NYSCHP | New York State Council of Health-system Pharmacists
230 Washington Ave Extension, Albany NY 12203 - 518-456-8819

PREPARATION OF RESIDENCY PRESENTATION PROGRAM ABSTRACTS

General Information

Applications must be received by **February 1, 2024**

Late submissions may be subject to penalties including but not limited to removal from award considerations

1. Abstracts must be prepared in Microsoft Word, Times New Roman font, 10 or 12 pitch print. The following word limit guidelines should be followed:
    - Title – 25 words or less
    - Background – 100 words or less
    - Objective – 100 words or less
    - Methods – 200 words or less
    - Results – 200 words or less
    - Conclusions – 100 words or less

2. Abstracts should include the following: The specific objective or purpose of a study/topic, the methodology (if appropriate), a summary of the results, and a conclusion. Tables and figures may be included in the abstract provided they can be placed within the abstract form. Additional space cannot be provided.
    - "Research-in-progress" abstracts will be accepted. Please note "In progress" for **Results** and **Conclusions.**

3. Proofread abstracts carefully, particularly doses, numerical values, and drug names. After the deadline, changes cannot be made to the title or content. Be sure to use proper format, see examples for submission type designation. Use standard abbreviations. Special functions such as tabs, underlines, trademarks, subscripts, bold italics, superscripts, or hyphenations in the abstract may be used with Microsoft Word. Special symbols (Greek letters, degree signs, and plus/minus) may also be used.
    - Abstracts with a commercial tone will not be accepted. Abstracts which review existing literature not be accepted.

4. Please type the abstract **exactly** as noted here. Your cooperation is greatly appreciated. See the example below for style.
    - Type the title of the abstract in all upper case letters. 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. After the title, enter a hard return.
    - Type the name of the first author in the following manner: last name, space, first initial of the first name. Then, type a comma, enter one space and enter the names of other authors following the same format (last name, first initial of first name). Please remember to separate the names of the authors with a comma and then one space do not place any additional commas, periods, semicolons or colons to separate last name from the first name of an author, etc.
    - Underline the name of each author, and place an asterisk (*) after the name of the primary author - the person to whom questions/comments should be addressed. After the last author's name, enter a hard return.
    - Type the name and then the address of the affiliated institution (including zip code). After the address, enter a hard return and then another hard return in order to skip one line.
    - Type the abstract. Single spacing is preferred.

5. When using abbreviations, spell out in full the first mention, followed by abbreviation in parenthesis.

6. Descriptive Report Abstracts

   - The abstract must contain rationale detailed description of the project or case, and the importance of the report to pharmacy practice.
   - The statement, "details will be discussed" will **not** be accepted.

7. Evaluative Study Abstracts

   - All clinical research represented in the abstract was approved by the appropriate committee or institutional review board and if appropriate, informed consent was obtained for all subjects. This must be indicated in the abstract.

8. Headings

   - Include headings for each section and **bold** them: Background, Objective, Methods, Results, Conclusions
   - Note, headings are not included in the total word count.

9. Awards

   - Each abstract submitted prior to the deadline will be considered for an award. There will be separate PGY-1 and PGY-2 award categories.
   - Abstracts will be scored by at least two independent reviewers using the abstract scoring form on page 4 of this document.
   - The top scored abstracts will have their research presentations evaluated and scored by the Residency Research and Practice Forum Award Subcommittee.
   - Award winners will be announced at the New York State Council of Health-systems Pharmacists Installation and Awards Banquet.

Sample Abstract - to show style:

IMPACT OF NSAIDS ON A MULTIMODAL PAIN STRATEGY AS PART OF AN ENHANCED RECOVERY AFTER SURGERY PROTOCOL IN CARDIOTHORACIC SURGERY PATIENTS

Barvian C*, Kersten B, Woodruff A, Seyse S, Chilbert M

Buffalo General Medical Center, 100 High Street, Buffalo, NY 14203

Background: Enhanced Recovery After Surgery (ERAS) is a multimodal perioperative care pathway that aims to optimize outcomes and improve overall patient experience after cardiac surgery. A key component of ERAS is implementation of a multimodal, opioid-sparing pain approach that addresses pain through additive or synergistic effects. Non-steroidal anti-inflammatory drugs (NSAIDs) may improve postoperative pain and limit opioid exposure but can also be associated with a risk of serious cardiovascular thrombotic events and acute kidney injury. This study aims to assess the safety and efficacy of utilizing NSAIDs as part of a multimodal pain approach strategy in cardiothoracic surgery patients.

