

Guidelines for Preparing Submissions to the *CJHP*

The *CANADIAN JOURNAL OF HOSPITAL PHARMACY (CJHP)* welcomes original research papers, reviews, case reports, descriptions of innovations in pharmacy practice, and research letters or correspondence that are of interest to pharmacists practicing in hospitals and related health care settings. The *CJHP* does not accept original research articles involving animal research.

Papers will be considered for publication only if they are believed to represent a significant contribution to the literature, have not been published elsewhere in print or online, and are not under consideration for publication elsewhere.

Manuscripts may be submitted in English or French and must be prepared in accordance with the **Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals** (www.icmje.org/recommendations/) of the International Committee of Medical Journal Editors (ICMJE). Please carefully review and follow these recommendations before submitting your manuscript. All manuscripts are subject to review by qualified referees and editing. The Editors' decision on each manuscript is final.

Accepted manuscripts become the property of the Canadian Society of Hospital Pharmacists (CSHP) and may not be published elsewhere without written permission from the CSHP.

ONLINE SUBMISSION SYSTEM

The *CJHP* has an online system for the submission and peer review of manuscripts, which authors must use to submit and track their manuscripts. A prospective author must create a user account before submitting his or her first manuscript. To register and log in, please go to cjhp.msubmit.net. For an overview of the submission system, please read the "Author Instructions" (tab on the top menu bar) before uploading your manuscript.

AUTHORSHIP CRITERIA

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

All authors must meet **ALL** of these criteria, and all individuals who meet these criteria must be listed as authors. Individuals who contributed to the study but who do not meet all of these criteria may be listed in the acknowledgements section of the manuscript, which should be blinded. Authors must

ensure that all persons named in the acknowledgements, excluding those providing financial or technical support, have agreed in writing to be named.

Please ensure that the name, degrees and other credentials, including institutional affiliations, of all authors are listed in the order in which they are to be published. In addition, provide the contact information of the corresponding author (mailing address, email address, and phone number).

Please take note that all published work includes the corresponding author's contact information to ensure the accountability and transparency of the work.

COPYRIGHT TRANSFER

After publication of a manuscript in the *CJHP*, the authors of the manuscript must obtain written permission from the CSHP (publications@cshp.pharmacy) before reproducing any text, figures, tables, or illustrations from the work in future works of their own. In the event that a submitted manuscript is declined for publication in the *CJHP*, all said rights shall revert to the authors. Please note that any forms (e.g., preprinted orders and patient intake forms) used by a specific hospital or other health care facility and included as illustrative material with a manuscript are exempt from this copyright transfer. The *CJHP* will require a letter from the hospital or health care facility granting permission to publish the document(s).

PERMISSIONS FOR PREVIOUSLY PUBLISHED MATERIAL

For textual material that has been previously published, in whole or in part, and that is to be reproduced as originally published, include a letter from the editor or publisher of the original source permitting republication of the material in the *CJHP*. When using tables, figures, or graphs originally published in other sources, include with the submission a letter from the copyright holder of the original work (usually the publisher) granting permission to do so.

The *CJHP* is published online (ISSN 1920-2903) at www.cjhp-online.ca. (Before 2015, the *CJHP* also published print issues [ISSN 008-4123].)

DECLARING POTENTIAL CONFLICT-OF-INTEREST

An ICMJE online form for Disclosure of Potential Conflicts of Interest must be filled out for every submission to the *CJHP*. Please detail all potential conflicts of interest in this form, including relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services pertain to the subject matter of the article. These relationships may include employment by an industrial concern, ownership of stock, membership on a standing advisory council or committee, serving on the board of directors, receiving honoraria or consulting fees, receiving grants or funds from such corporations or from individuals representing such corporations, or being publicly associated with the company or its products.

In cases of potential conflict(s) of interest, the following disclosure statement should be included, in addition to presentation of details in the ICMJE form(s): “[author initials] has {list the following as applicable: acted as a consultant to, provided continuing education on behalf of, received travel support from, or has some other relevant competing interest related to} [alphabetical list of companies].”

If any financial support was received for the work that creates, or could be perceived to create, a potential conflict of interest, the following statement should be included: “[sponsor name] provided an unrestricted grant for this project; [if applicable] the company was not involved in the design and conduct of the study; the collection, management, or interpretation of the data; or the preparation, review, or approval of the manuscript.”

