pharmacists, residents, student pharmacists, and pharmacy technicians and is therefore written at a level appropriate for health care professionals.

Clinical Inquiry Preparation

Clinical Inquiries should be written in accordance with the American Medical Association (AMA) Manual of Style. The material should be relevant to current practice. Please follow the outline provided below.

Clinical Inquiry Outline:

- **Title:** The title should briefly highlight the basic elements of the question that is posed.
- **Question:** The question should be stated clearly and represent the key issue to be addressed by the information and discussion in the manuscript.
- **Background:** A brief (2 or 3 sentences) description of the relevant background information should be included here. If the question arose from a specific patient-related concern, the description of the relevant background information should also be discussed in this section. Detailed, specific patient data (such as found in case reports) should not be included. A brief discussion (1 to 2 paragraphs) of the importance of the question should be included.
- Literature Review/Evidence **Summary:** Sources used should focus on primary literature, such as clinical studies or case reports. Include databases searched or other references. Briefly describe and critically analyze the design, methodology, and results of each clinical study. A few sentences should report the raw numbers as well as any statistical significance. A careful assessment of the strengths and weaknesses of the authors' conclusions should also be included in this summary (a simple restatement of the authors' conclusion is insufficient). This information should focus on the most important results. Small tables can be included if applicable, but avoid duplicating information in the

TABLE 1. Strength of Recommendation Grading of Recommendations Assessment, Development, and **Evaluation**

A - Recommendation based on consistent and good quality patient-oriented evidence from:

- Systematic reviews of high quality studies (Randomized Controlled Trials)
- Large high-quality randomized controlled trial (Confidence intervals)
- All or none studies (dramatic effect)

B - Recommendation based on inconsistent and limited quality patientoriented evidence from:

- Systematic reviews of lower quality studies or studies with inconsistent
- Lower quality clinical trials and cohort studies

C - Recommendation based on consensus, usual practice, opinion, diseaseoriented evidence from:

- Consensus guidelines
- Usual practice of expert opinion
- Disease-oriented evidence
- Case series

text. It is the submitting authors' responsibility to receive copyright permission for tables or graphs to be included in the published clinical inquiry.

- Evidence-based Answer: Conclude with an answer to the question, highlight any deficiencies in the relevant literature, and recommend any further research needed to fully answer the question. If available, add a strength of recommendation / evidence rating (Table 1.) (include explanation of rating), or guidelines if available (either further supporting the answer or how it might be different). Remember to keep the wording objective and do not use "I recommend..." since the answer is based on evidence and not personal opinion.
- **References:** All citations should be current, relevant, and represent the latest information on the topic. Please follow the AMA Manual of Style for citing literature. A maximum of 10 references is requested and a minimum of three references. UpToDate® should NOT be used as a reference in any clinical inquiries submitted.

Clinical Inquiry Submission: Submissions can be submitted directly to Amanda Margolis (thejournal@pswi.org), editor of The Journal. Please have the document double spaced, with 1 - inch

margins in Microsoft Word format. A word limit of 1500 is requested to help keep responses concise. Pharmacy interns or students are highly encouraged to submit their clinical inquiries for publication. Authors should include their practice setting at the time the clinical inquiry was written, as well as their current pharmacy practice location. A single clinical inquiry may be submitted by a single author or multiple authors. Clinical inquiries may be sent back to author for revisions.

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