



2012 CPNP Annual Meeting Abstract Author and Poster Presenter Handbook

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Submission Instructions

Thank you for your interest in submitting an abstract to the 15th Annual Meeting of the College of Psychiatric and Neurologic Pharmacists (CPNP) to be held April 29 – May 2, 2012, in Tampa, Florida. The abstract submission deadline is **Monday, January 16, 2012 at 1:00 p.m. central time**. Prior to submitting your abstract, the CPNP Abstracts and Awards Committee requests your review and acceptance of the following requirements:

- You are responsible for acquiring all author and institution approvals as required for abstract submission.
- You must disclose if the abstract is sponsored.
- Abstracts must be submitted online using the web-based portal and form provided. You must create a user name and password allowing you to store your submission and continue to edit until you indicate it is ready for submission. You are encouraged to preview the abstract thoroughly prior to submitting.
- The online form will restrict the amount of text allowed to ensure that the abstract is limited to 350 words. This does not include the author or title information.
- The abstracts are reviewed by 3 independent, blinded reviewers and scored based on originality and concept, methodology/adequacy of justification or documentation, results or adaptability to other clinical settings, conclusion, and relevance and value to the scientific community.
- You can view samples of abstracts in final form later in this handbook.
- Once the abstract is successfully submitted, only the submitter will receive communications.
- The submitter will be notified of the status of the abstract no later than February 8, 2012.
- **Presenting authors of accepted posters must be paid registrants for a minimum of the day of the poster session. The registration must be received by February 14, 2012, or the abstract will be administratively removed. The registration for the presenting author cannot be cancelled.**
- There will be two poster sessions at the 2012 Annual Meeting in Tampa, Florida. Accepted posters will be displayed on Sunday, April 29 between 8:00 a.m. and 8:00 p.m. and manned from 6:30-8:00 p.m.; and Monday, April 30 between 7:00 a.m. and 7:45 p.m. and manned from 6:15-7:45 p.m.
- Presenters are responsible for removing their own posters or they will be discarded. This will take place Sunday, April 29 after 8:00 p.m. and Monday, April 30 after 7:45 p.m.
- Abstract authors may also request consideration for one of five awards available through CPNP. Additional information on the awards and their submission requirements are available later in this handbook. If submitting for an award, you are required to upload the supporting documents along with the abstract. Again, the system will store the documents for additional edits until you select the submission box.

Statement of Agreement

When submitting your abstract, you will confirm an understanding of the instructions and the following publication release:

The Journal of Pharmacy Practice will publish all accepted abstracts with the exception of Encore abstracts. By submitting my abstract online, I consent to have the abstract from my accepted poster for the CPNP 2012 Annual Meeting appear in the Journal of Pharmacy Practice (April 2012), published by SAGE Publications ("SAGE"). I grant to SAGE the non-exclusive right to publish my abstract, including all versions and editions of the abstract and foreign language translations and other derivative works thereof, in whole or in part, alone or in compilations, in all formats and media now known or later developed, published, or prepared by SAGE, its assignees, and its licensees. I understand that the rights I have granted to SAGE in no way restrict republication of my abstract in any form by myself or others authorized by me.

Information for All Presenters

Important Dates

- **January 16, 2012**, at 1:00 p.m. central time: Abstract submissions are due.
- **February 8, 2012**: Corresponding authors are notified whether abstracts were accepted.
- **February 14, 2012**: Presenting authors must be registered for the meeting. Abstracts without a registered author may be subject to administrative removal.
- **April 29 – May 1, 2012**: See poster setup and display schedule below for more details. The scientific poster session will be held at the Tampa Marriott Waterside Hotel on Sunday, April 29 from 8:00 a.m. to 8:00 p.m. and Monday, April 30, 2012 from 7:00 a.m.-7:45 p.m. in the Grand Ballroom, Salons A-E. Posters will be manned from 6:30-8:00 p.m. Sunday and during the Outgoing President Reception on Monday from 6:15-7:45 p.m. The poster must be removed from the poster board immediately after the manned sessions (Sunday 8:00 p.m., Monday 7:45 p.m.), or it will be removed by CPNP staff and discarded.

