PHARMACY PRACTICE RESEARCH

Guidelines for Research Abstract Submissions

Submission deadline EXTENDED to 11:59 p.m. ET on Monday, March 28, 2022

Canadian Pharmacists Association

PHARMACY RISING

Canadian Pharmacy Conference 2022: PHARMACY RISING
Ottawa, ON
June 10-12, 2022

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INTRODUCTION

The Canadian Pharmacy Conference 2022: PHARMACY RISING, is your opportunity to come together to learn, connect and discover, but it is also an opportunity to celebrate our profession and the journey we're on. Pharmacy has stepped up like never before through the pandemic, providing tremendous care to patients through the most difficult circumstances.

We are now accepting pharmacy practice research abstracts from both researchers and student researchers to be considered for **print poster** presentation. Your research will be seen by hundreds of pharmacy professionals from across the country. A limited number of posters will be selected to provide a short pitch highlighting their research and inviting delegates to visit them at their poster to discuss further. Selection will be based on suitability as a short oral presentation. Research and student research will be presented and judged separately.

Definition

CPhA defines pharmacy practice research as:

Research that focuses on the assessment and evaluation of pharmacy practice. Can include studies that evaluate pharmacists' roles in a variety of capacities, including systems research, patient-centred research and community-based research that encompasses a variety of determinants of health and their influence on patient outcomes and population health. Can encompass large-scale, multi-site projects and/or small-scale quality improvement initiatives undertaken to improve understanding of local or practice-specific issues.

Only abstracts presenting research that fits within this broad definition will be accepted. (For example, abstracts presenting the results of pharmacokinetic research, efficacy and safety trials, therapeutic drug research, etc., will not be considered).

ABSTRACT REQUIREMENTS

✔ Format the abstract using the following headings [they do not count towards the final word count], and each heading should be followed by a colon Headings are strictly enforced:

Headings	Additional Guidelines
Title:	The abstract title conveys to the reader what the study is about. The title should not be misleading and must pertain to the research hypothesis, methods, results and conclusions of the study (e.g. "The impact of a pharmacist on the outcomes of condition Y" vs "Condition Y requires a Pharmacist"). The title may be in the form of a question or may be formatted to suggest the conclusions, if appropriate. A short, concise title is preferable as it may more easily catch a reader's attention. Do not use abbreviations in the title. (Title is not included in word count).
Objective(s):	This part of the abstract should be limited to one to three sentences and include the rationale of your project. This section should state the problem you set out to solve or the issue you set out to explore and explain your rationale or motivation for pursuing the project.
Methods:	This section should include a concise description of the process by which you conducted your research. How did you go about solving the problem or accomplishing your objective(s)?
Results:	This section of the abstract should list the results or outcomes of the work you have done, and should be stated succinctly to support only the research conclusions made.
Conclusions:	The abstract should close with a statement of the project's implications and contributions to its field. Do not restate results in this section, nor provide new information or conclusions not supported by data in the results section.

Please see the end of this document for a sample abstract.

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Abstracts MUST:

- ✓ **Feature pharmacy practice research** as per the definition
- ✓ **Include** results/conclusions. Conference organizers will not consider submissions that defer the reporting of results to the conference date unless special permission is received. (Please send a request to to discuss).
- ✓ Be a **maximum 300 words** (not including **Title** and any **Section Headings**)
- ✓ Be **submitted by one of the presenting authors** of the research. Maximum of two presenting authors allowed. Presenters must be authors of the research. (**Name, credentials, email address** and **biography** must be provided for each presenting author.)
- ✓ Include **Name** and **credentials** of each additional author. Maximum of **ten authors** allowed, including presenting authors.
- ✓ **Disclose if this research has been or will be published** in a journal or at a professional conference between July 1, 2021 and June 30, 2022, including relevant citation. (Note: encore presentations of previously published/ presented research are acceptable for presentation at the Conference but will not be eligible for awards.)
- ✓ **Disclose any conflict(s) of interest** that may have a direct bearing on the subject matter of your presentation. This includes relationships with any company whose products or services are related to the subject matter of your presentation. This policy is not intended to prevent a presentation and information you disclose will not influence the review of your abstract.
- ✓ Be **submitted electronically** through the online Abstract Submission Form .

Abstracts should:

- ✓ Use **past tense** when describing what has been done.
- ✓ Be **concise. Use short, direct sentences**. Review your abstract, to ensure it is appropriately fluid.
- ✓ Be as **informative** as possible, including a brief statement of the purpose of the study or why it was done, the methods, the results observed, and conclusions based on the results. Actual data should be summarized. Project results must be presented at this point - it is inadequate to state, "The results will be discussed…" or "The data will be presented..." at a future date.
- ✓ Use **Standard abbreviations without definition** (e.g. mMol/L), but nonstandard abbreviations must be placed in parentheses after the first use of the word in the abstract body. It is important to keep nonstandard abbreviations to a minimum; this allows ease of readability and understanding of the abstract. When presenting a medication, use only the generic name.
- ✓ Consider including a **supplementary table, figure or chart** that summarizes key points described in your abstract. Submitters may provide one (1) supplementary table/figure/chart in Word. Note that supplementary tables/figures/charts will not be published in CPJ, only abstract text.

Abstracts MUST NOT:

- ✗ Be promotional in nature.
- ✗ Contain identical or nearly identical data from the same institution, or split data from the same work to create several abstracts.
- ✗ Include preliminary work not yet finalized.
- ✗ Cite sources or include long quotations. This type of material takes up too much space and distracts from the overall scope of your project.
- ✗ Include sentences beginning with numerals.
- ✗ Be submitted until it has been proofread carefully (a case for not submitting at the last minute!). If your abstract is accepted it will be published as it was submitted.