The *CJHP* will publish a brief statement at the end of all published articles stating the nature of any conflicts of interest as listed in the authors' ICMJE disclosure forms. Example: “[author initials] has acted as a consultant to, provided continuing education on behalf of, and/or received travel support from [as appropriate] [company names]. [author initials] has declared no conflicts of interest.”

ACKNOWLEDGEMENTS

Authors should make every effort to obtain written permission from all individuals named in the acknowledgements section (excluding those providing financial or technical support), since readers may infer their endorsement of data and conclusions.

STATEMENT OF INFORMED CONSENT

Authors of reports describing data obtained from research conducted in human participants must include a statement in the Methods section indicating approval by a research ethics board, institutional review board, or other institutional review body, along with a statement that participants provided written or verbal informed consent, or that the institutional review body waived the need for informed consent.

Authors of case reports or case series should attempt to obtain informed consent from the patient(s) or their guardian(s) before submission for publication. Documentation of informed consent will be required before photographs of patients are published. If the research ethics board of the authors' institution requires that certain privacy safeguards be in place or that informed consent be obtained from the patient or the patient's guardian before publication of case reports or case series, the authors must indicate their compliance with these policies. If the authors' institution does not require informed consent, the lack of requirement for informed consent must be stated in the text of the manuscript.

If it is not feasible to obtain informed consent, potentially identifying information will not be published in the *CJHP* unless it is important to the message of the paper. In such instances, authors may be encouraged to present aggregate data. Decisions on the requirement for obtaining informed consent from the patient before publication or regarding the method of data presentation will be made by the editors on a case-by-case basis.

STATEMENT ON HUMAN RIGHTS

The *CJHP* adheres to the principles set forth in the Helsinki Declaration, as revised in 2013 (www.wma.net/en/30publications/10policies/b3/index.html) and holds that all reported research involving human participants should be conducted in accordance with such principles. Authors should indicate whether the research was conducted in accordance with the ethical standards of the responsible committee(s) on human experimentation (institutional and national) and the Helsinki Declaration. If there is doubt that the research was conducted in accordance with the Helsinki Declaration, authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

AVOID PLAGIARISM, INCLUDING SELF-PLAGIARISM OR TEXT RECYCLING

Please ensure that:

- All relevant studies and publications are cited in your manuscript
- All verbatim language (including the authors' own previously published text) is appropriately cited*
- All verbatim language (including the authors' own previously published text) is enclosed within quotation marks*
- All paraphrased text and ideas are appropriately cited

* Verbatim text is allowed in the Materials and Methods section, provided the information is cited appropriately.

The "Avoid Plagiarism, including self-plagiarism or text recycling" section of *CJHP's* Author Guidelines is adapted with permission from the American Society for Microbiology's *ASM Ethical Publication Checklist for Authors*.

A few resources for authors:

iThenticate Professional Plagiarism Prevention White Paper. *The Ethics of Self-Plagiarism*. Oakland (CA): iParadigms, LLC; 2011 [Accessed 2019 Jan 03]. Available from: <http://www.ithenticate.com/resources/papers/ethics-of-self-plagiarism>

Samuelson P. Self-Plagiarism or Fair Use?. In: Communications of the ACM. New York (NY): ACM. 1994;37(8):21-5. [Accessed 2019 Jan 03]. Available from: <https://www.law.berkeley.edu/php-programs/faculty/facultyPubsPDF.php?facID=346&pubID=46>

BLINDING FOR PEER REVIEW

Any submission that will undergo peer review needs to be blinded before submission. This includes submissions in the following categories: Original Research, Reviews, Innovations in Pharmacy Practice, Case Reports, and Research Letters.

To ensure that a manuscript is properly blinded, authors should:

a) Ensure that their manuscript is anonymous and does NOT include any identifying information.

Identifying information includes (but is not limited to):

- author names
- author institution details
- author contact details
- ethics approval statements that refer to a specific institution
- the names of institutions, participants, or geographic locations involved in studies

Such identifying information should be removed and replaced with “XXX.”

b) Ensure that the third person is used to refer to any work previously undertaken by the author(s). For example, replace any phrases like “as we have shown before” with “has been shown before.” In the list of references treat this type of citation information like any other citation (i.e. do not anonymise it).

c) Ensure that figures do not contain any affiliation related identifiers.

d) Ensure that any references to funding sources are removed.

e) Ensure that the acknowledgments section is blank (if present). Place the content of the acknowledgments at the end of your cover letter.

Manuscripts that have not been blinded properly will be returned to the author(s) for blinding before being sent out for peer review.

