ABSTRACT EXAMPLES FOR NPPC POSTERS

Descriptive Report Poster Abstract Sample

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

Title: Assessing pharmacist competency for processing adult chemotherapy orders in a community hospital

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.

Title: Effect of carvedilol or atenolol combined with a renin-angiotesin blocker on glycemic control

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 group study. Men and women aged 18-65 provided informed consent and 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 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.

Research-in-progress Abstract Sample

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

Title: Compliance with JNC 7 guidelines: treating patients with systematic blood pressure

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: This study will be submitted to the Institutional Review Board for approval. The electronic medical record system will identify patients who 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. The following data will be collected: patient age, gender, ethnicity, SBP, DBP, heart rate, physical examination findings, 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 mmHg and an average DBP of less than 90 mmHg will be reviewed by a team of clinicians to rate compliance of treatment with the JNC 7 guidelines. 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.

Results: N/A

Conclusions: N/A