

# Editorial



## Changing Times: Celebrating the Past and Preparing for a Vibrant Future

I am humbled and honored to follow Dr Grif Alspach as the new Editor for *Critical Care Nurse (CCN)*. I am grateful for the opportunity to work with the American Association of Critical-Care Nurses and to support CCN's mission to bring current evidence-based information to acute and critical care nurses who care for patients and their families.<sup>1</sup> In my role as an editor, I guide authors and facilitate the peer review process to produce high-quality, relevant, and accurate information and to uphold ethical publication standards.<sup>2,3</sup>

Working as a critical care nurse in both Canada and the United States, I have experienced different health care models and had the privilege of learning from many expert clinicians who have influenced my career. I worked at the bedside in a large academic intensive care unit (ICU) for more than 16 years, providing direct care for patients and their families. I vividly remember my first shift in the ICU following orientation. I was assigned to an intubated, critically ill patient on a night shift. I felt a bit nervous because I was on my own without a preceptor for the first time. I received a very brief hand-off report on my patient because the patient in the adjoining room was in full cardiac arrest, with many clinicians working diligently to save the patient's life. The first task delegated to me by an assertive, experienced ICU nurse was to mix and initiate an isoproterenol infusion. I felt like a deer in headlights. I had no previous experience with

this medication. I eventually completed the requested task, but I felt a bit discouraged and wished that I had been assigned a skill that was more appropriately aligned to my novice competency level. I have reflected on that experience over the years and wondered if it played a role in my desire to help train, mentor, and support nurses.

In my current faculty role, I teach graduate level evidence-based practice, health care quality and safety, and scientific writing, and I mentor students in research. My research program focuses on feeding tube verification in acute and critically ill adults, including the use of an electromagnetic device used to assist feeding tube insertion at the bedside. I am also passionate about de-implementation of tradition-based practices. De-implementation involves challenging the way we have always done things and using evidence to support decisions about stopping or reducing practices that are not efficient, not cost-effective, or possibly harmful (eg, eliminating use of bath basins).<sup>4</sup>

My interest in education and research has led me to roles as a clinical educator, clinical nurse specialist, academic faculty, nurse scientist, and, most recently, Editor of *CCN*. *Critical Care Nurse* has been a common thread throughout my critical care nursing career. As a reader, I was inspired by the journal to provide excellent care; as an author, I was able to communicate my research findings and practice recommendations in the journal; and as a reviewer for the journal, I had the opportunity to provide a service for my peers. Now, the Editor role provides

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an opportunity for me to tap into the knowledge and skills I have developed over the years. This role unites my interests in critical care nursing, practice, research, teaching, and writing. It also allows me to broaden the scope of my mentoring and give back to my critical care community in a much larger way. As the Editor, I feel I have a responsibility to readers, authors, and peer reviewers. *Critical Care Nurse* would not exist without all of you. Readers are the reason we strive to produce a high-quality journal. The work that each of you do at the bedside and/or by supporting those at the bedside is essential. The function of *CCN*, and key to its mission, is to provide you with evidence-based, accurate information to increase your knowledge so that you can “care for patients and their families in a more effective manner.”<sup>1</sup>

I would like to encourage readers to engage with the journal. One way to get to know *CCN* better is to familiarize yourself with *CCN*'s new Editorial Board. The new Editorial Board members are Carl Goforth, Susan Goran, A. Brad Hall, Karen Johnson, Ruth Lebet, and Debra Siela. These dedicated acute and critical care clinicians bring a wealth of knowledge and experience to the board; they are *CCN* advocates who will help retain what you already love about *CCN* and together we will shape the future vision for the journal. Please turn to the *CCN* masthead to view their credentials and affiliations. If you are attending NTI in Orlando this year, please say hello if you see us!

Another way to engage with *CCN* is to write and submit an article to the journal. All manuscript submissions are assessed for suitability for *CCN* (content, timeliness, and quality). The transition from staff nurse to author was a difficult journey for me. With mentoring, feedback, and lots of practice, writing has become part of my daily routine. If you think that you are not a writer, please reconsider. Many of you have clinical expertise with the topics that *CCN* is looking for.<sup>5</sup> New authors should consider partnering with an experienced author who can mentor them through the writing and submission process. Great resources, including articles by Dr Alspach,<sup>6-11</sup> are available to assist novice and experienced authors learn more about writing for publication. Author guidelines, available on the *CCN* website, should always be consulted before submitting an article; review these guidelines before you begin to write.<sup>5</sup>

The goal of the peer-review process is to assess the quality, accuracy, and fit of each manuscript for *CCN*.

Reviewer responsibilities include providing constructive feedback to assist authors in making revisions, which will ultimately improve the final quality and/or clarity of the paper. Feedback can be intimidating, especially for novice authors. A recent article on civility in *Nurse Author & Editor* provided helpful examples on how to provide thoughtful, professional feedback to support the revision process.<sup>12</sup> The article also provided information to guide authors in tracking changes and responding to reviewer critique. If you are a new reviewer or a reviewer who would like to improve the quality of your reviews, several helpful resources are available.<sup>5,8,9,13</sup>

Peer reviewers for *CCN* typically have expertise in 1 or more topical areas. Most peer reviewers hold a graduate degree and have published at least 1 manuscript as a corresponding author. Expert clinicians with a bachelor's degree and specialty certification are also eligible to perform peer review. If you are interested in becoming a reviewer for *CCN*, please read Guidelines for Reviewers<sup>5</sup> and submit your resume by email to [ccn@aacn.org](mailto:ccn@aacn.org). Reviewers from acute and critical care nursing and other health disciplines are welcome to apply. We try to match reviewers with manuscripts that fit their area(s) of expertise when possible.

As I transition from Associate Editor to the Editor role, I thank all authors, reviewers, and readers for your engagement with *CCN* and look forward to my continued work with all of you. With your guidance and support, I will uphold the legacy shaped by Dr Grif Alspach so that *CCN* will continue to be a highly regarded source of evidence-based, timely, critical care practice information. *CCN*



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