

# ABHP 2010

*In Houston*

The Association of Black Health-System Pharmacists  
Minority Health Conference & Annual Meeting

*Guidelines for Professional Poster Submission and  
Abstract Format*



May 21-23, 2010  
Renaissance Houston Hotel Greenway Plaza  
Houston, Texas

# 2010 Minority Health Conference Professional Poster Submission & Abstract Format Guidelines

Papers are now being accepted for poster presentation at the Minority Health Conference, May 21-23, 2010 in Houston, Texas. The poster session will be scheduled on May 22, 11:00 am -2 pm. Abstracts may be submitted by pharmacists, nurses, nurse practitioners, physicians, pharmacy technicians, residents and students. Please follow the instructions below to submit your poster abstract for consideration. Suggested topics include:

- Critical issues regarding minority health and the associated disparities in special patient populations.
- New and emerging diagnostic and treatment modalities for managing diseases that impact minority populations.
- Research and statistics related to the current status of racial and ethnic health disparities and recommendations of solutions.
- Improving patient compliance and adherence to medication therapy and treatment plans.
- Innovative programs and services ("best practices") to improve outcomes for those at highest risk for poor health, including racial and ethnic minorities, and economically disadvantaged populations.

Presentations featuring collaborative practice models and team approaches to patient care are especially encouraged.

## POSTER DESIGNATIONS

The following types of submissions are acceptable:

### • **D = Descriptive Report**

*Definition:* Describes completed new, improved or innovative roles or services relating to minority health care, 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, drug-use evaluations, and evaluations of innovative health care 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, drug-use evaluations, and evaluations of innovative healthcare services currently in progress.

## DEADLINE is FEBRUARY 26, 2010

**This deadline is February 26!** Note: Once an abstract is submitted, it can not be edited or changed. We encourage you to submit your abstracts early. The number of posters to be presented will be limited by available space.

## AUTHORSHIP

### PRIMARY AUTHOR

The Primary Author 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. The primary author's contact information will be printed on the published version of the abstract.

Duplicate abstracts on the same topic from one author or institution will not be accepted. The presentation itself must not differ from the original accepted title and abstract content. It is understood that an author of the paper (preferably the Primary Author) will be at the conference to present the poster. Each submission may have up to ten (10) authors; however, only the first five

(5) will be published with the abstract by *International Pharmaceutical Abstracts (IPA)*. The Primary Author should check to make sure that all authors are included and in the order they will appear on the abstract and citation. Note: **We will not add authors or make changes to the author order once the abstract is submitted.**

### THIRD PARTY SUBMISSIONS

Presentations are intended for information sharing between peers – not for commercial endorsements. **Any submission that was influenced or written by someone other than the Primary Author will be rejected.** An example of a Third Party Submission would be where a marketing firm was hired to promote a product or service. The marketing firm is the actual author of the abstract and the subsequent presentation, not the “Primary Author”.

### 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. A disclosure form will be included in the Poster Presenters Handbook. You will need to return a completed disclosure form prior to your presentation.

The Primary Author *must* obtain the disclosure information from all authors prior to completing the submission process and is agreeing to display this information on behalf of all authors. The Primary Author will fill out the Additional Author disclosures on their behalf.

**Please note:** All accepted poster presentations **must** display a disclosure panel on the poster during the session. Those posters with nothing to disclose must display the statement ***“The Author(s) have nothing to disclose.”*** Instructions on the wording and placement of the disclosure panels will be in the Poster Presenters Handbook.

**Posters not displaying a disclosure panel may be removed from the Poster Hall.**

## NOTIFICATIONS and CONTACT INFORMATION

### EMAIL NOTIFICATIONS

**All correspondence concerning confirmations, reminders, and accept/reject notifications will be sent to the Primary Author's email only** and 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. Notification emails will come from ealexander@tgh.org.

## CONFERENCE REGISTRATIONS and CANCELLATIONS ABSTRACT PUBLICATION / PRESENTATION

### REGISTRATION

Presenting a poster at the conference is a voluntary effort and we cannot pay expenses for your participation. If your submission is accepted you are responsible for your own conference registration fee and travel. **All presenters must be registered for the conference**, at least on the day of the presentation. No one will be allowed in the poster area without a badge.

## POSTER WITHDRAWALS/CANCELLATIONS

Written notification is required for all withdrawals **after** the deadline. Only the Primary Author may withdraw a submission. Send a request to [ealexander@tgh.org](mailto:ealexander@tgh.org) and please include your full name and the 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 conference Web site, or in other print or electronic media.

## PRIOR PUBLICATION

Abstracts submitted for presentation must not have been presented or published previously. The only exceptions are those presented at a state society meeting or an international meeting held outside the U.S.

