Course description
The Critical Care Elective is a two hour course designed to introduce the efficacy, safety, and comparative value of drug therapy in the management of critically ill patients. Knowledge of physiology, pharmacology, toxicology, and therapeutic management is applied to disease states and conditions commonly seen but specific to critically ill patients. The approach to course delivery will emphasize team based learning, which promotes group collaboration and integration of critical care knowledge and concepts while maintaining individual accountability for the material and concepts.

Course Coordinators:
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Place and Time of Class Sessions
Please see your respective campus calendar

Relation to Pharm.D. Programmatic Outcomes:
1. Formulate a concise and evidence-based patient-centered care plan in collaboration with other health care professionals, patients, and/or their caregivers which considers the patient's health literacy, culture, and psychosocial factors. (SLO 1.1)
2. Implement, monitor, evaluate, and adjust pharmaceutical care plans with accuracy and timeliness. (SLO 1.2)
3. Ensure continuity of pharmaceutical care (e.g., facilitating transitions of care, coordinating care with other providers and caregivers). (SLO 1.5)
4. Evaluate and apply information related to patient outcomes (e.g., measures of patient quality of life, pharmacoeconomic and pharmacoepidemiologic evaluations). (SLO 2.2)
5. Communicate with pharmacists and other health professionals concerning patient care issues using appropriate written and verbal communication skills. (SLO 4.6)
6. Demonstrate a strong science foundation by recalling and understanding information related to the biomedical, pharmaceutical, clinical, and social/behavioral sciences. (SLO 6.1)
7. Demonstrate the ability to assimilate and apply basic, clinical, and social science knowledge in the care of patients. (SLO 6.2)
8. Apply critical thinking, problem solving, and scientific reasoning skills to the practice of pharmacy (both patient problems and general practice problems). (SLO 8.1)
9. Gather, analyze, and apply relevant scientific data, evidence-based data, and other information when solving practice problems (both patient-specific and general practice problems). (SLO 8.1)
10. Demonstrate professional behaviors expected of a pharmacist (e.g., UF Pharm.D. CORES). (SLO 9.1)
11. Demonstrate the ability to be a self-directed learner and perform continuous professional development (i.e., identify learning needs, develop a plan for accomplishing learning needs, and self-assess achievement of personal learning goals). (SLO 9.1)

Course Goals and Objectives:
This course will introduce Doctor of Pharmacy students to the area of critical care medicine. Focus will be placed on areas important to provide medication therapy to adult patients in times of medical and surgical critical illness.

1. Apply knowledge of variable pathophysiology, pharmacology, and pharmaceutics in the critically ill patient to evaluate therapeutic options.
2. Discuss the impact of evidence-based decision-making and the role of clinical guidelines on pharmacotherapy management in critical care. (i.e., Clinical practice guidelines for the management of pain, sedation and delirium in the adult ICU; Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock, etc.)
3. Design patient-specific therapeutic regimens, including monitoring parameters, for critically ill patients that are consistent with pharmacokinetic principles, practice guidelines, and evidence from contemporary literature, and effectively communicate this information to health care professionals
4. Adapt therapeutic regimens based on patient-specific clinical response, transitions of care and safety monitoring based on patient case scenarios, topic discussion, and assignments.
5. Conduct a critical review of medical literature on a critical care topic and write an appropriately cited review article in accordance with publication guidelines. This process will allow students to become familiar with writing a manuscript and the steps necessary to submit the article to a peer-reviewed journal.

6. Develop professional behaviors by working in teams, identifying roles and developing appropriate professional communications.

**Pre-Requisite Knowledge & Skills**
Third year (3PD) student Pharmacist classification

**Course delivery:**

**A)** The course will be delivered as a combination of didactic and team-based/active learning activities. An individual readiness assurance test (iRAT or "quiz") will be performed during the first 5 minutes of the 2 hour classes. For the next 10 minutes, students will work in small groups to complete a team readiness assurance test (tRAT) in the form of an application exercise utilizing turning point hand held devices and Immediate Feedback-Assessment Technique (IF-AT form). The remainder of the first 30 minutes will be discussing results of the readiness assessments and the facilitator will provide clarifications on troublesome topics (i.e., mini-lecture) to ensure background knowledge necessary to move on to problem solving.