Objective: The objective of this study is to determine if utilization of NSAIDs in combination with a multimodal pain approach strategy reduces opioid consumption and is safe when compared to a multimodal pain approach strategy without NSAIDs. The primary endpoint is change in daily Morphine Milligram Equivalents (MME) from postoperative day zero through four. Secondary endpoints include postoperative bleeding, development of an acute kidney injury and intensive care unit length of stay. Postoperative bleeding will include major bleeding as defined by the International Society on Thrombosis and Hemostasis, chest tube bleeding, and incision site bleeding.

Methods: This is a single-center, retrospective chart review of patients admitted to Buffalo General Medical Center for a coronary artery bypass graft (CABG) procedure. Patients will be included if they are 18 years of age, underwent a CABG procedure, and were placed on the cardiothoracic surgery multimodal pain approach orderset, which does not include NSAIDs. Patients will be excluded if they have contraindications to NSAID use, such as Chronic Kidney Disease Stage 4 or greater, have an indication for or are receiving agents that my impact MME utilization, such as those who remain intubated greater than 24 hours postoperatively, receive intra-operative methadone, or are receiving methadone or buprenorphine prior to admission. The two comparison groups will be patients who receive the multimodal pain approach orderset without NSAIDs and patients who receive the orderset in addition to NSAIDs. In the NSAID group, patients will only be included if they receive at least two doses of ketorolac, either 15 or 30 mg. Pertinent data collected will include demographics, opioid and non-opioid pain medication utilization prior to admission, MME requirements as well as the number of ketorolac doses utilized in the early postoperative phase, laboratory values, and documentation related to bleeding from provider notes.

Results: In progress

Conclusions: In progress

NYSCHP Resident Research and Practice Forum
Abstract Scoring Form

Title of Abstract:

Name of Reviewer:

Abstract Scoring

Item	Abstract Elements	Scoring					Notes
		0	1	2	3	4	
1.	Background						
2.	Objective						
3.	Methods						
	Abstract General Review						
4.	Research Question						
5.	Study Design						
6.	Readability & Organization						
7.	Overall Impression						
	Total Score 22 = Excellent 19-21 = Very Good 13-18 = Average < 13 = Below Average						

Criterion	Score	Description
Word Count • Total word count	No	Does not meet word count criteria
	Yes	Meets word count criteria
*****IF ASSESSED AS "NO" FOR WORD COUNT CRITERIA DO NOT PROCEED WITH SCORING REMAINDER OF RUBRIC*****		
1. Background	0	Does not meet the criteria or intent of criteria at all
	1	Meets some (< 50%) of the criteria
	2	Meets most (≥ 50%) of the criteria
	3	Meets all of the criteria
2. Objective (Study Objective)	0	Does not meet the criteria or intent of criteria at all
	1	Meets some (< 50%) of the criteria
	2	Meets most (≥ 50%) of the criteria
	3	Meets all of the criteria
3. Methods	0	Does not meet the criteria or intent of criteria at all
	1	Meets some (< 50%) of the criteria
	2	Meets most (≥ 50%) of the criteria
	3	Meets all of the criteria
4. Research Question	0	Does not meet the criteria or intent of criteria at all

	1	Meets some (< 50%) of the criteria
	2	Meets most (≥ 50%) of the criteria
	3	Meets all of the criteria
5. Study Design	0	Does not meet the criteria or intent of criteria at all
	1	Meets some (< 50%) of the criteria
	2	Meets most (≥ 50%) of the criteria
	3	Meets all of the criteria
6. Readability and Organization	0	Does not meet the criteria or intent of criteria at all
	1	Meets some (< 50%) of the criteria
	2	Meets most (≥ 50%) of the criteria
	3	Meets all of the criteria
7. Overall Impression	0	Poor
	1	Below Average
	2	Average
	3	Very good
	4	Excellent