastography

HUS haemolytic uraemic syndrome

IABP intra-aortic balloon pump

ICU intensive care unit

ID identification

IgG immunoglobulin G

INR international normalised ratio

IPC intermittent pneumatic compression device

ISTH International Society for Thrombosis and Haemostasis

ITP immune thrombocytopenia

IV intravenous

IVC inferior vena cava

kTEG kaolin thromboelastography

LDH lactate dehydrogenase

LMWH low-molecular-weight heparin

LVAD left ventricular assist device

MHP major haemorrhage protocol

NET neutrophil extracellular trap

NOAC non-vitamin K antagonist oral anticoagulant

PACT patient-centred acute care training

PAI plasminogen activator inhibitor

PAMP pathogen-associated molecular pattern

PCC prothrombin complex concentrate

PCI percutaneous coronary intervention

PDI protein disulphide isomerase

PE pulmonary embolism

PEEP positive end-expiratory pressure

PF4 platelet factor 4

PFO patent foramen ovale

PRR pattern recognition receptor

PT prothrombin time

PTP posttransfusion purpura

r reaction time

RBC red blood cell

RCC red-cell concentrate

rFVIIa recombinant activated factor VIIa

RhD rhesus D

ROTEM rotational thromboelastometry

rtPA recombinant tissue plasminogen activator

RV right ventricular or right ventricle

RVAD right ventricular assist device

SLE systemic lupus erythematosus

SOB shortness of breath

SpO2 peripheral capillary oxygen saturation

STEMI ST-segment elevation myocardial infarction

TA tranexamic acid

TCT thrombin clotting time

TEG thromboelastography

TF tissue factor

tPA tissue plasminogen activator

TT thrombin time

TTP thrombotic thrombocytopenic purpura

UFH unfractionated heparin

uPA urokinase plasminogen activator

VA veno-arterial

VAD ventricular assist device

VFP venous foot pump

VV veno-venous

VKA vitamin K antagonist

VTE venous thromboembolism

VWF von Willebrand factor

WBC white blood cell

## Common spellings

angiotensin

anti-inflammatory

anti-ischaemic

antianginal

antiarrhythmic

antidiabetic

antihypertensive

antiplatelet

antithrombotic

arterial beds

atherothrombosis

backup (n, a), back up (v)

baseline

bed rest

biological

bloodstream

brand name

break point

buildup (n), build up (v)

cardiothoracic

caregiver

chair, chairperson

checkup (n), check up (v)

cholinergic

cholinesterase

Cmax

concomitant

cost effectiveness

cost effective (n), cost-effective (a)

coworker

cross section

crossover

crossrisk

cutoff point

database

double blind (n), double-blind (a)

down-regulation

down-regulator

down-regulate

e-mail

endpoint

every day (n), everyday (a)

examination

flowchart

foetal

follow-up

half-life

healthcare

hypertension

hypokalemia

ischaemic

life-years

meta-analysis

microorganism

multicentre

multiresistant

non-compliance

non-inferiority

non-randomized

non-specific

once daily (n), once-daily (a)

one half (n), one-half (a)

online

onsite

open label (n), open-label (a)

outcomes research

outpatient

overtreatment

patient-years

post-event

postoperative

preoperative

roundtable

separate

short term (n), short-term (a)

side effects

side-effect profile (a)

specialty

stabilises

step-down (n, a)

stepwise

T cell (n), T-cell (a)

three-times daily

thrombocytopenia

timepoint

timesaving

Tmax

twice daily

type 1 (or 2) diabetes

undertreatment

underutilisation

up-regulate

up-regulation

vs (tables and figures only; write out versus in text)

washout period

well-being

well-known

workday

workout

worksheet

workup

worldwide

X-ray