

# 2008 ASHP Midyear Clinical Meeting

## Resident Poster Submission Rules

### And

## Format Guidelines

This document is to assist you in the preparation of your abstract submission for a poster presentation at the *2008 ASHP Midyear Clinical Meeting* to be held in Orlando, Florida, December 7-11.

**Please read all instructions carefully.** We have a new submission process and some requirements have changed.

Thank you for your interest in presenting at the *2008 ASHP Midyear Clinical Meeting* and we hope to see you in Orlando!

#### **Please Note:**

This site is for resident submissions only. If you are a student, go to <http://www.ashp.org/Import/MEETINGS/GetInvolved.aspx> and click on “Submit a Student Poster Abstract”.

#### **Important Information:**

- **Deadline is October 1, 2008, 11:59 PM Eastern. No exceptions.**
- **ASHP strongly supports residency training and accepts Resident Poster submissions from Residents participating in ASHP Accredited or Accreditation-Pending PGY1 or PGY2 programs (Pre-Candidate and Candidate).** Since space is limited, it may not be possible to accept all poster submissions. Residents must know their program's ASHP Accreditation Code number at time of submission. Don't know your code? See page 6 for instructions on accessing the ASHP Accreditation Code number.
- Incomplete submissions will not be considered.
- **A Primary Author is limited to one abstract submission;** however, they can be additional authors on other abstracts.
- **We are only accepting a total of five authors per submission (Primary Author plus four additional).** Any authors above that number will be deleted according to their order.
- **Do not create duplicate abstracts or fake abstracts.** Go back and edit the one you first create.
- **Research-in-Progress reports will be accepted and results can be presented.**
- You must complete all additional author information, including disclosure information.
- **Posters will be presented in two sessions on Wednesday: 8-10 AM and 1-3 PM. We cannot guarantee a specified session and cannot accept special requests to switch sessions.**
- A poster board has usable space of approximately 7 ½ feet wide (2.3 meters) by 3 ½ feet high (1.1 meters).
- You will receive more instructions on creating and presenting a poster when your poster has been accepted.

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**DEADLINE – 11:59 p.m. Eastern, October 1, 2008**

**This deadline is final!** You may edit a submission anytime prior to the deadline. No new submissions or edits will be accepted after the deadlines. ASHP will not edit abstracts. Incomplete submissions found after the deadline will not be considered.

## **AUTHORSHIP**

### **PRIMARY AUTHOR**

The person entering the information online ***must be the Primary Author*** and will be responsible for providing the required information for **all** authors. We define the "Primary Author" as the leading author of the abstract and the one whose name appears first on the abstract. Therefore, the submitting author's name will *automatically* appear first on the citation and the abstract, and it is their contact information that will be printed on the published version of the abstract.

A Primary Author may submit only one abstract; however, they may be an additional author on other abstracts. Do not create duplicate abstracts. Once you create an abstract you may go back and edit that abstract by clicking on its title. Even if you go into the submission site to just look around and create a fake abstract – use that one, writing over the title, for your final. Duplicate and fake abstracts slow down the acceptance process. **If a Primary Author submits more than one abstract ASHP will choose which abstract will be presented and will delete the others. Once deleted, these cannot be recovered.**

### **ADDITIONAL AUTHORS**

Each submission may have up to five (5) authors – the Primary Author and four (4) additional authors. If you submit more than four additional authors ASHP will accept the first four and delete the rest. The Primary Author should check to make sure that all authors and their information are included and in the order they will appear on the abstract and citation. **ASHP will not add "forgotten" authors or make changes to the author order. Incomplete additional author information may cause the abstract to be rejected.**

## MEETING REGISTRATIONS and CANCELLATIONS

### MEETING REGISTRATION

Presenting a poster at our meeting is a voluntary effort and ASHP cannot pay expenses for your participation. If your submission is accepted you are responsible for your own meeting registration fee and travel.

**All presenters must be registered for the meeting**, at least on the day of the presentation. No one will be allowed in the poster area without a badge even during set-up. If you need assistance setting up your poster, please come to the Poster Desk in the Poster Hall and talk with an ASHP staff member. Please do not attempt to get someone past security.

### WITHDRAWALS/CANCELLATIONS

Written notification is required for all submission withdrawals. Only the Primary Author may withdraw a submission — third party withdrawals will not be accepted.