Poster Setup and Display Schedule

Sunday, April 29, 2012:

- Poster Session set-up occurs Saturday, April 28 from 11:00 a.m.-8:00 p.m. or Sunday, April 29 by 8:00 a.m.
- Poster Session is held from 8:00 a.m.-8:00 p.m.
- Poster Session authors must staff/man their posters from 6:30-8:00 p.m.
- Poster Session posters must be removed at 8:00 p.m. following the manned session

Monday, April 30, 2012:

- Poster Session set-up occurs from Sunday, April 29 from 8:00 p.m.-10:00 p.m. or Monday from 6:00-7:00 a.m.
- Poster Session is held from 7:00 a.m.-7:45 p.m.
- Poster Session authors must staff/man their posters from 6:15-7:45 p.m.
- Poster Session posters must be removed at 7:45 p.m. following the manned session

Tuesday, May 1, 2012:

- Research Award Winner Announcements from 9:10-9:30 a.m.

Meeting Information

Additional information about the meeting, registration, lodging etc., can be obtained from our website at <http://cpnp.org/2012>.

If you are not registered for the meeting, please do so now as poster presenters must be registered attendees. The room block at the Tampa Marriott Waterside Hotel expires Monday, April 9. You must be registered by February 14, or your abstract will be administratively removed.

Abstract Submission Specifications

1. Abstract submissions must be limited to 350 words. Abstract content must all fit within the word limit. The title and authors are not counted within this word count total. The abstract submission center will reject any poster exceeding the word limit.
2. No tables or figures are permitted in any of the abstract submissions when submitting online.
3. Accepted abstracts with the exception of encore submissions will be published in JPP. You will be required to complete a disclosure notice upon submission of abstracts within the CPNP abstract submission center online at cpnp.org. If you do not wish to have your abstract published in JPP, you will not be allowed to submit a poster for the 2012 CPNP Annual Meeting. **Presenting authors of accepted posters must be paid registrants for a minimum of the day of the poster session. The registration must be**

received by February 14, 2012, or the abstract will be administratively removed. The registration for the presenting author cannot be cancelled.

4. The primary author must acquire all author and institution approvals as required for abstract submission.
5. Duplication of one research project described in different posters at the same meeting should be avoided.
6. All abstracts, excluding Encores, will be published in a special edition of the *Journal of Pharmacy Practice* before the meeting. These will be on display at the meeting in the poster hall but copies will not be available for distribution to attendees or authors.
7. Notification of abstract acceptance for poster display at the Annual Meeting will be provided on or before February 8, 2012.

Poster Specifications

- **Wear your badge.** Only meeting attendees are permitted in the poster hall.
- **Use push pins.** Push pins are provided, and you should not use staples, tape, Velcro or other adhesives on the poster boards.
- **Plan ahead.** No furniture or equipment is permitted. If you have a condition that requires you to sit down, please contact CPNP in advance at info@cpnp.org.
- **Be safe.** Do not leave your valuables unattended in the poster hall. Make sure you check your area after the poster session for anything you may have left behind.
- Poster boards are 4'x8'.
- **Conflict of Interest and funding source disclosure information for all authors must be included within the poster.**
- **Poster presenters must be registered for the meeting for a minimum of the day their posters are presented. The registration must be received by February 14, 2012, or the abstract will be administratively removed. The registration for the presenting author cannot be cancelled.**
- Posters should be readable by the audience from 3' away from the board.
- Figures and tables should be appropriately marked with orienting instructions (labeled axes and columns, etc...)
- Poster numbers are **not** required to be on the posters themselves. Poster numbers will be affixed by CPNP to the top center of the poster board.
- Poster presenters must check in upon arriving at the meeting by stopping at the CPNP registration desk.
- Posters must be removed immediately from display room following the manned session. Any remaining posters will be discarded by the poster vendors or staff.
- Poster and session numbers will be emailed to individuals whose posters have been accepted at least 1 month prior to the Annual Meeting.
- If you need further accommodations or assistance, please contact Vanessa Wasser, CPNP Event/Membership Coordinator, at info@cpnp.org or 402-476-1677.

