TABLE OF CONTENTS

• Description p.1
• Audience p.1
• Impact Factor p.1
• Editorial Board p.1
• Guide for Authors p.3

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.** Editorials 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 norestrictions 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/](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.

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**Book and Software Reviews.** Book and Software Reviews are brief documents (700-1000 words) that provide a clear understanding of content in a book or software program, as well as the product structure, scope, and limitations. The reviewer should state the utility of the product for use by researchers or in the teaching pedagogy of research.

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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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The guidelines listed below should be followed, as appropriate, depending on the type of study/manuscript, when submitting manuscripts to RSAP. Please use these guidelines to structure your article. You should reference use of these guidelines in the execution of your project or review and in preparation of your manuscript so as to assist yourself, editors, reviewers, and readers (upon acceptance) with inferences of quality and in obviating any ambiguity about the procedures undertaken. It is highly expected that should you cite or list one of the below guidelines then indeed you will have conformed with their recommendations. If you have a question about whether an alternate guideline would be acceptable, please contact the editor.

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

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**BEFORE YOU BEGIN**

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

**Subdivision - unnumbered sections**

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'.

**Introduction**

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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Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

**Results**

Results should be clear and concise.

**Discussion**

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.

**Conclusions**

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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A structured abstract accompanies Review, Proposed Model, and Original Research submissions. It should have the following sections: Background, Objective(s), Methods, Results, Conclusions. Commentary papers are accompanied by a prose abstract serving as an executive summary. Abstracts should not exceed 300 words.

Keywords
Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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