Professional Poster Submission Rules & Format Guidelines

2015 ASHP Midyear Clinical Meeting and Exhibitions

New Orleans, LA

December 6-10, 2015

We are delighted that you are interested in getting involved with the Midyear Clinical Meeting by presenting a poster. This document serves as a resource to help you prepare a successful submission.

In order to best assure that your abstract is accepted, read all the instructions carefully.

We are looking forward to seeing you in New Orleans!

STUDENTS, RESIDENTS, and FELLOWS* Please Note:

The submission sites for Students and Residents open **August 15, 2015**. Links to those sites will appear on our Website at http://www.ashp.org/Get_Involved and on the MCM15 Meeting Website.

*Fellows will submit using the Resident site; however, they will present in a Professional Poster session.

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SUBMISSION DEADLINE

June 15, 2015 at 11:59 pm (Pacific) – Abstracts must be complete and submitted by this date; no new submission or edits will be accepted after this deadline. ASHP will not edit abstracts. Incomplete abstracts will be deleted from the system after this deadline.

POSTER TYPE

Poster Presentations are informal discussions among meeting attendees about current projects in pharmacy practice. Poster presentations provide an excellent opportunity to pick up ideas that have been successful in other healthcare systems.

Poster abstracts are classified as one the following:

- **D = Descriptive Reports:** Describes 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. Descriptive reports must contain detailed rationale of the project or case, and the importance of the report to pharmacy practice.

- **E = Evaluative Study Reports:** Describes original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services. Evaluative study reports must include scientific results and/or data to support the conclusions, and indicate that 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.

- **C = Case Reports:** 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.

AUTHORSHIP

PRIMARY AUTHOR

The person entering the information online is considered ***the Primary Author*** as well as the primary presenter. **The Primary Author will be responsible for submitting all required information for all authors.** The Primary 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. **The Primary Author is responsible for verifying that all coauthors are aware of the content of the abstract and support the data**. An author of the abstract (preferably the Primary Author) is required to attend the meeting to present the poster.

Multiple abstracts on the same topic from one author or institution will not be accepted. Your poster presentation at the meeting must not differ from the original accepted title and abstract content in your submission. A Primary Author or entity may submit as many abstracts as they wish; however, ASHP reserves the right to limit the number of accepted abstracts from any one author or entity.

If you have multiple posters accepted we cannot ensure that they will be adjacent to each other or in the same poster session.

ADDITIONAL AUTHORS

Each submission may have up to five (5) authors – the Primary Author and four (4) additional authors. The Primary Author is responsible for ensuring that all authors 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 order of the authors.**

AUTHOR DISCLOSURES

- **Disclosures** – Primary Author must complete the potential conflict of interest information for themselves as well as for their additional authors. All disclosures must be displayed on the poster.
- **Additional Authors** – The Primary Author is responsible for submitting all required additional author information for the abstracts. Additional authors must be added in the order their names will appear on the poster display.

  If we do not receive disclosure information from ALL authors listed, your abstract will NOT be accepted.

Composing Your Abstract

Abstract content must:

- ✓ **Be complete at the time of submission**. Planned projects or descriptions of projects still being implemented will not be accepted.
- ✓ Contain **Purpose, Methods, Results and Conclusions.**
- ✓ **NOT** contain the statement "**details/results will be discussed**". Abstracts with this statement will not be accepted.
  Be supported by **scientific merit**. Methodology is consistent with sound research design; study designed in a manner likely to answer the research questions; research questions aligned with proposed data collection and conclusion.
- ✓ **Exhibit a balanced presentation**. Abstracts must be non-promotional in nature and free of commercial bias. Abstracts written in a manner that promotes a company, service or product will not be accepted.
- ✓ Support a topic of **relevance** and **importance** to our attendees.

All clinical research involving patients must have been approved by the appropriate **ethics committee** or **institutional review board.** If informed consent was required of all subjects, a statement to this effect must be included in the abstract.

IMPORTANT

- **Abstracts that we feel have been ghostwritten or have been commissioned by a commercial entity for the express purpose of positive publicity for a product or service will not be accepted.**
- **Your abstract will be peer reviewed and evaluated based on the guidelines provided in this document.** (see page 6 for details on the peer review process)
- **Abstracts submitted for presentation must not have been presented or published previously. Exceptions are those presented at a state society meeting or an international meeting held outside the U.S.**
- **ASHP does not retain the exclusive rights of publication to poster abstracts submitted for our meetings. Accepted abstracts will be published on the 2015 ASHP Midyear Meetings Website.**

Peer Review

All poster submissions undergo a blinded peer-review process. We do not supply names or author affiliations to reviewers; however, if you want your review to be completely blinded, do not include the name of your institution in the body of your abstract.

Each reviewer will be given the same criteria for reviewing your submission, so it is important that your abstract is well written and meets the guidelines provided in this document. Abstracts will be evaluated only on the data submitted.

