



North Carolina Pharmacist

Guidelines for Authors

North Carolina Pharmacist is the journal of the North Carolina Association of Pharmacists (NCAP). As a peer-reviewed journal, it aims to facilitate the professional development of pharmacists, pharmacy technicians, and student pharmacists with engaging stories, membership highlights, organizational reports, original research, commentaries, updates, and education.

North Carolina Pharmacist is published online quarterly. NCAP encourages submissions that inform, educate, and motivate its members and advance the care of patients and the pharmacy profession.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyrighted work not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

For questions or to submit a manuscript for consideration, contact Tina H. Thornhill, PharmD, FASCP, FNCAP, Editor, at tina.h.thornhill@gmail.com.

Article Types

Original Research: Original research involving medication effectiveness, safety, pharmacoeconomics, pharmacokinetics, pharmacogenomics, interactions, adherence and use, and pharmacy practice. Meta-analyses and quality assurance projects (e.g., improving programs, services, and technology) are also considered research. An abstract (300-word limit) is required for this article type. The manuscript should include Background, Purpose, Methodology, Results, and Conclusion. A statement in the Methods section that the work was conducted in compliance with an Institutional Review Board/Human Subjects Research Committee must be included when applicable. The investigators should also discuss the strengths and limitations of the study.

Review Articles: Comprehensive, significant, critical, and analytical reviews that include essential information on a well-delineated subject. Reviews must synthesize and critically evaluate available data rather than simply describing the findings.

When preparing a general review, after the Introduction section, methods used to search the literature (databases including PubMed, search terms, search period, and limits), as well as inclusion and exclusion criteria for articles chosen for the review, should be described. Study designs and outcomes, including limitations of research included in the review, should be discussed.

New Drug Approval/Drug Monograph: Brief review of single drug entities recently receiving FDA approval. Manuscripts must include a section comparing existing similar or related FDA-approved medications to clearly describe the role of the new drug in therapy and a recommendation on the new drug's place in therapy relative to other drugs used for the same FDA-approved indication(s). The inclusion of the drug's average wholesale price is suggested.

Special Articles: Reports in such areas as, but not limited to, clinical knowledge, economic policy, business models, innovative pharmacy practices, legislative issues, education, ethics, law, and health care delivery.

Case Reports/Case Series: New or unusual events in one or more patients that expand the knowledge about common disease states or provide significant information about drug safety, adverse reactions, interactions, or usage. Clinical and laboratory data, concurrent medications, and diseases should be documented. Case reports/series should not discuss the usual course of therapy (see clinical problem-solving below). Before submitting a report of an adverse drug reaction, the Naranjo ADR probability scale or other validated and appropriate scale should be used to assess the likelihood that the events were drug related.

Clinical Problem-Solving: Considers the step-by-step process of clinical decision-making. Information about a patient is presented in stages to simulate how such information emerges in clinical practice and highlight the evolving management of that patient.

Experience: These articles focus on the human-interest side of pharmacy and can include practice, community service, reflections, and student activities. Editors seek inspirational stories about NCAP members, successful patient outcomes, and more.

Editorials/Commentary: Viewpoints on diverse, controversial, or current pharmacy topics.

Member Spotlight: A short biography that emphasizes an individual's accomplishments and services to NCAP. Any NCAP member can submit a spotlight; self-reports are encouraged. Spotlights should include the following information: member's name, educational background, current position (former position, if relevant), place of employment/affiliation, description of practice or business (in a nutshell, what does this person do), professional interests, personal interests/hobbies, academy membership, areas of service to NCAP, and a professional (headshot) picture in a jpeg, png, or gif format.

Spotlights should include the answer to at least two (but no more than four) of the following questions.

- Why do you or did you want to be a pharmacist or pharmacy technician?
- How did you professionally evolve as a pharmacist?
- What was your favorite or least favorite subject in school?
- What do you enjoy the most about your job?
- What value has NCAP brought to you and your career?
- What do you wish everyone (especially non-pharmacy personnel) knew about your job?
- What have you accomplished that you are super proud of?
- What would your co-workers (or classmates) be surprised to know about you?
- What is a fact about you that most people do not know?
- What is/are your favorite NCAP membership benefit(s)?
- What industry publications/social media venues do you read, watch, follow, or listen to?
- Who has had the most significant influence on your life? Why?

Forum and Academy Report: Serves to inform the general membership about activities within the forums and academies of NCAP. Semi-annual reports are encouraged. A brief overview of current actions, accomplishments, and goals (written in narration or bullet statements) will suffice. Additional considerations include important professional changes facing your forum (e.g., policy change, reimbursement, drug shortage, and/or guideline changes, etc.). Highlights of members are welcomed. This does not need to be elaborate; in fact, one-quarter to one-half of a page can suffice.