**B)** The remaining time will be devoted to a therapeutic case made available to the students 7 calendar days prior to the week of class.

- Students will independently work through the case answer questions which may include developing a patient-specific problem list with a therapeutic regimen and monitoring plan prior to class. These cases must be electronically submitted on Canvas with their individual assessment and plan of the proposed case by 9AM the day PRIOR to the live session.
- Students will be called on to discuss cases and proposed patient care plans. The group will discuss and evaluate plan options.

**C)** Some topics will have associated lectures and some will have multiple self-directed active learning activities (e.g. videos, readings, and web-based learning) on that week’s topic or any topic covered in prior weeks. These activities will assist students in their understanding of disease states and therapy and provide a basis for case/topic discussions.

**D)** Construction of a publication quality review and assessment of literature regarding a controversial critical care topic. *(see Appendix B)*

**E)** A 20-25-minute power point presentation on the critical care controversy topic will be developed and delivered in the final week of class. Approximately 2-5 groups will present per class.

**F)** Two multiple choice exams (midterm and final) will be held simultaneously on all campuses

**Course Outline/Activities:** refer to Appendix A

**Recommended Reference Material:**

**A)** Faculty Assigned readings per topic

**B)** Primary literature pertinent to topic discussion to be recommended by the faculty or acquired by students

**C)** Drug reference (LexiComp or similar) online

**D)** Pharmacotherapy: A Pathophysiologic Approach. Diapiro, JT. online

**E)** Katzung’s Basic and Clinical Pharmacology online access through e-books
Required Supplies/Equipment
Non-programmable calculator capable of performing routine functions and logarithms

Active Learning requirements
Case Discussion Class Sessions
Prior to the class session students will individually answer the case related questions. These completed cases will be submitted on Canvas by 9AM the day PRIOR to the live session. The work should be individual, answers should not be cut and pasted, but should be in the student’s own words and thoughts. “I don’t know” type answers are not acceptable and will be considered incomplete. You do not have to be right, but you do have to document what YOU are thinking. Case submission will be graded for appropriate completion. The grading rubric is located in the Evaluation Forms folder in Canvas. In class, the small groups will be expected to formulate assessments and plans for critically ill patients pertinent to the topic of the week. Groups will then be expected to participate in active learning topic discussions that will debate the appropriate therapy.

SOAP Notes
After two of the case discussions (Endocrine Emergencies and Sepsis) students will write a focused SOAP note for a case based on the topic that week. The note will communicate the plan for one specified aspect of care for the patient. Students will be given the scenario/case and the prompt at the end of the discussion session. There has been a discussion in class regarding the topic and students should be familiar with appropriate therapy approaches. The SOAP note is graded on 1) how well subjective and objective information pertinent to the aspect of care for which the SOAP note is being written is documented. 2) The treatment options presented and the correctness of the plan (this should be straightforward as the assignment will be focused and appropriate therapies will have been discussed in class, but dose need to be correct). 3) The documentation of the follow-up and monitoring plan. The SOAP note will be graded using the rubric posted in Canvas.

Example prompt – Following a discussion regarding a patient with sepsis, the pharmacist is asked to provide dosing recommendations for antibiotic therapy to include aminoglycosides.

The note should focus on the antibiotic therapy as well as specific dosing, monitoring, and follow-up recommendations.

Critical Care Controversies
Faculty will randomly assign groups and allow the students to choose (4-5 students per group) a clinical controversy. The group will write a cited topic paper on the critical care issue with a goal of producing a manuscript of publication quality. An outline of the paper is due Friday, October 2nd 2015. The first draft of the paper is due Friday November 13th 2015. Feedback on the draft will be provided by a faculty member. The final paper will be due December 4th 2014. A more detailed description of the assignment is located in Appendix B.

Special Topic Presentations
Student groups will be responsible for delivering a presentation on their critical care controversies topic to the remainder of the class and faculty in the form of a 20-25 minute (depending on group numbers).
power point presentation with an additional 5 minutes for questions. Please practice the timing of these presentations as the presentation will be cut off at the time limit.

**Student Evaluation & Grading**

**Evaluation Methods**

Students will be assessed via quizzes, exams, case discussions, manuscript preparation and special topic presentations.