Peer Reviewers will evaluate content based on the following criteria:

- Presentation balance
- Relevance and importance of topic to our attendees.
- Scientific Merit
- Abstract Format

Abstract Format:

- **Correctly** format your title.
- **Word Limits** – your entire abstract should be approximately 400-600 words
- **Do not** use special functions such as tabs, underlines, trademarks, superscript, subscript, bold, or italics.
- **Spell out** special symbols - Greek letters, degrees, plus and/or minus signs, greater than or less signs, percentage, etc. Use standard abbreviations.
- **Do not include** graphs, tables, or illustrations in your abstract.
- Spell out all pharmaceutical **acronyms**.
- Do not include the title or authors in the body of the abstract.
- **Abstracts in outline form will be rejected**.
- Submission Type – Your abstract must be a Descriptive or an Evaluative Study Report.

Abstract Title

- Be sure your title accurately and concisely reflects the abstract content. Submission with titles that are NOT in the correct format will be rejected. **IMPORTANT: Only put the title of the abstract in the title field. DO NOT put it in the abstract content field**.
  - **Title Format**
    - 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 lowercase letters; except in the case of acronyms or proper nouns (e.g. countries, etc.). Do not use ALL CAPS.
    - Do not use “A,” “An,” or “The” as the first word in the title

- **Title Format Examples**

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

Incorrect: Implementation Of Computerized Prescriber Order Entry (CPPOE) In A Surgical Unit: One Year Later

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

Body of Abstract

- Your entire abstract should be approximately **400-600 words**
- **Proofread** content carefully, particularly doses, numerical values, and drug names.
- **Case Report abstracts** – The case report field is limited to 600 words. The entire abstract is entered in the **"Case Report Field"**

Word Limits

Purpose	**~ 100 words**
Methods	**~ 200 words**
Results	**~ 200 words**
Conclusion	**~ 100 words**

Total ~ 600 words max

Common Reasons for Rejection

- Instructions not followed; format indicated in instructions is not utilized
- Misleading title
- Commercial tone or a biased conclusion
- Research/project is not original
- Lack of scientific quality or validity; poor quality of research methodology; methods are not reproducible; lack of data or measurable outcomes
- Data collection is ongoing or has not begun
- Inconsistent or ambiguous data
- Lack of conclusions or conclusions that do not match objectives
- Several abstracts from the same study submitted
- Incomplete author disclosure statement (lack of details) or no disclosure statement

Authors that are members of ASHP will be given acceptance priority over non-ASHP members, should acceptable submissions exceed space available.

NOTIFICATIONS and CONTACT INFORMATION

NOTIFICATIONS

Accepted and rejected **Submission Numbers** will be posted on our Web site at http://www.ashp.org/Get_Involved by August 5, 2015. The Submission Number appears on your Confirmation Page (see page 10 for more information).

The poster listing, with scheduled times and board assignments, will also be posted on the Get Involved Web page by September 15, 2015.

CONTACT US

If you have a question regarding your submission, please send an email to educserv@ashp.org. Please include your name, the title of the submission and your **Submission Number**. ASHP will not give out information to anyone not listed as the Primary Author on the abstract.

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.

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. 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.

Professional Poster Presentation Schedules

Professional presentations are presented on:
Sunday, December 6
Monday, December 7
Tuesday, December 8

HOW TO SUBMIT ONLINE

Primary Author Information

Click on "Primary Author Information" on the left menu. No matter how many proposals you submit as a Primary Author, you only need to fill in this information once. 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.

Creating an Abstract

You must complete all the required Primary Author Information, then click on "Save and Continue" before you can create a new abstract. Use the link on the navigation called "Create New Abstract" to enter your abstract title. Type your title in the box and click on the button "Create New Abstract". **Remember, all abstract titles must be sentence case except for proper nouns and acronyms**. After each, step make sure you click on "Save & Continue" to advance to the next step and to ensure your information will be saved.

Do Not:

Use "fake" titles as placeholders or create multiple submissions with the same title. Go back and edit the first one created by clicking on its title on the left menu.

Every Friday morning while the site is open, ASHP will delete any duplicate, placeholder, or not-in-progress (title, but no other information) submissions.

If you need to remove a poster, click "Remove Poster Proposal" on the left menu and follow the instructions.

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

Navigating through the Steps

Use the left navigation to add or edit your abstract information, please be sure to click on "Save & Continue" on each screen to save your information. If you want to create a new abstract, click on "Create New Abstract" on the left menu and enter a new title. All of your abstract titles will appear on the left menu. Click on any title to review/edit the information.

SPECIAL NOTE: The type of poster you selected will determine in which fields you can enter your abstract content. For example, selecting "Case Report" as your poster type will only allow you to enter data into the Case report abstract field. If you changed your submission from a Case Report to either an evaluative study or descriptive report, the abstract content you've entered in the case report field will be lost. The same rules will apply if you selected either an evaluative study or descriptive report; you cannot enter data into the case report field.

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. If you cut and paste your content into the abstract fields from a word document, please double-check that all of your content is showing on your confirmation. The system will not include any words beyond the limits for each field, the text will be cut-off. ASHP will not edit abstracts for you. Print a copy of your Confirmation and save it for your records.