Send your withdrawal request to: [educserv@ashp.org](mailto:educserv@ashp.org). Please include your full name and presentation title in your request.

Because of our early publication deadlines, if you withdraw after receiving your acceptance notice we cannot guarantee that your presentation citation and/or abstract will not appear in print, on the ASHP Website, or in other print or electronic media.

## NOTIFICATIONS and CONTACT INFORMATION

### EMAIL ADDRESSES AND NOTIFICATIONS

**The login email must be the same as the Primary Author's email. Do not change or delete the Primary Author's email. If the Primary Author's email is deleted the poster will be rejected.**

**All correspondence concerning confirmations, reminders, and accept/reject notifications will be sent to the Primary Author's email only.** It is the Primary Author's responsibility to notify the coauthors of the abstract as to the status of the submission. It is imperative that this email address is a working email box that is not spam protected. If you do have spam protection, chances are you will not receive our emails.

### CONTACT INFORMATION

If you have a question regarding your submission, please send an email to [educserv@ashp.org](mailto:educserv@ashp.org). Please include your name and the title of the submission. ASHP will refuse to give out information to anyone not listed as an author on the abstract.

## HOW TO SUBMIT ONLINE

### LOGGING IN

#### Resident Poster Abstract Submissions

**Please Note:**

**This site is for Resident Poster abstracts only.**

Dear Primary Author,

Thank you for your interest in presenting a Resident Poster at the 2008 ASHP Midyear Clinical Meeting, December 7-11, in Orlando, Florida.

**The deadline for all abstract submissions is 11:59 p.m. (Eastern), October 1, 2008.**

You must read the [ASHP Midyear Clinical Meeting Resident Poster Submission Rules and Format Guidelines](#) before beginning your submission. Failure to follow the rules and guidelines may result in your abstract not being accepted.

**IMPORTANT: The Primary Author must be the person submitting the abstract.** Primary Authors may submit only one abstract, though you can be an additional author on other abstracts. Submitting an abstract on behalf of someone else is prohibited.

To begin, either create a new account or login if you are returning to update a proposal. Please note that the "Login Email" will be the address ASHP will use to contact you in regards to your abstract.

**This email has to belong to the Primary Author. It will be the contact email and the one that appears with your abstract.**

### Create New Account

FIRST NAME:

LAST NAME:

EMAIL:

PASSWORD:

CONFIRM PASSWORD:

-or-

### Returning Users Login

EMAIL:

PASSWORD:

For technical questions, please contact: Technical Support 1-888-711-1138 ext 241; [support@cmcgq.com](mailto:support@cmcgq.com)

For all other inquiries, please contact: The ASHP Educational Services Division at [educsen@ashp.org](mailto:educsen@ashp.org) or call Vanessa Gripper at 301-664-8682

**Important:** The email that is used for logging into the submission site must be the Primary Author's – not an assistant's or a colleague's. You must not delete or alter this email on the Primary Author Personal Details screen or the database will not function properly resulting in your submission not being reviewed.

## WELCOME PAGE

Please read all the instructions on the Welcome page before proceeding to the next step.

After reading instructions, click on "Residency Information".

Welcome
Lynda Irvin
- LOGOUT -
Welcome
ASHP 2008 MIDYEAR CLINICAL MEETING
RESIDENCY INFORMATION
PRIMARY AUTHOR INFORMATION
CREATE A NEW ABSTRACT
RESIDENT TEST

## Welcome

Follow the instructions below to begin the abstract submission process.

### Primary Author Information

Click on "Primary Author Information" on the left menu. Fields in red must be completed in order to continue to the next step. Your information must be in title case (meaning only the first letter is capitalized). Do not use all capital letters. See the rules and guidelines document for examples.

### Creating an Abstract

After completing all required Primary Author Information, click on "Save and Continue". You will be instructed to click "Create New Abstract" on the left menu. Enter the abstract title and click "Create New Abstract". The abstract title must be sentence case except for proper nouns and acronyms. See the rules and guidelines document for title examples. When you click on "Create New Abstract" you will be taken to the first step in the submission process. After each step make sure you click on "Save & Continue" to advance to the next step and to ensure your information will be saved.

### Navigating through the Steps:

You may go back to any step to add or edit information, but make sure you click on "Save & Continue" each time in order to save your information. Your abstract title will appear on the left menu. Click on the title to review/edit the information. **Do not create multiple abstracts with the same title; edit the one you first created.**

### Abstract Length:

We do not have an abstract word limit; however, an average length of an abstract is approximately 600 words (this includes Purpose, Methods, Results, Conclusion fields).