## PUBLICATION RIGHTS

We do not retain publication rights to poster abstracts submitted for its meetings. Accepted poster abstracts will be published on the Minority Conference Website and the conference program book distributed onsite. Abstracts will also be submitted for publication in *International Pharmaceutical Abstracts* (see below).

## INTERNATIONAL PHARMACEUTICAL ABSTRACTS (IPA)

After the conference, accepted abstracts that fit the requirements will be submitted to *International Pharmaceutical Abstracts (IPA)* for publication either online, in print, or both. Reasons an accepted abstract may not go to IPA are:

- Presentation was cancelled by author prior to the conference.
- Author(s) did not show up at the conference to present.
- Primary Author used home address instead of a business or institution.
- Abstract did not follow the formatting rules outlined in this document. Many of the formatting rules (especially concerning symbols, tables, and font case) are specifically written to meet *IPA's* standards. If you want to ensure your accepted presentation will be published by *IPA* you must follow the formatting rules.

## ABSTRACT SELECTION CRITERIA

All professional poster submissions will undergo a peer-review process. The decision of the reviewers will be final. 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 stated guidelines. Abstracts will be evaluated only on the data submitted.

- Presentation balance: Abstracts will be non-promotional in nature and without commercial bias. Abstracts that are written in a manner that promotes a company, service, or product will **not** be considered.
- Relevance and importance of topic to our attendees
- Scientific Merit (where applicable): Well designed project that states a purpose; results match conclusion
- Abstract Format: Not following the abstract guidelines for your specific type of abstract

## OTHER COMMON REASONS FOR REJECTION:

- Misleading title
- Research 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 (Research-in-Progress excluded)
- Inconsistent or ambiguous data
- Lack of conclusions or conclusions that do not match objectives (Research-in-Progress is excluded)
- Several abstracts from the same study submitted
- Instructions not followed or incorrect format (see Abstract Format)

## REQUIRED SUBMISSION INFORMATION

### POSTER TITLE

Please be sure your title accurately and concisely reflects the abstract content. The title will appear in the program book exactly as you type it. Submissions with titles that are not in the correct format will be rejected.

- 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 lowercase 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

### PRIMARY AUTHOR / ADDITIONAL AUTHOR INFORMATION

The Primary Author's information will appear as the contact information on the abstract. Additional authors may be listed under the primary author name. Be sure to include the following information:

- **First Name** (first letter capitalized only; use full name – no nicknames, no initials unless they go by their middle name)

**Examples: Correct: Michael**

Incorrect: M.

Incorrect: Mike

Incorrect: michael

- **Middle Initial:** Not required, but put a period after the initial if applicable.

**Examples: Correct: M.**

Incorrect: M

- **Last Name/Surname** (First letter capitalized only; No credentials)

**Examples: Correct: Smith**

Incorrect: SMITH

Incorrect: smith

Incorrect: Smith, Pharm.D.

- **Position Title** (use upper and lower case)

**Examples: Correct: Pharmacy Manager**

Incorrect: PHARMACY MANAGER

Incorrect: Pharmacy manager

Incorrect: pharmacy manager

- **Company/Affiliation** (for primary author) spell out; *International Pharmaceutical Abstracts (IPA)* will not publish an abstract with this field blank.

- **Business Address** (for primary author) use upper and lower case; *IPA* will not publish an abstract that gives a home address.

- **State** (within the U.S.) **or Province** (outside the U.S.) for primary author

- **Zip / Postal Code** (for primary author)

- **Country** (for primary author)

- **Phone** (required of primary author only)

- **Email** (for all correspondence regarding poster)

## **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. **Abstracts will not be edited.**
- **Be sure to use proper format, see examples for submission type designation**
- 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:** If you choose to use symbols, *IPA* is not responsible for conversion problems and may reject your submission if it becomes difficult to understand due to symbol conversion.

- Abstracts in outline form will be rejected.
- Abstracts with a commercial tone will be rejected.
- Abstracts which review existing literature will be rejected.
- Duplicate abstracts on the same topic from same authors or institution will be rejected.
- Do not include the title or authors in the purpose, methods, results, or conclusion sections of the abstract.
- Abstracts considered unusable due to format issues, created by not following the rules, will be rejected.

### **For Descriptive Report Abstracts**

- The abstract must contain rationale detailed description of the project or case, and the importance of the report to healthcare practice.
- The statement, "details/results will be discussed" will not be accepted and abstracts stating this will be rejected.
- The **abstract must have: Purpose, Methods, Results, and Conclusion.**
- The work described must be complete. Planned projects or descriptions of projects still being implemented will not be accepted.