GENERAL SET-UP

The following electronic versions of manuscripts are acceptable: Word, WordPerfect, EPS, Text, Postscript, or RTF format. Please ensure that the text and tables of the electronic submission are presented in one document or file and that the document is in a “straight text” format, with no headers, footers, or special formatting. Present the references as regular text at the end of the article. Group footnotes, if required, together after the references, also as regular text. Do not use the footnote or endnote feature of your word-processing software.

Basic set-up: Manuscripts should be double spaced and presented in no smaller than 12-point font. Number the pages consecutively and include acknowledgements (if applicable), references, figure captions, and tables, in that order, after the text.

The following style guides are used by the Journal: *AMA Manual of Style: A Guide for Authors and Editors* (10th edition). This publication is specific to the medical literature, and therefore covers in detail many medical terms and conventions. The *Chicago Manual of Style* is used for general English-language conventions.

Tables: They may be set up using the table function of your word-processing software, but special formatting features should not be used.

Number tables consecutively with Arabic numerals according to where they are cited in the text. Tables should not duplicate information provided in the text, although the text may highlight the key findings shown in the tables. Tables may be set up using the table function of word-processing software such as Word. Prepare the tables in double-spaced format, starting each table on a new page. Do not use special formatting features. Include a title for each table, and define all abbreviations in a footnote. If a table has been published elsewhere, acknowledge the original source; in this case, a letter from the original copyright holder, granting permission to reprint or adapt (as applicable), must accompany the manuscript.

Figures: Each must be uploaded as a separate file, in high resolution. Figure types can be categorized as follows: continuous-tone images, line-art images, and combination images.

- Minimum resolution for continuous-tone image: 300 DPI. Preferred file formats: TIFF, Bitmap
- Minimum resolution for line-art image: 800 DPI. Preferred file formats: EPS, PowerPoint, Illustrator
- Minimum resolution for combination image: 800 DPI. Preferred file formats: PDF, EPS, PowerPoint, Illustrator, InDesign

Each figure must be uploaded as a separate file. Number figures consecutively with Arabic numerals according to where they are cited in the text. Figures should not duplicate information provided in the text, although the text may highlight the key findings shown in the figures. The figures themselves should be professionally designed, in black and white (with shades of grey as required), not in colour.

Do not use background shading, and ensure good differentiation between levels of shading for bar charts. The size of symbols should be large enough to reproduce well when the figure is reduced to fit a journal column. Figures must be supplied electronically, in high-resolution format (minimum resolution 300 DPI for continuous-tone images, 800 DPI for line-art images, 800 DPI for combination images); see above for additional details. In the text file, include a caption for each figure, explaining the content and defining any abbreviations. If a figure has been published elsewhere, acknowledge the original source; in this case, a letter from the original copyright holder, granting permission to reprint or adapt (as applicable), must accompany the manuscript.

Drug names: Only generic drug names should be used. Trademark or brand names should not be used except in specific cases where the brand name is essential to reproduce or interpret the study. These exceptions should be noted in accompanying correspondence. The manufacturer, with the city, state, and country, must be provided for any brand name drugs.

Numeric quantities: Authors should use Système international (SI) units of measure for numeric quantities.

Abbreviations: For ease of reading, the *CJHP* limits the use of abbreviations, especially coined abbreviations that may be unfamiliar to readers outside a particular subdiscipline. More specifically, abbreviations should not be used in titles or for terms that appear fewer than 5 times in the manuscript (exceptions include CSHP and *CJHP*). Each abbreviation should be defined at first occurrence of the complete, unabbreviated term within the manuscript.

References: Number references consecutively as they appear in the text, using Arabic numbers enclosed in angle brackets, as <1>. Format references according to ICMJE conventions, which are based on international bibliographic standards (www.nlm.nih.gov/bsd/uniform_requirements.html). Do not include unpublished observations, personal communications, and other non-archival sources, with the exception of Internet citations, in the reference list. Place references to such information parenthetically in the text, identifying the source and date, for example, (J. Hitzler, Director of Pharmacy, The Municipal Hospital, personal communication, August 23, 2012).

Examples of formatted references:

a) *Standard journal article:*

List all authors when there are 6 or fewer; when 7 or more, list only the first 6 followed by “et al”.