### Confirmation:

The last page is your Confirmation which lists everything you submitted. Check your Confirmation carefully to make sure all fields are filled out and there are no typographical errors. ASHP will not edit your abstract for you. Print a copy of your Confirmation and save it for your records.

## RESIDENCY INFORMATION

Due to space issues, we are limiting the Resident Poster submissions to Residents participating in ASHP Accredited or Accreditation-Pending PGY1 or PGY2 programs (Pre-Candidate and Candidate). Residents must know their program's ASHP Accreditation Code number at time of submission. Don't know your code? See the following page for instructions on accessing the ASHP Accreditation Code number.

The screenshot shows the ASHP website's 'Residency information' page. The left sidebar contains a navigation menu with the following items: 'Welcome Lynda Irvin', '- LOGOUT -', 'Welcome', 'ASHP 2008 MIDYEAR CLINICAL MEETING', 'RESIDENCY INFORMATION' (highlighted), 'PRIMARY AUTHOR INFORMATION', 'CREATE A NEW ABSTRACT', and 'RESIDENT TEST'. The main content area is titled 'Residency information' and contains a paragraph explaining the submission limitations. Below the text are several required fields: '\* Name of Site:' (text box with 'Test site'), '\* State:' (text box with 'Maryland'), '\* Residency Code:' (text box with '1111'), 'PGY1:' (dropdown menu with 'Managed Care'), and 'PGY2:' (dropdown menu with 'Psychiatric'). A legend indicates '\* indicates a required field'. At the bottom right is a 'Save & Continue' button. Two orange callout boxes with arrows provide instructions: one points to the 'RESIDENCY INFORMATION' menu item, and the other points to the 'Save & Continue' button.

After completing Residency Information, click on "Primary Author".

You must click on "Save" on every screen in order to save your information.

**ASHP** American Society of Health-System Pharmacists®  
TOGETHER WE MAKE A GREAT TEAM

Welcome  
Lynda Irvin  
- LOGOUT -

Welcome

ASHP 2008 MIDYEAR CLINICAL MEETING

RESIDENCY INFORMATION

PRIMARY AUTHOR INFORMATION

CREATE A NEW ABSTRACT

RESIDENT TEST

### Residency information

Due to space issues, we are limiting the Resident poster submissions to Residents participating in ASHP Accredited or Accreditation-Pending PGY1 or PGY2 programs (Pre-Candidate and Candidate). Residents must fill out this page completely in order for their poster to be considered for presentation. If you do not know your program's code, please consult your [ASHP Midyear Clinical Meeting Resident Poster Submission Rules and Format Guidelines](#) for instructions on how to find the code on the ASHP website.

\* Name of Site:

\* State:

\* Residency Code:

PGY1:

PGY2:

\* indicates a required field

Save & Continue

## Instructions on Finding ASHP Accreditation Code Numbers

Step 1: Go to: <http://accred.ashp.org/aps/pages/directory/residencyProgramSearch.aspx>

**Homepage Category**

The purpose of the ASHP accreditation program is to identify and grant public recognition to practice sites having pharmacy residency training programs that have been evaluated and found to meet the qualifications of one of the Society's residency accreditations standards. Thus, accreditation of a pharmacy residency program by the Society provides a means of assurance to residency applicants that a program meets certain basic requirements and is, therefore, an acceptable site for postgraduate training in pharmacy practice in organized health care. [More...](#)

**Search**

Institution Name:

State:

PGY1:

PGY2:

**SEARCH**

**Find your program type** →

**Select your State** ←

**Career Pharm**  
Find the best pharmacy job!  
[MORE INFO](#)

Step 2: Click on the correct site name.

**Online Residency Directory**

**Search Results**  
[New Search](#)  
Displaying 1 - 1 of 1 record found.

Name of Site	Type	Code
<a href="#">The Johns Hopkins Hospital</a>	Postgraduate Year Two (PGY2) Emergency Medicine Pharmacy	35112

Page: 1

Step 3: The ASHP Accreditation Code Number is circled below.  
(Do not confuse it with the "NMS Code").

