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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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GUIDE FOR AUTHORS

Manuscript categories

Editorials. Editorial can serve different purposes, but often are in response to a paper published in Research and Social and Administrative Pharmacy, aimed to buttress the arguments proposed, supplement with additional context, or provide a different perspective. Editorial contributions are highly sought by the journal's Editorial Board.

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.

Proposed Models. Proposed models are comprehensive, well-executed papers that seek to propose and advance forscholarly discourse a model to guide future research or practice in pharmacy or medication use policy. There are no restrictions on manuscript length or number of citations for Proposed Models.

Reviews. Reviews are comprehensive, well-referenced descriptive papers on research topics directly related to clinical practice and/or medication use policy, or other phenomena that have implications for patients' well-being. There are no restrictions on manuscript length or number of citations for Reviews. Systematic review papers in RSAP are expected to adhere as well as possible to guidelines for systematic reviews by PRISMA's Transparent Reporting of Systematic Reviews and Meta-analyses found at http://www.prisma-statement.org/. Scoping and narrative review submissions are also welcome. Should they be accepted, depending on the paper's final make-up, it could be re-categorized as a Commentary.

Case Studies. Case reports represent any of several types of papers, including but not limited to the piloting of a new measure backed by theory, collection of data from a limited geographical area or number of institutions that might otherwise be considered for Original Research, or additional data to evidence a phenomenon previously reported by the same or different authors in a limited venue, or set of venues.

Clinical Case Reports. Clinical case reports are short descriptions of clinically interesting patients or brief interventions occurring in a pharmacy practice setting. These reports are intended to provide sufficient detail into the problem/experience to tell the patient's story while also delineating opportunity for future pharmacy endeavors. Suggested section headers include: Brief Abstract, Background, Case Presentation, Pharmacist Intervention, Outcome, Discussion, and Conclusion.

Letters to the Editor. Letters to the Editor serve as a forum for the expression of ideas or for commenting on matters of interest. It is also an avenue for critiquing or expanding on the information presented in a previously published manuscript. Authors are required to identify themselves. The Editor reserves the right to reject, shorten, excerpt, or edit letters for publication.
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Study Protocol papers are meant to highlight impending research that has been funded competitively through a federal government or philanthropic foundation process, and not from intramural funding. Authors should clearly indicate the funding source and grant number in the cover letter and acknowledgements.

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For reporting qualitative research

**COREQ**
For reporting qualitative research

**STARD**
For reporting of diagnostic accuracy studies

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For reporting of observational studies in epidemiology
Checklist for cohort, case-control, and cross-sectional studies (combined)
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Checklist for case-control studies
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For reporting of systematic reviews

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For reporting of scoping reviews

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For reporting of meta-analyses of observational studies

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For reporting protocols for RCTs

STREGA
For reporting of gene-disease association studies

TRIPOD
For reporting of studies developing, validating, or updating a prediction model, whether for diagnostic or prognostic purposes.

CHEERS
For reporting of health economic evaluations
The Equator Network (Enhancing the Quality and Transparency Of health Research) provides a

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Results should be clear and concise.

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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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