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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.** 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.

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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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**Manuscript Quality/Reporting Guidelines**

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For reporting qualitative research

**COREQ**
For reporting qualitative research

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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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**PRISMA-P**
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For reporting protocols for RCTs

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For reporting of gene-disease association studies

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

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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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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.

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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.

Essential title page information
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Structured Abstract
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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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.
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