**Quizzes**

There will be weekly quizzes (as described above) that will make up 10% of the total grade. These quizzes will be multiple choice or true/false pertaining to any topic covered prior to that case discussion. IRAT quizzes will be delivered via examsoft.

**Exams**

There will be 2 examinations administered during this course. Exam 1 will be worth 15% and the final will be 20%. As such the exams will account for a total contribution of 35% of the final grade. The Exam schedule is as follows:

- Exam 1 (midterm): 10/7/14 at 4:30pm – 6:30pm
- Exam 2 (final): 12/13/14 at 3:00pm – 5:00pm

Each exam will cover material presented in class, lecture or as required reading assignments. Questions for each exam will be prepared by lecturers and the course coordinators and will come exclusively from the goals and objectives which accompany each lecture topic. The format of these exams will be case based multiple-choice. Exams will be delivered via Examsoft.

**Case Discussions**

During case discussions groups will be randomly called upon to answer questions and discuss/explain/defend their assessment and plan for their patients. This practice will be a team based learning practice and thus students will be evaluated on their participation in the discussion and contribution to the patient case. The case submission prior to class will be 15% of the grade and discussion participation will make up 10% of the total grade.

**SOAP Note**

Students are assigned two SOAP notes which will be submitted within 72 hours after the class discussion. Each SOAP note will be worth 5% of the grade for a total of 10%.

**Controversies in critical care and Topic Presentation**

Topics will be chosen by the groups on the 1st week, and approved as an appropriate topic by faculty. “Controversies in critical care” is a manuscript that will be a comprehensive review of the topic chosen in a publication worthy formatting. Groups will then be responsible for presenting these topics as power point presentations to the class. The manuscript and presentation will make up the remaining 20% of the total grade.

**Final Grade Calculation**

<table>
<thead>
<tr>
<th>Exam</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam 1</td>
<td>15%</td>
</tr>
<tr>
<td>Exam 2</td>
<td>20%</td>
</tr>
</tbody>
</table>
Grading Scale
A final percentage grade will be calculated and letter grades assigned as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100</td>
</tr>
<tr>
<td>A-</td>
<td>90-94</td>
</tr>
<tr>
<td>B+</td>
<td>86-89</td>
</tr>
<tr>
<td>B-</td>
<td>80-82</td>
</tr>
<tr>
<td>C</td>
<td>73-75</td>
</tr>
<tr>
<td>C+</td>
<td>76-79</td>
</tr>
<tr>
<td>C-</td>
<td>70-72</td>
</tr>
<tr>
<td>D+</td>
<td>66-69</td>
</tr>
<tr>
<td>D</td>
<td>60-62</td>
</tr>
<tr>
<td>E</td>
<td>&lt;60</td>
</tr>
</tbody>
</table>

Class Attendance Policy
All case discussion class sessions are mandatory. Students who miss a case discussion or quiz due to illness, family emergency, death in the family, or any other unforeseen event should personally report this to the campus facilitator PRIOR to presentation of the case if possible. If not, it should be reported as soon as is possible. Please note that this information may be transmitted ONLY by the affected student. Any such communication from anyone other than the affected students will NOT be accepted. Appropriate and verifiable documentation of the need to miss the case presentation or quiz will be required. An unexcused absence will result in a zero for that day.

Exam Policy
ExamSoft
All exams and quizzes will be administered using ExamSoft (SofTest), a secure software program that is run on your laptop and iPad. All students will be responsible for having a working laptop or iPad and battery capable of lasting throughout the exam. Students must also download the encrypted exam BEFORE coming to the testing room. The exam must be closed prior to the student leaving the exam room (this will be verified by the proctor).

Students arriving late
Students arriving late for an examination may take the exam if NO other student has completed the examination and left the examination room. Once any student has completed the examination and has left the room, NO late arriving student may take the examination.

Questions during the examination
Per College of Pharmacy policy, NO questions will be answered during an examination.