Manuscript Formatting for the North Carolina Pharmacist

General

1. Manuscripts must be submitted as a Microsoft Word (.word) document on an 8.5 by 11-inch page with margins of 1 inch. *Adobe format will not be accepted.*
2. Author identification, references, figures, and tables should be single-spaced in an 11-point Calibri font.
3. The narrative portion of the manuscript should be double-spaced in an 11-point Calibri font.
4. Each element begins on a separate page in this sequence: author(s) and title page, text, references, appendices, tables, and figures.
5. When referring to medications, use generic names throughout the manuscript unless the specific trade name of a drug is directly relevant to the discussion.

Author ID and Title of manuscript page

1. For each author, include name, professional degree(s), job title, affiliation, year of graduation for student pharmacists, and email address.
2. Please specify who the corresponding author is.
3. Provide a concise, informative title for the manuscript.
4. Include the declaration of any possible conflicts of interest for each author(s).

Text

1. Names of authors, institutions, and patients are not mentioned, except in descriptive reports in which institutional identification is essential to understanding the program.
2. Should be double-spaced.
3. Descriptive headings are used to identify major sections of the manuscript; subheadings also may be used. For example, a research or quality improvement report would include Introduction, Methods, Results, and Discussion (including limitations and conclusions).
4. Case Studies/Reports are described in the following order: Problem (followed by Background, depending on content), Analysis and Resolution, Discussion, and Conclusion. The patient's age, sex, race, weight, pertinent medical history, and baseline laboratory values are included, as well as generic names, manufacturers, formulations, and routes of administration of all drug products used. Include adverse events, AE causality/probability assessment, and outcome.
5. Every reference, figure, table, and appendix is cited numerically in the text. (Order of mention in text determines the number given to each.)
6. For software important to the manuscript, information should be included in parentheses with the software version, manufacturer, city, and state.

Tables, Figures, Other Graphics:

1. Must enhance the narrative portion of the manuscript. Not simply restate what is written in the manuscript.
2. Must include a key for all abbreviations and symbols used.
3. Must be clearly formatted.
4. Must be correctly referenced and numbered according to the narrative portion.
5. Illustrations, pictures, graphs, etc. should be supplied in the highest quality and in an electronic format that helps us to publish your article in the best way possible.
6. Pictures (containing no text or graphs) should be formatted in jpeg, PNG, or gif format.
7. Placement: Figures/charts and tables created in MS Word should be included at the end of the document.
8. Figures and files created outside Word (i.e., Excel, PowerPoint, JPG) should be submitted separately. Please add a placeholder note in the running text (i.e., "[insert Figure 1.]")
9. Tables and figures should be single-spaced.

References

1. Includes the heading “References” and should be single-spaced.
2. Required for all manuscripts submitted as Original Research, Review Articles, Special Articles, Case Reports, or Clinical Problem Solving. References may be required for manuscripts submitted as Editorials or Commentary.
3. Must be cited in text, tables, and legends by parenthesis, number, parenthesis (e.g., (1)), parenthesis, number, comma, parenthesis (e.g., (1,2)). For several consecutive references cited together, use parenthesis, number, hyphen, number, parenthesis (e.g., (4-9). For a mix of consecutive and non-consecutive numbers, use parenthesis, number, hyphen, number, comma, number, parenthesis (e.g., 4-9, 12,16). *Do not use superscript or subscript.*
4. Must be on pages separate from the text and numbered consecutively as they appear in the text. References that appear only in tables or figure captions should receive consecutive numbers based on the placement of the first mention of the table or figure in the text.
5. Do not include “unpublished observations” or “personal communications.” (References to written, not oral, communications may be inserted in parentheses in the text or included as footnotes.)
6. Must be verified by the author(s) against the original documents.
7. References should be cited in AMA format. Refer to the following website for help.
https://www.nlm.nih.gov/bsd/uniform_requirements.html.
8. Abbreviations of journal titles must conform to those used by the National Library of Medicine for MEDLINE indexing: <https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.
9. List all authors when there are six or fewer; with seven or more authors, list the first 3, followed by “et al.” To facilitate online retrieval of references, include a citation’s digital object identifier (DOI) if available.
10. When citing articles that have been published online prior to print, authors are encouraged to include the date published online (EPUB date) in addition to the full print information.
11. When the article has appeared in print, the URL will not be used; however, a DOI should be included if available.