



Management Case Study Submission and Format Guidelines

Thank you for your interest in presenting at the 2020 ASHP Midyear Clinical Meeting!

This document will assist you in the preparation of your submission for a Management Case Study (MCS). The number of accepted management case studies will be limited and it is anticipated to be a highly competitive process.

Have an issue that you solved for your department? What has your site successfully done to innovate, adjust, enhance or update your practice models in response to the COVID-19 outbreak? (e.g. pandemic related stewardship, enhanced telemedicine). Our members are interested in finding out what the COVID-19 pandemic has done to alter your practice that resulted in better patient care and outcomes. The ASHP Practice Advancement Initiative (PAI) also offers opportunities for presenting a Management Case Study to highlight the demands of future practice and patient-care delivery models. Present a case study to your fellow practitioners with tools and guidance that they can take home and use to lead and shape their future!

Note: MCS are an opportunity to present your work at the national level. If you have ample experience speaking for ASHP or at other national meetings, then encourage a less-experienced colleague to submit to take advantage of this opportunity.

WHAT IS THE CASE METHOD?

The case study method was pioneered by the Harvard Business School in the early 1900s and still stands as a popular and effective teaching strategy in business education. The case method relies on information about people and events in a true-to-life situation that represents a problem to be analyzed. Every case has unique features, but all cases have a common objective:

- Development of analytical skills through problem identification, evaluation, and recommendations for solutions.

The primary objective of a management case presentation is to teach the audience administrative decision-making skills (i.e., how to approach a similar situation, evaluate alternatives, and propose a recommended action plan). MCS are 30-minute oral presentations describing the administrative problem, planning, and implementation of a new system or program, or other examples of applied pharmacy management. Presenters are provided 20 minutes for a case study and 10 minutes for questions, answers, and discussion with the audience.

Please consider submitting a Management Case Study proposal for the Midyear Clinical Meeting. A Management Case Study presentation focuses on one pharmacy department's administrative steps and decision-making processes in planning and implementing a new program or resolving an administrative problem. Cases may be presented by one or two speakers and will consist of a 20-minute case summary followed by a brief period of questions, answers, and discussion. Share your successes at the Midyear!

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At the Midyear Clinical Meeting, MCS are very popular with experienced pharmacy managers and supervisors, and the audience may also include a variety of other practitioners. Above all, the audience is expecting to learn **take-home strategies** to apply to their current practice.

SUBMISSION DEADLINE

July 15, 2020 at 11:59 p.m. (Pacific) – Abstracts must be complete and submitted by this date; no new submissions or edits will be accepted after this deadline. ASHP will not edit abstracts. Incomplete abstracts will be deleted from the system after this deadline.

TASKS TO COMPLETE FOR YOUR ABSTRACT PROPOSAL ONLINE

SUBMISSION PROCESS

Our online submission tool requires the Primary Author to complete six (6) tasks to submit their MCS abstract. Some of our guidelines have changed, therefore, it is important that the Primary Author carefully read the information on the screen and follow the submission guidelines.

AUTHORSHIP

PRIMARY AUTHOR

The person entering the information online is considered *the Primary Author*. ASHP requires the Primary Author to have a current ASHP membership at the time of their presentation at the Midyear Meeting.

The presentation itself must not differ from the original accepted title and abstract content.

LOGIN – EMAIL ADDRESS & ACCESS KEY

To submit an abstract, you must create a profile which includes your name, email address, and your access key.

- The email address and the access key you created is now your login information for the MCS site. **The email that is used for logging into the ASHP MCS Submission site must belong to the Primary Author** – not an assistant or colleague.

You must click “Continue” button on every screen in order to save your information.

MCS ABSTRACT TITLE

Be sure your title accurately and concisely reflects the abstract content. ASHP reserves the right to edit your title.

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Title Format

- Do NOT use proprietary (brand) names in the title.
- Do not use all lowercase or all uppercase letters in your title. (see examples below)
- Do not use “A,” “An,” or “The” as the first word in the title
- Spell out all acronyms.