Missing an exam
Students who miss a scheduled exam due to unforeseeable circumstances, such as illness, family emergency, or death in the family should personally report this to course coordinator PRIOR to administration of the exam if possible. If not, it should be reported as soon as possible. (Note: circumstances other than these will be evaluated on an individual basis but notification PRIOR to the exam is still required). This information may NOT be transmitted to any course coordinator by anyone other than the student him/herself. Any such communication from anyone other than the effected
student will NOT be accepted. Appropriate and verifiable documentation of the need to miss the exam will be required. Failure to notify course coordinator of an absence PRIOR to an exam if it was feasible and/or provide appropriate documentation will result in the student receiving a zero for that exam. Note: exams will ONLY be given on the dates scheduled; in other words, exams will not be given early to allow students to be absent on scheduled exam dates.

Exam Rebuttals
An exam key will be made available 24 hours following completion of the exam. Once the key has been made available, students will have 24 hours to submit one rebuttal per student to exam questions. Rebuttals need to be EVIDENCE-BASED (e.g., NOT “That is what was said in lecture”), NO MORE THAN ONE PAGE IN LENGTH, professional in nature, and emailed to Dr. Feild. The course coordinator will review the rebuttals and contact the lecturer if deemed appropriate. You are NOT to contact the lecturer personally. After the rebuttals have been analyzed, a final announcement will be posted to the course website stating any changes that will occur in the exam grading process.

Make-up Quiz & Exam Policy
Make-up quizzes or exams will only be given IF the student complied with the above criteria. Make-ups will need to be completed within 2 weeks of the original date given unless arrangements have been made with course coordinator.

Policy on Old Quizzes and Assignments
Exams and assignments will NOT be returned to the students.

Assignment Deadlines
Please refer to the course schedule.

General College of Pharmacy Course Policies
For information regarding the UF Grading Policy, the Academic Integrity Policy, the Psychomotor and Learning Expectations, Faculty and Course Evaluations, Expectations of Students, Discussion Board policies, the UF Policy on Religious Holidays, and the Counseling and Student Health Center can be found at the following URL:
### Appendix A:

**Schedule of Course Activities/Topics**

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Lecture Topic</th>
<th>Instructor</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/24 - 8/28</td>
<td><strong>Introduction:</strong> faculty, syllabus, projects</td>
<td>1 hr</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Fluid &amp; Electrolytes review*</td>
<td>1 hr</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>8/31 - 9/4</td>
<td><strong>Case:</strong> General ICU</td>
<td>2 hr</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>3</td>
<td>9/7 - 9/11</td>
<td>Pain, Agitation, Delirium and NMB review*</td>
<td>1 hr</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Acid/Base – on campus review</strong></td>
<td>1 hr</td>
<td>Case Submission</td>
</tr>
<tr>
<td>4</td>
<td>9/14 – 9/18</td>
<td><strong>Case:</strong> Hyperglycemic Emergencies</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>5</td>
<td>9/21 - 9/25</td>
<td>Shock, hemodynamic, and devices*</td>
<td>1 hr</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Case:</strong> Pain, Agitation, Delirium and NMB</td>
<td>2 hr</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>6</td>
<td>9/28 - 10/2</td>
<td><strong>Case:</strong> Shock</td>
<td>2 hr</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>7</td>
<td>10/7</td>
<td>Infections in the ICU* review</td>
<td>1 hr</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>10/12 - 10/16</td>
<td><strong>Case:</strong> Sepsis</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td></td>
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<tr>
<td>9</td>
<td>10/19 - 10/23</td>
<td><strong>Case:</strong> ACLS</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>10</td>
<td>10/26 - 10/30</td>
<td><strong>Case:</strong> DVT/PE/Anticoagulation</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>11</td>
<td>11/2 - 11/6</td>
<td>Liver Disease*</td>
<td>1 hr</td>
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<tr>
<td></td>
<td></td>
<td><strong>Nutrition</strong></td>
<td>1 hr</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>11/9 - 11/13</td>
<td><strong>Case:</strong> Liver Failure</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>13</td>
<td>11/16 - 11/20</td>
<td><strong>Case:</strong> Hypertensive Emergency</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>14</td>
<td>11/23 - 11/27</td>
<td>Project Preparation – No class session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>11/30 - 12/4</td>
<td><strong>Case:</strong> Ischemic or hemorrhagic Stroke</td>
<td>2 hrs</td>
<td>IRAT/TRAT</td>
</tr>
<tr>
<td>16</td>
<td>12/7 - 12/11</td>
<td><strong>Project Presentation</strong></td>
<td>2 hrs</td>
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<tr>
<td>Final</td>
<td>December 12</td>
<td><strong>FINAL EXAM</strong> (3PM-5PM)</td>
<td>2 hrs</td>
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<td></td>
<td></td>
<td></td>
<td>32 contact hrs</td>
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</tbody>
</table>

