CJHP The Canadian Journal of Hospital Pharmacy
JCPH Le Journal canadien de la pharmacie hospitalière

The Canadian Journal of Hospital Pharmacy's Author Guidelines

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INTRODUCTION

The CANADIAN JOURNAL OF HOSPITAL PHARMACY (*CJHP*) welcomes original research papers, reviews, case reports, and descriptions of innovations in pharmacy practice that are of interest to pharmacists and pharmacy technicians practicing in hospitals and related health care settings. *CJHP* does not accept stability studies, correspondence, research letters, book reviews, or 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. Authors may submit an abstract in both languages if they wish (but this is not required). Manuscripts must be prepared in accordance with the **Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals** (http://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 all content in each language is subject to copyediting. 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Accepted manuscripts become the property of the Canadian Society of Hospital Pharmacists (CSHP) and may not be published elsewhere without written permission from the CSHP.

CJHP is published online (ISSN 1920-2903) at https://www.cjhp-online.ca/index.php/cjhp/index. (Before 2015, *CJHP* was also published in print [ISSN 008-4123].)

CATEGORIES OF ARTICLES
Formatting Requirements by Section

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 3000 with a maximum of 4 display items, such as tables, figures, and graphs, of reasonable length*.

Title, Abstract, Keywords, and Word Counts: On the first page, provide the title of the article and a structured abstract of no more than 250 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.

Brief Research Reports

CJHP will publish research reports on topics as described under the "Original Research" category, but with a 1500-word limit and an abstract of no more than 150 words. The format and sections described under "Original Research" should be followed with a limit of 20 references and a maximum of 2 display items in total, such as tables, figures, and graphs, of reasonable length*. The intent of the Brief Research Reports category is to provide a forum for smaller scale research projects that would not meet the review standards of full-length Original Research manuscripts but would still provide a valuable contribution to the academic literature. Residency projects from accredited Canadian Pharmacy Residency Programs are one potential example of manuscripts that may be appropriate for this section, although some residency projects may be appropriate for full-length Original Research submissions.

Reviews

Follow the guidelines for Original Research, noting the following specific requirements. Reviews should consist of an abstract and include keywords (for indexing purposes), text, references, tables, and figures. The word limit (excluding abstract, references, tables, and figures) is 4000 with a maximum of 4 display items, such as tables, figures, and graphs, of reasonable length*.

Provide a structured abstract of no more than 250 words 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

Encompasses, but is not limited to:

- **Clinical Practice,**
- **Pharmacy Education,**
- **Pharmacy Administration**

Articles submitted within this category should describe innovative pharmacy practice models or programs. 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 or Brief Research Reports. 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 1500 with a maximum of 2 display items, such as tables, figures, and graphs, of reasonable length*. Submissions should include an introduction, description of the practice or program, 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 with a maximum of 2 display items, such as tables, figures, and graphs, of reasonable length* and 3000 for Case Reports with a complete review of the literature with a maximum of 4 display items, such as tables, figures, and graphs, of reasonable length*. 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. *Authors must clearly indicate whether patient consent was obtained in the text of the manuscript. If authors' institution does not require informed consent, the lack of requirement for informed consent must be clearly stated in the text of the manuscript*.

If it is not feasible to obtain informed consent, potentially identifying information will not be published in *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.

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 500 words in length and can include a maximum of 5 references. Editorials generally include a photograph of the author. They are published in English and French.

Executive Commentary

Each issue of *CJHP* features a report from CSHP's Executive Board. 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.

**Please take note that the Editorial Board has the discretion to request adjustments in word length and number of display items at any time.*

GENERAL SET-UP

Abbreviations

For ease of reading, *CJHP* limits the use of abbreviations, especially coined abbreviations that may be unfamiliar to readers outside a sub-discipline. 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.

Article Category

Indicate the article category of a submission, including subcategory if applicable, at the top of the first page of the manuscript before the title to ensure the category is evident to peer reviewers.

Basic Set-Up

Manuscripts should be double spaced and presented in no smaller than 12-point font. Number pages consecutively and include, references, figure captions, and tables, in that order, after the text. Acknowledgements (if applicable) may be included as a separate document.

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.

Electronic File Format

Word, RTF, or similar text format of manuscripts is acceptable. 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.

