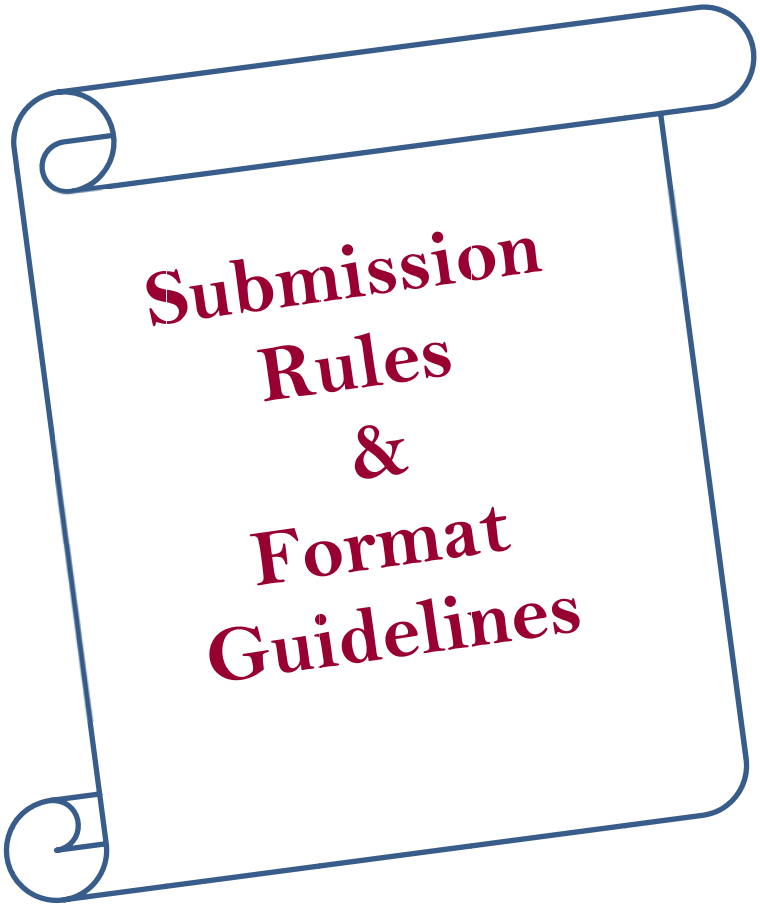
POSTER ABSTRACTS



WHAT IS A POSTER PRESENTATION

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.

ASHP is seeking poster presentations from students, residents, fellows and practitioners in these specific topic areas:

- Informatics / Technology
- Leadership / Administration
- Medication Safety / Quality
- Clinical Services
- Ambulatory Care

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.

SUBMISSION DEADLINE

March 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.

GUIDELINES FOR COMPLETING YOUR ABSTRACT PROPOSAL

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

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.

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.

ABSTRACT FORMAT:

- **Correctly** format your title. **(see page 5 for details on correct title format)**
- **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.

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 9 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 Summer Meetings Website.**

COMPLETING YOUR SUBMISSION ONLINE

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**.

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. An author of the abstract (preferably the Primary Author) is required to attend the meeting to present the poster.

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.

LOGIN – EMAIL ADDRESS

To submit an abstract, you must create a profile using your first name, last name, email address, and a password. Your email address and the password you create will be used as your login information. **The email that is used for logging into the ASHP Poster Abstract Submission site must belong to the Primary Author** – not an assistant or colleague.

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

Do not delete or alter the email address that is shown on the Primary Author Personal Details screen. Deleting or altering the email address on this screen will cause an administrative error with your submission which will result in your submission not being included in the review process.

If you have previously submitted an abstract, you can use your previously established login information.

PRIMARY AUTHOR AFFIRMATION & DISCLOSURES

- **Personal Details** – must be completed to begin the submission. Primary Author's name automatically appears first on the poster citation, and their contact information will be printed in the published version of the abstract.

- **Do not use ALL CAPS**
- **Remember to include a period after your middle initial**
- **Do not place degrees in the "Last Name" field**

- **Affirmation of Content** – The Primary Author must affirm the content of the submission on behalf of all authors listed on the abstract.
- **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.
    - After adding an author, select the EDIT button to enter the author's personal and disclosure information online. You must do this for each additional author.

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

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.

Word Limits

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

Total ~ 600 words max

CONFIRMATION & SUBMISSION NUMBER

When you click on "Submit Abstract for Review" you will see a thank you page. Please review the Confirmation screen for each submission as it contains all the details you've entered online. It also includes your abstract **Submission Number** – please save it for your records. ASHP will ask for it to follow up on any inquiries regarding your submission.

INCOMPLETE SUBMISSIONS

Incomplete submissions will be deleted from our online system (i.e. missing required elements, etc,)

NOTIFICATIONS

Once our review is complete, you will receive an email notification about the status of your submission. All correspondence including confirmations, reminders, and accept/reject notifications will be sent to the Primary Author's email address only. It is the Primary Author's responsibility to notify the coauthors of the status of the submission. It is imperative that this email address is a working email address that is not spam-protected. If you do have spam protection, you may not receive our emails. Notification emails will come from educserv@ashp.org.

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 for the day of your poster presentation.

WITHDRAWALS/CANCELLATIONS

Written notification is required for all submission withdrawals. Only the Primary Author may withdraw a submission. 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.

ABSTRACT EXAMPLES

Descriptive Report Poster 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 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, 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 HbAlc 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 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.

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

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.

CONTACT INFORMATION

CONTACT US

If you have any questions regarding your submission, please send an email to educserv@ashp.org. Please include your name, title of submission, and your abstract submission number. ASHP will provide information only to the Primary Author.

Thank you for your interest in ASHP. Good Luck!

