ashp MIDYEAR 2024 Clinical Meeting & Exhibition | DECEMBER 8-12, 2024 NEW ORLEANS, LA

MANAGEMENT CASE STUDY SUBMISSION AND FORMAT GUIDELINES

This document will assist in the preparation of your submission for a Management Case Study (MCS). The number of accepted management case studies is limited, and submission is a highly competitive process. The submission deadline is **June 1, 11:59 p.m. (PT).**

Have you solved an issue for your department? What has your site successfully done to innovate, adjust, enhance, or update your practice models? ASHP member priorities include improved compounding practices, enhanced pharmacy technician roles and training, incorporating principles of Diversity, Equity and Inclusion (DEI) into organizational workflow, staff well-being and resilience, opioid stewardship and opioid use disorder management initiatives, medication safety initiatives, the leadership pipeline and the future of pharmacy leadership, improved billing and reimbursement practices, telehealth / digital health / AI, and pharmacogenomics.

Additionally, the ASHP Practice Advancement Initiative (PAI) offers a framework of topics for developing 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 may implement at their practice sites to lead and shape the future of pharmacy practice!

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, please consider encouraging a less-experienced colleague to submit a proposal 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, and 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 (e.g., 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.

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.

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. If accepted, meeting registration is required.

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

- You must add at least one author and no more than three.
- You must add at least one faculty member (presenter) and no more than two.
- You can add a maximum of two co-authors for this abstract. Co-authors are acknowledged, and do not formally present the MCS.

ABSTRACT TITLE

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

Title Format

- Do NOT use proprietary (brand) names in the title, including electronic health records or other tools and platforms.
- 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**

FINANCIAL RELATIONSHIP DISCLOSURE

To comply with the Standards for Integrity and Independence (SII), everyone in a position to control content must disclose all financial relationships with SII-defined ineligible companies, and all relevant financial relationships must be mitigated prior to the educational activity.

NOTE: Per ASHP policy, employees of ineligible companies and stock owners of privately held ineligible companies may not participate in accredited education.

ABSTRACT AND NEEDS ASSESSMENT/PRACTICE GAPS

- **All fields must be completed.** Planned projects or descriptions of projects still being implemented will be rejected.
- Must contain **Purpose, Methods, Results, Conclusion, and Needs Assessment/Practice Gaps.**

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 ASHP feels 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 previously published. Exceptions include topics presented at a state society meeting or an international meeting held outside the U.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. Refer to the title format examples.**
- Use standard abbreviations. **Do not include graphs, tables, or illustrations in the abstract.**
- **Proofread abstracts carefully.** After the deadline, changes cannot be made to the title or the content. ASHP does not edit abstracts.

WORD LIMITS

Purpose	100 words
Methods	225 words
Results	200 words
Conclusion	100 words

Total 625 words max

- 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 is not responsible for conversion problems and may reject your submission if it becomes difficult to understand due to symbol conversion.

LEARNING OBJECTIVES (KNOWLEDGE-BASED ONLY)

- Learning objectives must describe what the learners will be able to do as a result of participating in your educational session. **One (no more than two) learning objective is required. Learning objectives must begin with knowledge-based verbs.**
- **Self-Assessment Questions:** One self-assessment question and one correct answer are required and must be developed for each learning objective. **Questions must either be multiple-choice or true/false.**

Due to the Accreditation Council for Pharmacy Education (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. Here are tips on writing learning objectives.

MEETING REGISTRATION AND MEMBERSHIP

Presenting a MCS at our meeting is a voluntary effort and ASHP will not 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 a meeting registrant and have a current ASHP membership at the time of their presentation at the Midyear Meeting.**

CANCELLATIONS/WITHDRAWALS

Cancellation is strongly discouraged. Written notification is required for all cancellations. Only the primary author may withdraw a submission. Notify ASHP National Meetings Education immediately if you cannot present your MCS at educserv@ashp.org. Be sure to include your **full name, presentation title, and submission number in your request**.

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

By submitting your proposal, and in the event your proposal is accepted for presentation, you understand and agree that your presentation will be made by you in person and onsite at the 2024 ASHP Midyear Clinical Meeting and Exhibition in New Orleans, Louisiana. In the event the meeting is held solely on a virtual basis, your presentation will be provided virtually. In the event the meeting is held on a hybrid basis (both in-person and virtual), then you understand and agree that your presentation will be made by you in person and onsite at the meeting for the live audience as well as via video for a virtual audience.

PEER-REVIEW PROCESS

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 organization 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-REVIEW CRITERIA

- **Presentation balance:** Abstracts will be non-promotional in nature and without commercial bias. Submissions 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:** Follows the abstract guidelines for 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 organization'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)