Management Case Study
Submission and Format Guidelines

2013 ASHP Midyear Clinical Meeting
Orlando, Florida
December 8-12, 2013

Deadline: June 15, 2013, 11:59 pm Pacific

Thank you for your interest in presenting at the 2013 ASHP Midyear Clinical Meeting and we hope to see you all in Orlando!
ASHP is seeking management case studies in specific topic areas:

- Medication Safety
- General Management
- Drug Shortages
- REMS
- Informatics
- Preceptor Skills
- Practice Model/Innovation/PPMI
- Ambulatory Care
- Transitions of Care
- 340B
- Clinical Case Studies

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. Each primary author is allowed only one submission.

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 [http://www.ashp.org/menu/Meetings/PresenterResources/Educational-Sessions.aspx](http://www.ashp.org/menu/Meetings/PresenterResources/Educational-Sessions.aspx).

*Note: Management Case Studies are an opportunity to present your work at the national level. If you have ample experience speaking for ASHP or at other national meetings, encourage a less-experienced colleague to submit.*

**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 – the 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). Management Case Studies (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.

At the Midyear Clinical Meeting, Management Case Studies are very popular with experienced pharmacy managers and supervisors, but 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.
AUTHORSHIP

Primary Author
The person entering the information online must be the Primary Author and 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. Therefore, the submitting 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.

A primary author or entity may submit as many abstracts as they wish; however, ASHP reserves the right to limit the number of accepted abstracts from any author or entity.

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 abstract (preferably the primary author) will be at the meeting to present the Management Case Study (MCS).

Additional Authors
Each submission may have up to three (3) authors – the Primary Author and two (2) additional authors. 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. ASHP will not add “forgotten” authors or make changes to the author order.

IMPORTANT
We will not accept 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. Our decision will be final.

MEETING REGISTRATIONS AND CANCELLATIONS

Meeting Registration
Presenting a Management Case Study 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 the MCS presentation.

Withdrawals and Cancellations
Written notification is required for all submission withdrawals. Only the Primary Author may withdraw a submission — third party withdrawals will not be accepted.
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.
NOTIFICATIONS AND CONTACT INFORMATION

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 educserv@ashp.org.

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

PRIOR PUBLICATION OR PRESENTATION

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
ASHP does not retain the exclusive rights of publication to Management Case Studies; however, accepted MCS abstracts will be published on the 2013 ASHP Midyear Clinical Meeting mobile app and will be sent to International Pharmaceutical Abstracts (see below).

International Pharmaceutical Abstracts (IPA)
After the meeting, ASHP will submit accepted abstracts that fit the requirements 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 meeting.
- Author(s) did not show up at the meeting 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 be sure your accepted presentation will be published by IPA you must abide by the formatting rules.

RECORDING AGREEMENT

Presenters of all accepted Management Case Studies will be asked to give permission to record their presentation. Anyone not agreeing to be recorded will not be allowed to present.

PEER REVIEW SELECTION CRITERIA

All Management Case Study 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 very limited number of Management Case Studies will 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.

- 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 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 a Management Case Study.

Authors that are members of ASHP will be given acceptance priority over non-ASHP members, should acceptable submissions exceed space available.

Other Common Reasons for Rejection
- 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
- Instructions not followed; format indicated in instructions is not utilized
- Incomplete author disclosure statement (lack of details) or no disclosure statement
- Failure to agree to the Recording Agreement
- Does not teach administrative decision-making skills (i.e. how to approach a similar situation, evaluate alternatives, or propose a recommended plan)

**FORMAT GUIDELINES**

**Abstract Title**
Please be sure your title accurately and concisely reflects the abstract content. The title will appear in the meeting program 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 lower-case 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.
Examples:

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
Correct!

Body of Abstract
- All fields must be completed.
- Learning Objectives must describe what the learners will be able to do as a result of participating in your educational program. One self-assessment question and corresponding answer needs to be developed for each learning objective.
- Proofread abstracts carefully, particularly doses, numerical values, and drug names. After the deadline, changes cannot be made to the title or content. ASHP will not edit abstracts.
- Be sure to use proper format for a Management Case Study, see example on page 7.
- 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: 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 and IPA are 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 author or institution will be rejected.
- Do not include the title or the authors in the body of the abstract.
- The work described must be complete. Planned or incomplete projects will not be accepted.
- Abstracts ASHP considers unusable due to format issues created by not following the rules will be rejected.
- 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.
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).