Line Numbers

Include continuous line numbers within the manuscript text document to facilitate the identification of specific areas of improvement for authors by reviewers. Depending on the version of Microsoft Word, this can be accomplished by choosing the "Layout" option and selecting "Line Numbers" followed by "Continuous".

Numeric Quantities

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

Style Guides

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 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, JPEG, Bitmap
- Minimum resolution for line-art image: 800 DPI. Preferred file formats: Editable EPS, Illustrator ai
- Minimum resolution for combination image: 800 DPI. Preferred file formats: PDF, TIFF, JPEG

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 and can be submitted in colour. 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.

Appendices*

These are typeset and copyedited as part of an issue. The information presented in appendices is generally integral to the understanding of an article. Appendices cannot be over 3-4 pages in length and no more than 2 appendices per article may be included with a submission.

Supplemental Material*

This material is published as submitted (it is not typeset and undergoes minimal to no copyediting). It is meant to enhance the understanding of a paper, but it is not integral to the understanding of the work. Surveys/questionnaires and lists of drugs within a particular therapeutic category, for example, can be submitted as supplemental material or readers can be directed to authors for more details.

**Appendices and supplemental material must be mentioned within the text of a manuscript.*

References

Superscript and number references consecutively as they appear in the text, using Arabic numerals. 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 apart from 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:
List all authors when there are 6 or fewer; when 7 or more, list only the first 6 followed by "et al."

a) *Standard journal article:*
Silva RME, Portela RDP, da Costa IHF, de Oliveira AB, Woods DJ, de Oliveira CLCG, et al. Immunosuppressives and enteral feeding tubes: an integrative review. *J Clin Pharm Ther*. 2020;45(3):408-18.

b) Journal supplement:
Enderby C, Keller CA. An overview of immunosuppression in solid organ transplantation. *Am J Manag Care*. 2015;21(1 Suppl):S12-S23.

c) *Letter, editorial, or abstract:*
Jackevicius CA. Evidence-based medicine in the COVID-19 era [editorial]. *Can J Hosp Pharm*. 2021;74(1):3-4.

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:*
National statistics. National Association of Pharmacy Regulatory Authorities; 2019 [cited 2019 Mar 14]. Available from: https://napra.ca/national-statistics

h) *Online news source:*
COVID-19 vaccine tracker: how many people in Canada have received shots? CTV News; 2020 Dec 29 [cited 2021 Jan 22]. Available from: https://www.ctvnews.ca/health/coronavirus/coronavirus-vaccine-tracker-how-many-people-in-canada-have-received-shots-1.5247509

i) *Online preprint:*
Wingert A, Pillay J, Gates M, Guitard S, Rahman S, Beck A, et al. Risk factors for severe outcomes of COVID-19: a rapid review [preprint]. medRxiv; 2020 Sep 1 [cited 2021 Feb 11]. Available from: https://www.medrxiv.org/content/10.1101/2020.08.27.20183434v1

j) *Package insert or product monograph:*
Risperdal product monograph. Toronto (ON): Janssen Inc; 2011 Sep 16.

EDITORIAL POLICIES

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** these criteria, and all individuals who meet these criteria must be listed as authors.

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.*

Author resource:
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

Blinding for Peer Review

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

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):
    i. author names
    ii. author institution details
    iii. author contact details
    iv. ethics approval statements that refer to a specific institution
    v. 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 anonymize 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). Authors may consider including a separate document with their submission containing acknowledgments (if applicable).

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

Copyright Transfer

After publication of a manuscript in *CJHP*, the authors of the manuscript must obtain written permission from CSHP (publications@cshp.ca) before reproducing any text, figures, tables, or illustrations from the work in future

works of their own. If a submitted manuscript is declined for publication in *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. *CJHP* will require a letter from the hospital or health care facility granting permission to publish the document(s).

Declaring Potential Conflicts of Interest

An ICMJE form for Disclosure of Potential Conflicts of Interest **must be filled out by each author** for every submission to *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.

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."

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Registering Clinical Trials

It is highly recommended that clinical trials presented in submissions are registered and copies of protocols submitted for reference.

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. 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 described in the manuscript.

Statement on Human Rights

CJHP adheres to the principles set forth in the Helsinki Declaration, as revised in 2018 (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) 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.