Taylor SAN, Simor AE, Cornish W, Phillips E, Knowles S, Rachlis A. Analysis of spontaneous reports of hypoglycemia and hyperglycemia associated with marketed systemic fluoroquinolones made to the Canadian Adverse Drug Reaction Monitoring Program. *Can J Hosp Pharm*. 2004;57(1):12-7.

b) *Journal supplement:*

Ogle BG, McLean WM, Poston JW. The clinical pharmacy services study. A study of clinical services provided by pharmacists in Ontario hospitals. *Can J Hosp Pharm.* 1996;49 Suppl 1:S5-S25.

c) *Letter, editorial, or abstract:*

Kanji Z. Quinolone hyperglycemia and hypoglycemia [letter]. *Can J Hosp Pharm.* 2004;57(3):182.

Ensom RJ, Tierney M. Expanded technician roles versus patient safety: finding the balance [editorial]. *Can J Hosp Pharm.* 2004;57(3):145-6.

Tierney M, Corman C, Bédard M. Pharmacist survey to identify and address staff retention issues [abstract]. *Can J Hosp Pharm.* 2004;57 Suppl 2:28.

d) *Book with personal author:*

Ferguson N. Osteoporosis in focus. London (England): Pharmaceutical Press; 2002.

e) *Book with editor, compiler, or chair as author:*

MacKinnon NJ, editor. Seamless care: a pharmacist's guide to continuous care programs. Ottawa (ON): Canadian Pharmacists Association; 2003.

f) *Chapter or article in a book:*

MacKinnon NJ, Zwicker LA. Review of seamless care—backgrounder. In: MacKinnon NJ, editor. Seamless care: a pharmacist's guide to continuous care programs. Ottawa (ON): Canadian Pharmacists Association; 2003. p. 1-12.

g) *Internet citation:*

CSHP's new mission. Ottawa (ON): Canadian Society of Hospital Pharmacists; 2015 [cited 2015 Apr 21]. Available from: www.cshp.ca/aboutUs/ourMission_e.asp

h) *Package insert or product monograph:*

Risperdal product monograph. Toronto (ON): Janssen Inc; 2011 Sep 16.

CATEGORIES OF ARTICLES

ORIGINAL RESEARCH

CJHP publishes original research on pharmacotherapy of disease, adverse drug reactions, drug interactions, pharmacy practice, pharmacy education, social and administrative pharmacy, and other topics relevant to institutional pharmacy practice. Original research articles should consist of an abstract with keywords (for indexing purposes), text, references, tables, and figures. The word limit (excluding abstract, references, tables, and figures) is 3500. To protect the identity of the authors during the double-blind peer review process, do not provide any information about the authors or their affiliations in any file (except the covering letter). In addition, remove any information from the text that may identify the institution or location of the study.

Title, Abstract, Keywords, and Word Counts: On the first page, provide the title of the article and a structured abstract of no more than 300 words, using the following headings: Background, Objective(s), Methods, Results, and Conclusions. List 3 to 6 keywords or terms after the abstract (for indexing purposes). Finally, provide a word count for both the abstract and the manuscript text (without the abstract or references) and state the numbers of references, tables, and figures.

Text: Divide the text of original research articles into the following sections: Introduction, Methods, Results, and Discussion. Reports describing data obtained from research conducted in human participants must contain a statement in the Methods section indicating approval by a research ethics board, institutional review board, or other institutional review body, along with a statement that participants provided written informed consent or that the institutional review body waived the need for informed consent. If patients are identifiable from illustrations, photographs, case reports, or other study data, release forms (or copies of the figures with the appropriate release statement) giving permission for publication must be submitted with the manuscript. This should only be done in rare instances where such images are essential to the science and/or technique in the manuscript. (For more information, see “Statement of Informed Consent” and “Statement on Human Rights” sections above.)

Conflicts of Interest: The *CJHP* will publish a brief statement at the end of all articles stating the nature of any conflicts of interest as listed in the authors' ICMJE disclosure forms. Example: “[author initials] has acted as a consultant to, provided continuing education on behalf of, and/or received travel support from [as appropriate] [company names]. [author initials] has declared no conflicts of interest.”

Funding: All sources of funding should be acknowledged in the manuscript.

REVIEWS

Follow the guidelines for Original Research, noting the following specific requirements. Reviews should consist of an abstract with keywords (for indexing purposes), text, references, tables, and figures. The word limit (excluding abstract, references, tables, and figures) is 4500. To protect the identity of the authors during the double-blind peer review process, do not provide any information about the authors or their affiliations in any file (except the covering letter).

Provide a structured abstract using the following headings as applicable: Background, Objective(s), Data sources, Study selection and data extraction, Data synthesis, and Conclusion. Divide the text of meta-analyses and systematic reviews into the following sections: Introduction, Methods, Results, and Discussion. The headings for narrative reviews will vary with the topic.

