***The Journal of the Pharmacy Society of Wisconsin*: Peer Review Evaluation Criteria**   
  
Please give constructive feedback for all categories not checked as meets criteria or not applicable

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| **NAME OF ARTICLE BEING REVIEWED** | **Meets Criteria** | **Partially Meets Criteria** | **Does Not Meet Criteria** | **Not Applicable** | **Comments** |
| 1. The content of the manuscript is appropriate for the readership and PSW’s mission. The article’s objective is clinically relevant to every-day practice.   “The Mission of the Pharmacy Society of Wisconsin is to provide a unified voice, resources, and leadership to advance the pharmacy profession and improve the quality of medication use in Wisconsin” |  |  |  |  |  |
| 1. The manuscript offers advances to pharmacy practice. It is a new idea to our readers. |  |  |  |  |  |
| 1. The title states the subject of the paper. |  |  |  |  |  |
| 1. The introduction section contains an appropriate breadth and depth of the information and is organized in a logical order. |  |  |  |  |  |
| 1. The objective is appropriate considering the scope of the paper. |  |  |  |  |  |
| 1. The tables and illustrations have appropriate titles and labels. I am easily able to read and interpret the data. |  |  |  |  |  |
| 1. The figures add to the written results section, and do not repeat it. There are no discrepancies between the figures and the text. |  |  |  |  |  |
| 1. All author guidelines are followed. (word count and article format) |  |  |  |  | http://www.pswi.org/Get-Involved/Publish-articles-in-The-Journal |
| 1. The information presented is appropriately referenced. |  |  |  |  |  |
| 1. Are there additional citations which should be considered by the writer? | Yes | No |  |  | Additional References suggested: |
| 1. Are there additional statements within the article where the author should consider citing? | Yes | No |  |  |  |
| 1. The content is balanced, free of commercial bias and avoids promotion of any specific commercial product(s) or service(s). |  |  |  |  |  |
| Additional Comments/Feedback: | | | | | |

**Recommendation:**

☐ Accept

☐ Accept if revised

☐ Revise

☐ Reject