**Residency Listing**

The Johns Hopkins Hospital Department of Pharmacy 600 North Wolfe Street, Carnegie 180 Baltimore, MD 21287 <a href="http://www.hopkinspharmacy.org">http://www.hopkinspharmacy.org</a> <b>Accreditation Status:</b> Pre-Candidate	<b>Code:</b> 35112 <b>NMS Code:</b> 605069 <b>Postgraduate Year Two (PGY2) Emergency Medicine Pharmacy</b>
--	--

**Code can be found in two places**



## PRIMARY AUTHOR INFORMATION

You must fill out all fields that are in red. You cannot submit your abstract unless all required fields are completed.

The screenshot shows a web form titled "Primary Author Information". On the left is a sidebar menu with links: "Welcome: Lynda Irvin", "- LOGOUT -", "Welcome", "ASHP 2008 MIDYEAR CLINICAL MEETING", "PRIMARY AUTHOR INFORMATION", "CREATE A NEW ABSTRACT", and "TEST 1". The main form area contains the following fields, many of which are highlighted in red to indicate they are required:

- \* First Name: Lynda
- \* Last Name: Irvin
- Middle Name / Initial: M.
- \* Position Title: Manager, Education Communications
- \* Company / Affiliation: American Society of Health-System Pharmacists
- \* Business Address 1: ASHP
- \* Business Address 2: 7272 Wisconsin Avenue
- \* City: Bethesda
- State (inside U.S.): MD
- Province (outside U.S.):
- \* Zip / Postal Code: 21045
- \* Country: USA
- Phone: 301-664-8704
- Extension:
- Fax Number: 301-634-5804
- \* E-Mail: Irvin@ashp.org
- HP Member: ☒ Yes ☐ No

At the bottom right is a "Save" button. A legend indicates that a red asterisk (\*) denotes a required field.

Three instructional callouts are present:

- An orange callout bubble pointing to the "First Name" and "Last Name" fields contains the text: "Do not use all caps", "Do not forget the period after the middle initial", and "Do not place degrees after last name".
- An orange callout box with an arrow pointing to the "Save" button contains the text: "You must click on 'Save' on every screen in order to save your information."

## CREATE A NEW ABSTRACT


To begin an abstract, click on "Create a New Abstract." Do not create multiple abstracts with the same title. The titles of all abstracts you create will appear on the left menu. To edit, simply click on the title.

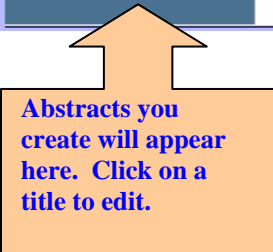
Welcome <b>Lynda Irvin</b>
- LOGOUT -
Welcome
ASHP 2008 MIDYEAR CLINICAL MEETING
PRIMARY AUTHOR INFORMATION
CREATE A NEW ABSTRACT

### Primary Author: Thank You

Thank you for entering your personal details, please click on the "Create New Abstract" tab on the left menu to enter your abstract details.



 <b>American Society of Health-System Pharmacists®</b> <small>TOGETHER WE MAKE A GREAT TEAM</small>									
<table><tr><td>Welcome <b>Lynda Irvin</b></td></tr><tr><td>- LOGOUT -</td></tr><tr><td>Welcome</td></tr><tr><td>ASHP 2008 MIDYEAR CLINICAL MEETING</td></tr><tr><td>RESIDENCY INFORMATION</td></tr><tr><td>PRIMARY AUTHOR INFORMATION</td></tr><tr><td>CREATE A NEW ABSTRACT</td></tr><tr><td>RESIDENT TEST</td></tr></table>	Welcome <b>Lynda Irvin</b>	- LOGOUT -	Welcome	ASHP 2008 MIDYEAR CLINICAL MEETING	RESIDENCY INFORMATION	PRIMARY AUTHOR INFORMATION	CREATE A NEW ABSTRACT	RESIDENT TEST	<h3>Create a New Abstract</h3> <p><b>Resident Poster Deadline is October 1, 2008 , 11:59 pm EST</b> <b>No submissions or corrections will be accepted after this date.</b></p> <p>To add a new Poster Abstract, please enter your Proposed Title and click Create New Abstract:</p> <p><b>Proposed title:</b> <input type="text"/> <input type="button" value="Create a New Abstract"/></p>
	Welcome <b>Lynda Irvin</b>								
	- LOGOUT -								
	Welcome								
	ASHP 2008 MIDYEAR CLINICAL MEETING								
	RESIDENCY INFORMATION								
	PRIMARY AUTHOR INFORMATION								
CREATE A NEW ABSTRACT									
RESIDENT TEST									



## RULES FOR POSTER TITLES

Please be sure your title accurately and concisely reflects the abstract content. The title will appear in print exactly as you type it.

