



Source: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Ann Intern Med.* 2009;151(4):264-269.

ed in a way that challenges readers to “solve the case.” The particular challenge may include comorbidities and/or psychosocial, cultural, or ethical dimensions that complicate the situation. Case studies provide an opportunity to include evidence-based information on diagnostic tests, pharmacologic and nonpharmacologic aspects of treatment, and the most up-to-date guidelines.

- **Assessment & management:** This department presents short pieces (1000-1300 words) focusing on health promotion/disease prevention screening and counseling or on assessment and management of a specific condition or presenting complaint. You can include short case scenarios to add to the interest, weaving in the assessment and management pieces in a patient-centered manner.
- **Systematic review:** If, in the development of your capstone project or dissertation, you used a systematic search method of relevant studies that included identification of those that met pre-determined eligibility criteria and assessment of validity of findings, you might consider

using this format. Systematic reviews require several explicit and reproducible steps. Use the **PRISMA statement website** as a guideline. This website provides a 27-item checklist and a 4-phase flow diagram for systematic reviews and meta-analyses of studies.

- **Research study:** Your original research study, with clinical implications, is eligible for consideration and acceptance.

So, let this be a **call for manuscripts to all APN authors, including doctoral students.**

Need an idea for a manuscript topic? Members of our Editorial Advisory Board have offered these suggestions: abnormal uterine bleeding, anal neoplasia, bacterial vaginosis (persistent/recurrent), benign breast diseases, bleeding in early pregnancy, clinical skills (e.g., pessary insertion, simple cystometry, pelvic floor electromyography, vulvar biopsy), colposcopic evaluation of lower genital tract disease, common adolescent problems (e.g., abnormal menses, dysmenorrhea, teen pregnancy), contraceptive options for women with chronic health conditions, evidence-based pre-conception care, female sexual dysfunction, HPV update, infertility, IUC placement pearls, mammography guidelines, medication effects on lactation and the newborn/infant, management of nongynecologic conditions in pregnancy (e.g., epilepsy, asthma, migraine, lupus, coagulation defects, heart disease, rheumatoid arthritis, thyroid disease), nonpharmacologic management of perimenopausal vasomotor symptoms, Pap test guidelines, pelvic floor wellness, oral neoplasia, parental grieving following an unanticipated pregnancy outcome, post-abortion care, sterilization for women and men, STI prevention counseling, and transgender sexual and reproductive health care.

We look forward to learning from all of you! As a reminder, please follow the **author guidelines** available on our website. For DNP students, recent graduates, and their faculty advisors, a useful resource is an article by Lorraine Steefel and Cynthia Saver, **“From Capstone Project to Published Article,”** which was published in the May 2013 issue of *American Nurse Today*.

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