### **For 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.**
- The primary author verifies that all coauthors are aware of the contents of the abstract and support the data.
- The statement, "results will be discussed" will not be accepted and abstracts stating this will be rejected.

### **For 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.
- **This is research-in-progress, so the statement, "results will be discussed" will not be accepted and abstracts stating this will be rejected.** The intent of this category is to allow investigators peer review during the research process.
- The abstract must contain rationale and objectives for the study (Purpose) and a proposed plan for analysis of the data (Methods). Do not include the Results and Conclusion.

## Sample DESCRIPTIVE REPORT POSTER ABSTRACT SAMPLE

**Title:** Competency assessment program to ensure the safe processing of chemotherapy orders at a community hospital

**Primary Author:** Madeline Jensen, Director of Pharmacy

**Additional Authors:** Robert W. Thompson, Clinical Pharmacist

**Primary Author Business Address:** University of Texas Medical Branch, 301 University Blvd., Galveston, TX 77555, USA

**Primary Author Phone:** 409-772-3089

**Primary Author Internet:** mfjensen@ utmb.edu

**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 was 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

**Title:** Bioavailability of ethanol following oral and intravenous administration

**Primary Author:** Madeline Jensen, Director of Pharmacy

**Additional Authors:** Robert W. Thompson, Clinical Pharmacist

**Primary Author Business Address:** University of Texas Medical Branch, 301 University Blvd., Galveston, TX 77555, USA

**Primary Author Phone:** 409-772-3089

**Primary Author Internet:** mfjensen@ utmb.edu

**Purpose:** Ethanol (EtOH), an antidote for methanol and ethylene glycol toxicity, has been administered by the oral (PO) and intravenous (IV) routes. To achieve therapeutic effect, a target ethanol serum concentration (SCs) of 100 mg/dL is desired. Previous studies have demonstrated that there are differences in oral and intravenous bioavailability following ethanol administration in males and females. The purpose of this study was to compare the bioavailability of ethanol, following oral and intravenous administration, in males over 65 years of age.

**Methods:** This study was approved by the institution's IRB and informed consent was obtained prior to conducting this study. Twenty male volunteers over the age of 65 years were randomized to receive either PO or IV EtOH. Subjects abstained from EtOH for 48 hours before each phase. After a seven day washout period, the subjects crossed over to the other group. Inclusion criteria were no history of major medical problems, age between 65 and 75 years, and actual body weight within 10 percent of ideal weight. Baseline EtOH SCs were obtained before participation in each

phase. Two hours after standard breakfast, they received 700 mg/kg of PO or IV EtOH. PO EtOH was administered as a 20percent solution in juice over ten minutes. IV EtOH, controlled by an infusion pump, was administered as a 10 percent solution over 30 minutes. Blood was drawn for EtOH SCs immediately after ethanol administration and at 45, 75, 105, 135, 165, 225, 285, and 345 minutes after start of the dose.

**Results:** All initial EtOH SCs were 0. EtOH SCs were greater after IV administration. Mean peak SC was 112.8 mg/dL after IV administration and 82 mg/dL after PO administration (P less than .0001). Mean time to peak was observed at 30 minutes after IV administration and 95.6 minutes after PO administration (P less than .0001). Total area under the curve was 18,600 min-mg/dL after IV administration and 14,223 min-mg/dL after PO administration (P less than .003). The order of treatment did not affect results (P greater than .1).

**Conclusion:** Significant differences exist between the SCs of EtOH as well as time to peak SC after PO and IV administration in males over 65 years of age.

## RESEARCH-IN-PROGRESS REPORT ABSTRACT SAMPLE

**Title:** Evaluating compliance with JNC7 guidelines in an outpatient hypertension clinic

**Primary Author:** Madeline Jensen, Director of Pharmacy

**Additional Authors:** Robert W. Thompson, Clinical Pharmacist

**Primary Author Business Address:** University of Texas Medical Branch, 301 University Blvd., Galveston, TX 77555, USA

**Primary Author Phone:** 409-772-3089

**Primary Author Internet:** mfjensen@utmb.edu

**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.

## Submission Mailing Instructions

Abstracts may be submitted online at <http://www.myabhp.org/Annual2010Posters.htm> by completing the Abstract Submission Form. You may also email your abstract in Microsoft Word format to [ealexander@tgh.org](mailto:ealexander@tgh.org). Do not send PDF documents. Acceptance packets will be mailed on or before March 12, 2010.

## Questions?

If you have a question regarding your submission, please send an email to [ealexander@tgh.org](mailto:ealexander@tgh.org). Please include your name and the title of the submission.