RESEARCH IN SOCIAL AND ADMINISTRATIVE PHARMACY

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DESCRIPTION

Research in Social and Administrative Pharmacy (RSAP) publishes monthly/twelve times per year, featuring original scientific reports, comprehensive review articles, proposed models, and provocative commentaries in the social and administrative pharmaceutical sciences. Topics of interest include outcomes evaluation of drug products, programs, or services; pharmacoepidemiology; medication adherence; disease management; medication use policy; drug marketing; evaluation of educational paradigms that could impact practice and/or patient behavior; and other topics related to public health in the context of pharmacy or medication use.

RSAP strives to become a widely recognized venue for publishing articles that proffer new models to guide existing research, make methodological arguments, or otherwise describe the results of rigorous theory-building research. Practice and education research are considered, with preference given to papers evaluating theoretical constructs and to those that might shape policy.

AUDIENCE

Researchers in pharmacy practice and medication-use policy, including academicians in pharmacy, public health, medicine, and business and practitioners, clinicians, and consultants

IMPACT FACTOR

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Manuscript categories

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Research Articles. Research articles describe experimental or observational investigations that used formal methods for data collection and reporting of results. There are no restrictions on manuscript length or number of citations for Research Articles.

Research Briefs. Research articles that can provide their results in a shorter format: they have a maximum of 2,000 words, exclusive of abstract, acknowledgements, figures, tables, and references. This submission type is designed for reports of research that are still of high quality but less comprehensive in scope and potentially not of the multivariate nature typically seen in Original Research articles. The abstract should not exceed 200 words. Manuscripts are permitted to have a maximum of four figures and/or tables and 30 references. These articles are indexed all the same as are Original Research papers.

Commentaries. Commentaries are papers on philosophical issues, medication use policies, methodological arguments, or other pertinent subjects. These are extensive pieces built upon a wealth of knowledge, and research and give rise to topics likely much debated in the scientific literature. They papers are accompanied by an abstract written in prose serving to some extent as an executive summary. Many researchers who have been exploring a topic for years are well-positioned to write Commentary pieces, which are often well-references and welcomed by the editorial board. Commentary papers are indexed all the same as are Original Research papers.

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protocols meeting these criteria might or might not be subject to peer review. Those not meeting these criteria will be sent for external peer review, particularly to properly contextualize papers for RSAPs stylistic considerations and to maximize its impact for RSAPs audience. The intention of peer review is not to alter the study design. Reviewers will be instructed to check that the study is scientifically credible and ethically sound in its scope and methods, and that there is sufficient detail to instill confidence that the study will be conducted and analyzed properly. RSAP does not guarantee publication of Study Protocol manuscripts. It is expected that the study will have undergone appropriate ethics review prior to submission to RSAP, regardless of funding source. Further, it is expected that protocol manuscripts be submitted prior to completion of data collection and preparation of additional papers.

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For reporting qualitative research

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Checklist for cohort, case-control, and cross-sectional studies (combined)
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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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