INNOVATIONS IN PHARMACY PRACTICE

Articles submitted within this category should describe innovative pharmacy practice models or programs. Pharmacy practice encompasses, but is not limited to, clinical practice, pharmacy education, and social and administrative pharmacy. Original data are not necessarily required, and any such data analyses should be descriptive; manuscripts that report inferential statistical analyses should be submitted as Original Research. For example, drug use evaluations and quality assurance reports of innovative pharmacy practices would typically fit under Innovations in Pharmacy Practice and not Original Research. Follow the guidelines for Original Research, but do not include an abstract. The word limit (excluding references, tables, and figures) is 2500. Submissions should include an introduction, a description of the practice or program, an evaluation of the program, the implications and significance for practice, and references.

CASE REPORTS

Follow the guidelines for Original Research, but do not include an abstract. The word limit (excluding references, tables, and figures) is 1500 for standard Case Reports and 3000 for Case Reports with a complete review of the literature. Submissions should include a brief introduction followed by a description of the patient case, discussion, and references. When appropriate, the Naranjo adverse drug reaction probability scale (Clin Pharmacol Ther. 1981;30[2]:239-45) or another appropriate measure should be used to assess the likelihood of causality.

Patients' right to privacy: Authors of case reports or case series should attempt to obtain informed consent from the patient(s) or their guardian(s) before submission for publication. Documentation of informed consent will be required before photographs of patients are published. If the research ethics board of the authors' institution requires that certain privacy safeguards be in place or that informed consent be obtained from the patient or the patient's guardian before publication of case reports or case series, the authors must indicate their compliance with these policies. If the authors' institution does not require informed consent, the lack of requirement for informed consent must be stated in the text of the manuscript.

If it is not feasible to obtain informed consent, potentially identifying information will not be published in the *CJHP* unless it is important to the message of the paper. In such instances, authors may be encouraged to present aggregate data. Decisions on the requirement for obtaining informed consent from the patient before publication or regarding the method of data presentation will be made by the editors on a case-by-case basis.

RESEARCH LETTERS

For reports of smaller original studies with an important clinical message, the Journal welcomes submissions of Research Letters. Follow the general guidelines for Original Research, but do not include an abstract or keywords. Although Research Letters will typically not have formal section headings, submissions should include a brief introduction, a concise description of methods and results, and a short discussion of the implications of the findings. The word limit (excluding references, tables, and figures) is 750 words, with a maximum of 2 tables and/or figures and up to 10 references. Research Letters may undergo external peer review (including statistical review, if appropriate), and authors may be asked to revise their submission on the basis of reviewer comments.

CORRESPONDENCE

The Journal welcomes correspondence commenting on editorials or articles published in previous issues of the Journal or elsewhere, as well as short commentaries on topics of interest to readers. The word limit (excluding references) is 750. Tables and figures are usually not published in the Correspondence section unless they add substantially to the content of the submission, as determined by the Editor. Submissions to the Correspondence section are typically not peer-reviewed and will be published at the Editor's discretion.

ADVANCED PHARMACIST PRACTITIONER

This is a new series launched in the January-February 2019 issue of the *CJHP*, which is anticipated to run for two years. There are many examples of established advanced pharmacist practices, as well as emerging roles with progressive approaches that are moving the profession forward in innovative and exciting ways. The new series will feature examples of cutting-edge pharmacy practice in various settings, teaching models, research, initiatives undertaken by pharmacy professional societies, and other concepts highlighting new directions in hospital pharmacist practice. These manuscripts are prepared by invitation only from the Editorial Board. The maximum word limit is 3500 words.

POINT COUNTERPOINT

The Point Counterpoint column is designed to engage pharmacists from hospitals and related health care settings in discussion of important topics with a Canadian perspective. The columns (1000 words each for Pro and Con) are prepared by invitation from the Editorial Board, but suggestions of topics for future issues are welcome.

EDITORIAL

Editorials are written by the Editor or an Associate Editor on a rotating schedule. They are approximately 1000 words in length and can include a maximum of 10 references. Editorials generally include a photograph of the author. They are published in English and French

COMMENTARY FROM THE PRESIDENTIAL TEAM

Each issue of the *CJHP* features a report from the Presidential Team. This report usually discusses a pertinent issue in hospital pharmacy that is generally linked to work being done by the Society/Journal. It should be approximately 500 words in length and usually features a recent photograph of the author. It is published in English and French.