*Didactic lectures with no patient cases

**Case**

11 total cases with 10 IRAT and TRAT quizzes (no quiz for Acid/Base)
Appendix B
PHA5607 CRITICAL CARE ELECTIVE
Critical Care Controversy Evaluation Guidelines

Purpose: The purpose of the assignment is to provide you with experience in evaluating the literature regarding therapeutic controversies and questions such as those that may come about in the care of patients. You have been called upon to evaluate the available literature on your topic and then form a conclusion/clinical recommendation regarding the question or controversy. “More research is needed” is NOT an acceptable conclusion. You have a patient on rounds and must make a recommendation.

Controversy Evaluation topics: 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 describe the findings.

1. General outline to be followed for topic review:
   a. Structured abstract
   b. Brief introduction
   c. Criteria for selection of presented literature support
   d. Body of manuscript
   e. Summary/Conclusion
   f. References

2. The length of the main text body should be limited to 2,500 words (± 10%), excluding the abstract text, references and title page. A maximum combination of 4 tables and figures may be included. All copy (including tables and references) should be double-spaced in accordance with the Style Guidelines section of Author Guidelines.

3. The structured abstract should contain the following headings:
   a. Objective
   b. Data sources
   c. Study selection and data extraction
   d. Data synthesis
   e. Conclusions

4. Literature selection and assessment section should:
   a. List the criteria used to select and eliminate studies evaluated for the review. Considerations for criteria might include number of subjects, blinded vs. non-blinded, controlled vs. comparative, etc.
   b. Outline the literature search strategy including databases searched, key words, and date ranges used.
   c. Describe how the studies were assessed. Selected studies should be methodologically sound and have appropriate statistical analysis of the results.
d. Abstracts and case reports should be avoided unless the inclusion is essential and the
data are not published in articles. The FDA or manufacturer may be contacted for data
submitted in NDAs.

5. Controversies related to the topic, comparative data, and unresolved issues should be included
in the manuscript.

6. Use tables to summarize key comparative data (e.g., when multiple studies or treatment options
are presented) or other types of data when appropriate, such as pharmacokinetic,
pharmacodynamic and economic. Do not duplicate material in main text and tables (i.e., put
information into the text or table/figure—not both).

7. Emphasize emerging areas of research and anticipated changes in clinical practice.

8. Ensure that all statements and recommendations are clearly and logically supported by data
from the studies selected for review.

9. In the summary, highlight the main considerations for pharmacotherapy and application of the
information to patients and emphasize the limitations of currently available information. The
summary should include a definitive recommendation.
STYLE GUIDELINES

Students are required to follow The Annals' style, which is consistent with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

Other useful style references are the American Medical Association Manual of Style; Scientific Style and Format: The CSE Manual for Authors, Editors and Publishers; and The Chicago Manual of Style.

Paper Preparation:
Manuscripts should be prepared using a 12-point font (Times, not Times New Roman, is preferred) on 8.5 x 11.0 inch (216 x 279 mm) paper, with margins of at least 1 inch (25 mm). All copy should be double-spaced, including title page, abstract, text, acknowledgments, references, tables, and figure legends. Pages must be numbered in lower right hand corner.

Title Page:
The title page should contain:
  1. Review title (concise, but indicating main focus of paper);
  2. Name of each author as it should appear in print;
  3. Highest academic degree, position title, and/or academic appointment of each author;
  4. Names of departments and institutions with which each author is affiliated;
  5. Name, address, telephone and fax numbers, and email address of corresponding author;
  6. Statement pertaining to funding and conflict of interest (see "Conflict of Interest Statement");
  7. Information about presentation of the work as an abstract or poster, if applicable;
  8. Separate word counts of abstract and main text; and
  9. Key words for purposes of indexing and searching.

Structured Abstract: Abstracts should be no more than 300 words. See structured abstract examples and guidelines online or abstracts in any recent issue of the journal for examples of proper abstract subheadings and content for each article category. Reference citations are not used in the abstract.