Title Format Examples

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.

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

TASK 1: ABSTRACT & NEEDS ASSESSMENT

Enter your abstract content details. Only completed submissions will be included in the reviewer process.

BODY OF ABSTRACT:

- **All fields must be completed.** Planned projects or descriptions of projects still being implemented will not be accepted.
- Must contain **Purpose, Methods, Results, Conclusion, Needs Assessment/Practice Gap(s).**

ABSTRACT FORMAT

- **Word Limits – there are designated limits for each component of the abstract.** Your entire abstract should be approximately 400 – 625 words.
- **Be sure to use the proper format for a MCS. Refer to the title format examples.**
- Use standard abbreviations. **Do not include graphs, tables, or illustrations in the abstract.**
- **Proofread abstracts carefully,** particularly doses, numerical values, and drug names. After the deadline, changes cannot be made to the title or the content. ASHP does not edit abstracts.
- 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.**

Word Limits	
Purpose	~ 100 words
Methods	~ 225 words
Results	~ 200 words
Conclusion	~ 100 words
Total ~ 625 words max	

Note: Not all symbols will convert correctly from a Web-based database to a Word document or a rich-text format. What may work for one submission, may not work for another. If you choose to use symbols, ASHP is not responsible for conversion problems and may reject your submission if it becomes difficult to understand due to symbol conversion.

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Needs Assessment/Practice Gap(s)

A practice gap exists when what needs to happen in practice is not happening (i.e. there is a problem that needs fixing).

IMPORTANT

- ❖ Abstracts must be an analysis of the sequential steps involved in planning and implementing an administrative task, resolving a particular problem, or other examples of applied pharmacy management.
- ❖ 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 peer review selection criteria section*)

Prior Publication or Presentation

- ❖ 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.

TASK 2: Learning Objectives

- **Learning Objectives** must describe what the learners will be able to do as a result of participating in your educational session. **Three (3) learning objectives are required.**
- **Self-Assessment Questions and Answers:** One self-assessment question and corresponding answers are required and must be developed for each learning objective. **Questions must either be true/false and/or multiple-choice.**

Due to ACPE Standards regarding active learning, a standard format will be required for final slide presentations which will utilize the **learning objectives and self-assessment questions** that you prepare for your submission. For tips on creating learning objectives and self-assessment questions, visit <https://www.ashp.org/Meetings-and-Events/Get-Involved-in-a-Meeting/For-Presenters/Planning-an-Educational-Session>

TASK 3: AUTHOR

Primary Author – The person entering the information online is considered the Primary Author.

If proposal is accepted, then the **Primary Author** may add one co-author/presenter.

TASK 3: PRIMARY AUTHOR AFFIRMATION

Affirmation of Content – The Primary Author must affirm the content of the submission.

- Read and click to agree to the affirmation.
- Click the Continue button for the next step.



TASK 4: FINANCIAL RELATIONSHIP DISCLOSURE

Disclosures – The primary author is required to submit Financial Relationship Disclosure before the abstract can be submitted.

- Disclose any financial relationships for you and/or your spouse/partner.
- Type your name to verify the information is correct and click **Submit** to complete the form.

TASK 6: CONFLICT OF INTEREST AGREEMENT

The Primary Author must complete and sign the conflict of interest agreement terms for their submission.

- Read and sign the agreement
- Click the **Submit Agreement** button to complete the task.

SUBMIT YOUR ABSTRACT

When all the submission tasks are completed (showing a green checkmark) you must save your submission before you can submit it. Click the **Save Submission** button and the screen will show a summary of your submission. It will also indicate that you and your additional author have completed all the required tasks for your abstract.

- Click the **Submit** button to submit the abstract.
- You will automatically get a confirmation email with your submission details. Please save it for your records.
- Your abstract title will appear on the screen with a link to preview the content or resend a confirmation email.

Submission Number: Your Proposal ID is your Submission Number. It appears on the screen with the list of tasks you completed as well as in your email confirmation.

INCOMPLETE SUBMISSIONS

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

NOTIFICATIONS

After August 15, 2020, you will be notified via email whether your submission was accepted for presentation.