- The title must not be misleading.
- Do not use proprietary (brand) names in the title.
- Capitalize only the first letter of the first word in the title; all other words must be in lower-case letters, except in the case of acronyms or proper nouns (countries, etc.).
- Do not use "A," "An," or "The" as the first word in the title.
- Spell out all pharmaceutical acronyms.
- Special symbols (Greek letters; mathematical signs - equal, plus, minus, percentage, greater than, lesser than, etc.) must be spelled out.

### Title Examples:

#### Correct:

**Implementation of computerized prescriber order entry (CPOE) in a surgical unit: one year later**

#### Incorrect:

IMPLEMENTATION OF COMPUTERIZED PRESCRIBER ORDER ENTRY (CPOE) IN A SURGICAL UNIT: ONE YEAR LATER

#### Incorrect:

Implementation of Computerized Prescriber Order Entry (CPOE) in a Surgical Unit: One Year Later

**Important: Only put the title of the abstract in the title field. DO NOT put it in the body of the abstract.**

## ABSTRACT DETAILS

Abstract Details: TEST!

Abstract Title:

\* Submission Category:

Type of poster: ☐ Descriptive Report ☒ Evaluative Study Report ☐ Research-in-Progress

**Abstract**

\* Purpose:

\* Methods:

Results:

Conclusion:

## TYPE OF POSTER

Select **one** from the following types of submissions.

- **D = Descriptive Report:** *Definition:* Describes completed new, improved or innovative roles or services in pharmacy practice, or unusual clinical cases in one or a few patients that have not been formally evaluated, but are of such importance that they must be brought to the attention of practitioners.
- **E = Evaluative Study:** *Definition:* Completed original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services. Abstracts must include scientific results and/or data to support the conclusions.
- **R = Research-in-Progress Report**  
*Definition:* Uncompleted original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services currently in progress. **Please note:** Results can be presented on your poster at the meeting.

**A note about Case Reports:** A Case Report describes an unusual *patient-specific* case that was not part of a study but the findings are of interest to clinical pharmacists. Case Reports do not need the headings Purpose, Methods, Results, or Conclusions but cannot be a research-in-progress. Please choose "Evaluative Study" as your Poster Type and enter the abstract information in the "Purpose" field.

## BODY OF ABSTRACT

### Guidelines for All Abstracts

- **Proofread abstracts carefully**, particularly doses, numerical values, and drug names. After the deadline, changes cannot be made to the title or content. **ASHP will not edit abstracts.**
- **Be sure to use proper format, see examples for submission type designation** (Descriptive Report, page 12; Evaluative Study Report, page 13, Research-in-Progress, page 14).
- Use standard abbreviations. **Do not include graphs, tables, or illustrations in the abstract.**
- Do **not** use special functions such as tabs, underlines, trademarks, subscripts, bold italics, superscripts, or hyphenations in the abstract. **Special symbols (Greek letters, degree signs, and plus/minus) must be spelled out.**
  - **Note:** Not all symbols will convert correctly from a Web-based database to a Word document of a rich-text format. What may work for one submission, may not work for another. If you choose to use symbols, ASHP and *IPA* are not responsible for conversion problems and may reject your submission if it becomes difficult to understand due to symbol conversion.
- Do not include the title or authors in the body of the abstract.
- The Primary Author verifies that all coauthors are aware of the contents of the abstract and support the data.

### TYPE SPECIFIC ABSTRACT GUIDELINES

#### Descriptive Report Abstracts

- The abstract must contain rationale detailed description of the project or case, and the importance of the report to pharmacy practice.
- **The abstract must have: Purpose, Methods, Results, and Conclusion.**
- The work described must be complete. Planned projects or descriptions of projects still being implemented should be Research-in-Progress Reports.

To see an example of a Descriptive Report Abstract, please go to page 12.

#### Evaluative Study Abstracts

- All clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate, informed consent was obtained for all subjects. This must be indicated in the abstract.
- **The abstract must have: Purpose, Methods, Results and Conclusion.** (Case reports can go under the Purpose heading.)
- The work described must be complete. Planned projects or descriptions of projects still being implemented should be Research-in-Progress Reports.