Text: Appropriate headings and subheadings should be used liberally throughout the text. Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers' code numbers should be used only when a generic name is not yet available. Trade names should be included only to distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved by the FDA.

References:
All references, including those related primarily to figures and tables, must appear in the text and be cited consecutively. References in text, tables, and figure legends should be denoted with superscript Arabic numerals. Personal communications (i.e., unpublished data) may not be used as numbered references. Information obtained through personal communication must be inserted in parentheses within the text and include the contact person's name, academic degree, affiliation, and date of communication. Signed permission letters from quoted sources indicating the content of the personal communication must be provided to the Editorial Office. Abstracts and Letters to the Editor may be used as numbered references but must be identified as such in the citations. Inclusive pagination must be provided for all references. Journal names should be abbreviated as they appear in PubMed. Those not appearing in PubMed should be spelled out. Referenced articles that are cited as "In press" must include the title of the journal that has accepted the paper. List all authors when there are 6 or fewer; with 7 or more authors, list the first 3, followed by et al. 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. When the article has appeared in print, the URL will not be used; however, a DOI should be included if available. Examples of correct referencing style are given below.


**Tables:** Each table must be double-spaced on a separate page. A brief title must be provided for each table. Each column requires a brief descriptive heading. Explanations and full terms for abbreviations used should appear alphabetically below the body of table. Statistical measures of variation (i.e.,
standard deviation) should be identified in footnotes (designated as a, b, c, etc.). The units of measure used for all data in a column should be indicated. Internal horizontal or vertical rules should not be used. Duplication of table content within text should be minimized.

In preparing tables, use the table function available within the software (e.g., Microsoft Word). Each piece of data must be contained within a cell within the table: do not use tabs or extra spaces to separate the information. This requires the material to be retyped during the publication process, resulting in delays and possible errors. Paragraph returns can be used to separate units of data within a cell (as shown below with Adverse Events). Double-space the copy. Be as succinct as possible with the text (full sentences are not required; more abbreviations can be used than in text). Present the data in an organized manner (e.g., consecutive references, alphabetical).

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Treatment</th>
<th>Results</th>
<th>Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>R, DB,</td>
<td>Drug A 100</td>
<td>BP reduction: 60% of pts. (p &lt; 0.05)</td>
<td>Orthostatic hypotension: 2%</td>
</tr>
<tr>
<td>(2010)</td>
<td>MC</td>
<td>mg/day</td>
<td></td>
<td>Headache: 1%</td>
</tr>
<tr>
<td>Jones</td>
<td>OL, MC</td>
<td>Drug B 125</td>
<td>BP reduction: 30% of pts. (p = 0.45)</td>
<td>Orthostatic hypotension: 0.4%</td>
</tr>
<tr>
<td>(2011)</td>
<td></td>
<td>mg/day</td>
<td></td>
<td>Nausea: 4%</td>
</tr>
</tbody>
</table>

*BP = blood pressure; DE = double-blind; MC = multicenter; OL = open-label; R = randomized.*

**Figures:** Figures should be computer generated, photographed, or professionally drawn and submitted as a PDF (photographs 300 dpi; line art 1200 dpi). Original hard copies or electronic files are required; photocopies are not acceptable. Each figure should be provided as a separate page or electronic file. Figures generated in PowerPoint, as well as freehand or with typewritten lettering, are unacceptable. Send an electronic version of each figure or two (2) sharp, glossy originals of photographs; sharp laser copies of line art are acceptable. Letters, numbers, and symbols should be clear, uniform in size, and large and dark enough to be legible when the size of the figure is reduced to fit column width in the journal. Titles and detailed explanations should appear in the legends rather than in the figures. Bar graphs or pie charts should be in black and white only and not contain gray shading as filler or background; distinctive fillings should be used instead (e.g., white or solid black; horizontal, vertical, or slanted stripes; cross-hatching; dots). Dotted lines and decimal points should be dark enough to reproduce well. Background horizontal or vertical lines should not be used. Figures should have labels on their margins or backs indicating file number, figure number, and corresponding author's name at top of figure. The top of a figure should also be designated on the back if the figure lacks distinguishing features. Legends should be double-spaced, and each abbreviation and symbol used must be defined. Duplication of figure content within text should be minimized.