MEETING REGISTRATIONS AND CANCELLATIONS

MEETING REGISTRATION

Presenting a MCS at our meeting is a voluntary effort and ASHP cannot pay expenses for your participation. If your submission is accepted, then you are responsible for your own meeting registration fee, hotel and travel. **The Primary Author must be registered for the meeting**, at least for the day of the MCS presentation.

CANCELLATIONS/WITHDRAWALS

Cancellation is strongly discouraged. Written notification is required for all cancellations. Only the Primary Author may withdraw a submission. Please notify ASHP immediately if you cannot present your MCS at Educational Services, educserv@ashp.org. Please include your full name and presentation title in your request and your submission number.

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

PEER REVIEW SELECTION CRITERIA

All MCS submissions will undergo a blinded peer-review process by at least three reviewers. 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.

All abstracts must be based on completed research with results and conclusions at the time of submission.

A limited number of MCS can be accepted and the decision of the reviewers will be final. There will be no reconsideration of rejected abstracts. 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.

Peer Reviewers will evaluate content based on the following criteria:

- **Presentation balance:** Abstracts will be non-promotional in nature and without commercial bias. Papers that are written in a manner that promotes a company, service, or product will **not** be considered.
- **Relevance:** 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 a MCS.
- **Case Study Method:** Abstracts that do not follow the case study method will not be considered.

Other Common Reasons for Rejection

- Commercial tone or a biased conclusion
- Research/project is not original
- 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
- Instructions not followed; format indicated in instructions is not utilized
- Incomplete author disclosure statement (lack of details) or no disclosure statement
- Does not teach administrative decision-making skills (i.e. how to approach a similar situation, evaluate alternatives, or propose a recommended plan)

SAMPLE ABSTRACT

Title: Root-Cause Analysis (RCA) and Recommendations for Improving Clinical Research in an Academic Medical Center

Purpose: During preparation for a routine monitoring visit by a sponsor of clinical research, an error was discovered involving an investigational drug. This case describes the methods by which a sentinel-event committee addressed the findings of the root-cause analysis (RCA) and shared the recommendations for improving clinical research in an academic medical center.

Methods: A sentinel-event committee completed a RCA after discovery of a medication error related to an investigational drug. Members included the risk manager, the pharmacy director, the quality-improvement director, the pharmacy clinical-research manager, an oncologist, and the medical director for clinical research. A flow diagram of the steps in a clinical trial helped identify opportunities to improve the systems supporting pharmaceutical research. Policies and procedures for the pharmacy-based investigational drug service (IDS) were developed. The results of this process were communicated to medical administration and the institution's research faculty.

Results: Roles of key pharmacy staff members were clearly defined. The IDS was integrated into the development of clinical trials, and the protocol number was required on all orders for investigational drugs. Research records were standardized by creating for each clinical trial a pharmacy notebook to include trial-related records and detailed protocol information. Responsibilities for the procurement and storage of investigational drugs were centralized within the IDS. Extensive staff education was provided to ensure appropriate implementation of the changes.

Conclusion: RCA after an error involving an investigational drug can stimulate improvements that increase pharmacy involvement in the use of investigational drugs.

Learning Objectives:

1. Describe a process-improvement tool that can assist in systems modifications to improve patient care.
2. Describe four key processes in pharmaceutical research that may provide opportunities for systems improvement.
3. Describe how a medication error can lead to systems improvement.

Self-assessment Questions: (True or False)

1. The most useful process-improvement tool used in the redesign of the investigational drug service at this site was a flow diagram.
2. Interdepartmental communication and coordination are important when designing an investigational drug service.
3. The negative consequences of a medication error usually outweigh the positive impact of any system improvements that result from analysis of the error.

Answers: 1. (T); 2. (T); 3. (F)



CONTACT US

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If you have a question regarding your submission, then email to Educational Services at educserv@ashp.org. Please include your name and the title of the submission. ASHP will not give out information to anyone not listed as an author on the abstract.