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REVIEW PROCESS

After the submission of your abstract, a review and evaluation process will take place. The goal of such a process is not to set a competition for a limited number of slots but to ensure that all submissions meet minimum professional standards and reflect quality work. Such standards are reflected in these guidelines. This process review will be applied uniformly to all abstracts.

CPhA's policy is that all research abstracts are evaluated by a review committee in a double-blind manner, which means that reviewers of the paper won't know the identity of the author and the author won't know the identity of the reviewer.

The evaluation committee will determine the number of abstracts accepted.

Evaluation Criteria for Research Abstracts

- ✓ Are all the requirements met?
- ✓ Does the abstract adhere to style guidelines?
- ✓ Are the objective(s) clear?
- ✓ Are the methods appropriate to address the objective(s)?
- ✓ Are the results clear?
- ✓ Do the conclusions address the stated objective and are the conclusions supported by the results presented?
- ✓ Originality of work, adequacy of data, and clarity of exposition are the determinants in the selection of abstracts

RESPONSIBLITIES OF AUTHORS

If you are the presenting author(s) submitting the abstract:

- Ensure all authors are listed on the abstract submission form and that all listed authors have reviewed the abstract, taken responsibility for its contents, and agreed to be listed as an author.
- Ensure all information submitted in abstract is FINAL. No revisions can be made to submitted abstracts and author information cannot be changed. All abstracts should be carefully written and edited prior to submission.
- Ensure that the abstract adheres submission requirements including formatting and author/presenter information. Abstracts not adhering to requirements will not be considered for acceptance.
- Ensure that you (and any co-presenting author) are available to present on June 10-12, 2019 in Ottawa, ON.
- Communicate all relevant information with other authors involved in the submission.
- Understand that any expenses associated with the submission are the responsibility of the submitter.

DEADLINE: All abstracts must be submitted electronically by completing the appropriate online abstract submission form before **11:59 p.m. ET on Monday, March 28, 2022 (EXTENDED!)**. No abstracts will be accepted beyond this date.

If your abstract is selected for presentation, then:

- Presenting author(s) must register for the conference and pay the appropriate registration fee. Single day registration is available. Online registration opens Spring 2022.
- Presenting author(s) are responsible for their own travel and accommodation expenses.
- Presenting author(s) of selected abstracts will be asked to provide consent to conference organizers to publish the submitted abstract in various digital and print forms including the *Canadian Pharmacists Journal* (abstract text only), the conference mobile application (abstracts and slide deck PDFs) and conference organizers reserve the right to edit abstracts for consistency before publishing.
- Note this is a voluntary presentation and no honorarium is provided.

NOTIFICATION: Submitters will be notified by email about the status of their submission beginning in **early April 2022**. At this time, successful submitters will be provided with instructions for preparing their presentation.

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POSTER PRESENTATION DELIVERY

- Poster presentations will be delivered via traditional print poster
- All other information required to prepare, and present posters and short pitches will be made available to selected presenting authors at the time of acceptance.

IMPORTANT DEADLINES

- All abstracts must be submitted electronically by completing the appropriate online abstract submission form before **11:59 p.m. ET on Monday, March 28, 2022 (EXTENDED!)**. No abstracts will be accepted beyond this date.
- Submitters will be notified by email about the status of their submission beginning in **early April 2022** to the email address provided on the submission.
- The conference will take place **June 10-12, 2022** in Ottawa, ON. Presentations will take place at a date & time to be determined within the conference program

CONTACT

For more information, contact: Barry Power at **bpower@pharmacists.ca**

SAMPLE ABSTRACT

TITLE: Pharmacist-led pharmacogenomics services in primary care: Preliminary findings from the PRIME study

OBJECTIVES: To describe the characteristics of patients, the types of recommendations made by pharmacists and acceptance rates by patients and prescribers participating in Ontario's ongoing PRIME (Pharmacists as Personalized Medicine Experts in Primary Care) study.

METHODS: PRIME is a multiphase study consisting of Phase 1 (training community and family health team pharmacists to use pharmacogenomics in practice) and Phase 2 (supporting them while they implemented testing services in their practices). To receive the service, patients aged > 18 years were starting or switching to a new antipsychotic or antidepressant medication, demonstrating poor response or experiencing significant and repeated side effects to these agents. Patient recruitment began in Feb 2016 and is ongoing.

RESULTS: Twenty-one pharmacists successfully completed the training program (Phase 1) and were eligible to identify patients for the study (Phase 2). As of December 2016, 15 pharmacists had identified 124 patients eligible for the study, 85 of whom consented to participate. Reasons for inclusion were: poor response to an antidepressant (60%) or antipsychotic (8%), switching (26%) or starting (18%) a new antidepressant and/or significant and repeated side effects to an antidepressant (21%) or antipsychotic (6%). Most subjects were female (61%), mean age 47±13 years (min 18; max 75 years). Many were new to the pharmacist and practice site (55%), although pharmacists reported established relationships with the prescribers for 89% of patients. Pharmacists recommended a medication change for 40% of participants, dose increase for 29% and decrease for 5%. Patients accepted 89% of pharmacist recommendations while prescribers accepted 68% at the time of this analysis.

CONCLUSIONS: Pharmacists in PRIME recruited patients for pharmacogenetics testing primarily related to antidepressant therapy. Patients and prescribers were generally accepting of pharmacist recommendations for changes to medication therapy based on pharmacogenomics testing.