To see an example of an Evaluative Study Abstract, please go to page 13.

#### Research-in-Progress Report Abstracts

- All clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate, informed consent was obtained for all subjects. A statement to this effect must be included in the abstract.
- **The abstract must contain rationale and objectives for the study (Purpose) and a proposed plan for analysis of the data (Methods). Do not fill out the Results and Conclusion fields.**

To see an example of a Research-in-Progress Report Abstract, please go to page 14.

## DESCRIPTIVE REPORT POSTER ABSTRACT SAMPLE

**Purpose:** The avoidance of errors in the processing of chemotherapy orders is an important component in the pharmacy department's medication use safety initiatives. Chemotherapy order processing was identified as a needed competency assessment to heighten awareness in recognizing and preventing chemotherapy medication errors. This project was designed to uncover and correct gaps in the knowledge that pharmacists needed for the safe processing of chemotherapy orders at a community hospital.

**Methods:** A certification module and competency assessment examination were written by a pharmacist with advanced training (specialty residency) in oncology. The certification module included readings, the hospital policy on processing chemotherapy orders, and a chemotherapy order processing checklist designed for the pharmacist. The assessment examination used three actual patient chemotherapy orders, each with specific patient demographics, laboratory values, and imbedded errors. Pharmacists taking the examination needed to identify the errors to safely process the orders. All staff pharmacists were required to complete the examination and were instructed to work independently. A score of 100 percent was required to pass the competency assessment.

**Results:** Twelve pharmacists completed the module. Seven pharmacists correctly identified all the medication order errors in the competency assessment examination. Five pharmacists needed additional training in their identified areas of deficiency and took a customized assessment examination to specifically address those areas. All five pharmacists successfully completed the second assessment examination. The pharmacy director and clinical coordinators felt that the competency assessment examination was successful in identifying gaps in knowledge. The pharmacists indicated that they were more confident processing chemotherapy orders after successful completion of the module and competency assessment.

**Conclusion:** Competency assessment was helpful in identifying and correcting knowledge gaps and may be useful in medication order processing of high risk medications as part of the pharmacy department medication use safety plan.

## EVALUATIVE STUDY ABSTRACT SAMPLE

### Effects of carvedilol vs atenolol on HbA1c in patients with type 2 diabetes mellitus and hypertension

**Purpose:** Beta-blockers decrease cardiovascular risk in patients with hypertension and diabetes mellitus (DM). However, their use has been associated with increased fasting glucose and HbA1c levels in these patients. The purpose of this study was to determine whether carvedilol or atenolol had more favorable glycemic effects on patients with diabetes and hypertension who were also using a renin-angiotensin (RAS) blocker, which is known to improve glycemic control.

**Methods:** This open-label, randomized, controlled, parallel group study was approved by the institutional review board. Men and women aged 18-65 who provided informed consent were enrolled if they had Type 2 DM and stage 1 or 2 hypertension controlled by medication. Patients taking a non-ocular beta-blocker within the past 3 months and those with pulmonary, cardiovascular, or kidney disease were excluded. Antihypertensive treatment must have included an RAS blocker, such as an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB). Following a 2-4 week washout period to discontinue all other antihypertensive treatments, 48 patients were randomized to receive either carvedilol (n equals 25) or atenolol (n equals 23) for 24 weeks. Study medication was titrated from carvedilol 6.25 mg twice daily and atenolol 12.5 mg twice daily to a maximum dose of 25 mg and 100 mg twice daily, respectively, at two-week intervals toward target blood pressure levels (less than or equal to 130/80 mmHg). The primary outcome measure was a change from baseline in HbA1c after 6 months of treatment. Secondary outcomes included changes in blood pressure and heart rate. It was determined that 23 participants per treatment group would yield 80 percent power to detect a difference of 0.20 percent between groups for the primary outcome. Data are expressed as means with 95 percent confidence intervals, and evaluation of primary and secondary outcomes utilized analysis of variance.

**Results:** The mean difference between carvedilol and atenolol in the change in HbA1c from baseline was 0.21 percent (95 percent CI, 0.04 percent to 0.27 percent, P equals 0.004). HbA1c levels increased with atenolol administration (0.23 percent; 95 percent CI, 0.08 percent to 0.31 percent, P less than 0.001) but did not change significantly with carvedilol (0.02 percent; 95 percent CI, -0.06 to 0.08 percent, P equals 0.65). Effects on blood pressure and heart rate were comparable.