Please note: Sometimes when submitting in an online database such as this one, symbols and even some simple characters like apostrophes and question marks, may turn into code. Review your information carefully— especially the body of the abstract. If you see any problems, contact Technical Support 289-695-5400; **multiviewmediasupport@multiview.com.**

SUBMISSION NUMBER

On the top of your Confirmation will be a Submission Number. Please reference this number if you need to contact the Educational Services Division of ASHP in regards to your submission.

You will need this number and a copy of your confirmation page should a problem arise with your submission. We cannot assist anyone without this information. If for some reason you did not see a confirmation page please contact us immediately. DO NOT WAIT UNTIL THE SITE CLOSES.

SUBMITTING

When you are satisfied with your abstract content; click on "Submit for Review". If you have not completed all required fields, the system will alert you, please go back and do so before you submit the abstract. If your submission is complete you will see a "Thank you for your submission" message. You can either click on "LOGOUT" on the menu or "Create New Abstract" to begin another submission. You will receive a confirmation email from ASHP for every abstract you submit.

EDITING

You may come back to the site and edit any incomplete submission or begin a new one. All your submissions will be listed on the left menu, simply click on the title to reveal all the steps. **All edits must be completed by 11:59 p.m., Pacific, June 15, 2015.**

DELETING A SUBMISSION

If for any reason you want to delete your submission, please click on "Remove Poster Proposal"

ABSTRACT EXAMPLES

Descriptive Report Abstract Sample

PLEASE NOTE: Do not include the field names – **Purpose, Methods, Results, and Conclusion** – in the body of your abstract.

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 pharmacist with advanced training (specialty residency) in oncology wrote a certification module and a competency assessment examination. 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 process the orders safely. All staff pharmacists were required to complete the examination and 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 address those areas specifically. 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 Report Abstract Sample

PLEASE NOTE: Do not include the field names – **Purpose, Methods, Results, and Conclusion** – in the body of your abstract.

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 HbAlc 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: The institutional review board approved this open-label, randomized, and controlled parallel group study. 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. 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 HbAlc after 6 months of treatment. Secondary outcomes included changes in blood pressure and heart rate. 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 HbAlc from baseline was 0.21 percent (95 percent CI, 0.04 percent to 0.27 percent, P equals 0.004). HbAlc 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 HbAlc after 6 months of treatment. The clinical significance of these effects must be determined in larger, long-term clinical trials.

Case Report Abstract Sample

PLEASE NOTE: Do not include the field name **"Case Report"** in the body of your abstract. *The entire abstract is entered in the Case Report Field.*

Case Report: This case series illustrates the potential risk of transdermal alcohol application in patients on warfarin. Patient 1 is being treated with warfarin for heart failure. The patient has a goal INR between 2 and 3 and has had therapeutic INRs at the last twenty-two clinic visits. He presented to clinic with an INR of 4.2. He denied symptoms of heart failure exacerbation, changes in diet, or changes in medications. The patient reported that he had been applying rubbing alcohol to a back injury. At this visit, patient was instructed to discontinue rubbing alcohol, hold two doses of warfarin, and then resume his current warfarin regimen. He returned to clinic 4 weeks later and his INR was 2.3. His INR remained in the therapeutic range for the next 3 follow-up visits. Patient 2 has been prescribed warfarin secondary to an atrial valve replacement and has a goal INR range of 2 to 3. After 6 consecutive therapeutic visits, the patient presented with an INR of 3.2. She denied medication or diet changes, but reported that she had applied rubbing alcohol to sore legs several days prior to the clinic visit. At this visit she was told to discontinue the rubbing alcohol, hold one dose of warfarin, and then resume her previous regimen. The patient returned to clinic 4 weeks later and her INR was 1.8. Patient's INR remained in the therapeutic range for the next 5 visits. Patient 3 is being treated with warfarin for recurrent venous thromboembolism (VTE) and protein S deficiency. Her therapeutic INR range is 3.0 to 3.5 due to recurrent VTE despite therapeutic INR levels. Her INR in clinic was 4.3 following a recent dose increase of her warfarin. She reported that she had been using 4 ounces of hand sanitizer daily. She was asked to hold her warfarin dose that night, and then resume her current regimen. She returned to clinic 7 days later and her INR was 3.7. Despite being counselled on the risk associated with the alcohol-based hand sanitizer, she continued to use approximately 4 ounces daily. Over the next 2 months the patient's INR fluctuated greatly with all but one INR in the supratherapeutic range. The patient finally discontinued use of the instant hand sanitizer and her INR fell to 2.6. Although the patient's INR was never completely stable the 2 months following discontinuation of the hand sanitizer, the INR fluctuations were more predictable. As this case series suggests, the application of transdermal alcohol has the possibility to affect INRs in patients being treated with warfarin. Although more study is needed to further elucidate this interaction, it is important for providers to inquire about the topical application of alcohol and alcohol-containing products.