**Conclusions:** Use of carvedilol in the presence of RAS blockade did not affect glycemic control. However, atenolol was associated with a slight increase in HbA1c after 6 months of treatment. The clinical significance of these effects must be determined in larger, long-term clinical trials.

## RESEARCH-IN-PROGRESS REPORT ABSTRACT SAMPLE

**Purpose:** The JNC 7 guidelines recognize that systemic blood pressure (SBP) elevations directly correlate with increased cardiovascular risk. The objective of this study is to determine the extent to which treatment provided to clinic patients with systolic hypertension complies with the JNC 7 guidelines.

**Methods:** Prior to commencement, this study will be submitted to the Institutional Review Board for approval. The health system's electronic medical record system will be used to identify patients who, over a three-month period of time, have had at least two blood pressure measurements in which systolic blood pressure (SBP) was greater than 139 mmHg and diastolic blood pressure (DBP) was less than 90 mmHg. Patients younger than 18 years of age will be excluded from this study. The following data will be collected: patient age, gender, ethnicity, SBP, DBP, heart rate, co-morbidities, pertinent physical examination findings, occurrence of cardiovascular events, current medications, and reported adverse medication events. If available, results of renal and hepatic function tests and electrocardiograms will be collected. Provider documentation will be reviewed to determine if reasons for non-compliance with JNC 7 guidelines are documented. All data will be recorded without patient identifiers and maintained confidentially. Average SBP and DBP will be calculated. Data from patients with an average SBP of greater than 139 mm Hg and an average DBP of less than 90 mm Hg will be reviewed by a team of clinicians to rate compliance of treatment with the JNC 7 guidelines. This team will be composed of two pharmacists and two physicians who are not involved in the care of this patient population. The reviewers will rate each patient's care as compliant with JNC 7, noncompliant with JNC 7 but clinically appropriate, or noncompliant with JNC 7.



## PRIMARY AUTHOR ABSTRACT CONTENT AFFIRMATION

### Disclosure: Test 1

#### Primary Author Abstract Content Affirmation

As the primary author of this submission I affirm:

This is my own and individual work in collaboration with the other author(s) indicated and a third party has NOT been involved in the writing of this abstract.

All coauthor(s) are aware of the contents of this abstract.

All appropriate disclosures have been completed and I or one of the coauthor(s) will present this paper during the time assigned if the submission is accepted for presentation.

**\* I affirm:** ☒ Yes ☐ No

## PRIMARY AUTHOR DISCLOSURE

All authors and coauthors are required to disclose any financial or other significant *commercial* relationships that may have a direct or indirect interest in the subject matter of the presentation. This does not apply to non-profit health-systems unless you are working for a commercial entity within the non-profit.

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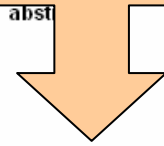
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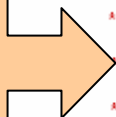
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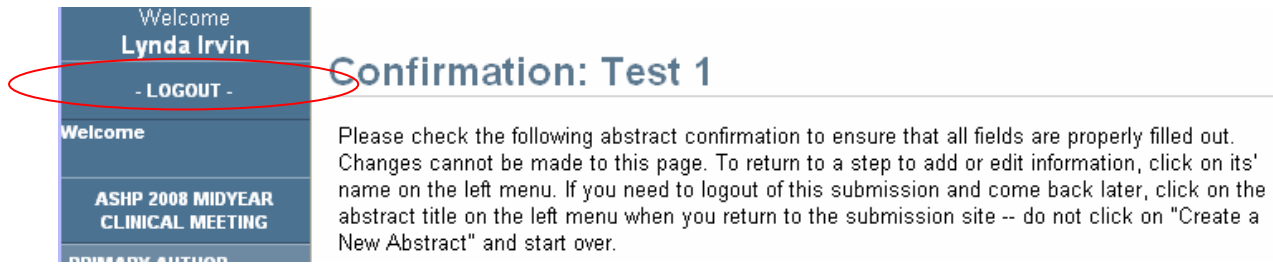
Residency information	
Name of Site	Test site
State	Maryland
Residency Code	1111
Type	PGY1: Managed Care PGY2: Psychiatric
Proposal Details	
Proposal Title	Resident test
Submission Number	133659
Submission Category	Ambulatory Care

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