Shipping

If you are planning to ship your poster to the hotel, please ensure that your materials arrive no more than 3 days before the meeting date. Any materials being sent to the Tampa Marriott Waterside Hotel must be marked as follows:

Tampa Marriott Waterside Hotel
CPNP/[Your Name]
[Hotel Room Confirmation #]
700 South Florida Avenue
Tampa, FL 33602

Abstract Categories and Examples

Original Research

Abstracts should describe original research in therapeutics, pharmacodynamics, pharmacoeconomics, outcomes, drug utilization, kinetics and genetics. Abstracts must not have been published in abstract form nor presented elsewhere before the CPNP 2012 Meeting.

Original Research Judging Criteria

- Title
- Background
- Objectives
- Methods
- Results
- Conclusions
- Originality of project
- Significance of project

Original Research Example (2008)

Corresponding Author: Jeffrey R. Bishop, PharmD, MS, BCPP

TITLE: RELATIONSHIP BETWEEN THE CATECHOL-O-METHYLTRANSFERASE (COMT) VAL158MET POLYMORPHISM AND ANTIPSYCHOTIC RESPONSE IN FIRST EPISODE PSYCHOSIS

Authors & Affiliates: Jeffrey R. Bishop, PharmD, MS, BCPP[1,2]; Konasale M. Prasad, MD [3], James L. Reilly, PhD [2], Michael Akroush, BS [1], Vishwajit Nimgaonkar, MD, PhD [3], Matcheri S. Keshavan, MD [4], John A. Sweeney, PhD [2]. 1.University of Illinois at Chicago College of Pharmacy, 2. University of Illinois at Chicago College of Medicine, Department of Psychiatry, Center for Cognitive Medicine, 3. University of Pittsburgh College of Medicine, Departments of Psychiatry and Human Genetics 4. Wayne State University Department of Psychiatry and Behavioral Neurosciences

Abstract Type: Original Research

PURPOSE: The common catechol-o-methyltransferase (COMT) Val158Met polymorphism reduces the metabolic activity of this enzyme, alters dopamine disposition in the brain, and is a pharmacogenetic candidate for studies of antipsychotic medications. This study characterized the relationship between this variant and symptom response to six weeks of antipsychotic therapy in treatment naïve patients experiencing their first episode of a major psychotic disorder.

METHODS: Eighty patients meeting DSM-IV criteria for schizophrenia (n=54), schizophreniform (n=1), bipolar disorder (n=19), or schizoaffective disorder (n=6) were recruited for a six week study of antipsychotic treatment. Exclusion criteria included neurological disorders, previous head injury, or substance dependence within the past six months. Subjects were predominantly antipsychotic-naïve (70%) or had less than 12 weeks lifetime exposure. At baseline, subjects underwent a 3-5 day washout if they had recently received any oral antipsychotic, antidepressant, or mood stabilizing medication. Participants were treated with an antipsychotic medication, predominantly risperidone, and evaluated for symptom improvement at baseline and follow-up. Primary treatment outcomes for this analysis were the 18 item Brief Psychiatric Rating Scale (BPRS) Total, Positive, and Negative subscale scores, which were compared across COMT Val158Met genotype groups.

RESULTS: Demographic (race, age, sex) characteristics and baseline global psychopathology (BPRS Total scores) did not significantly differ across diagnosis or genotype groups. COMT genotypes (Val/Val=25, Val/Met=41, Met/Met=14) were in Hardy-Weinberg Equilibrium (p=0.69). Baseline BPRS Total, Positive, and Negative subscale scores averaged 49±9, 12±7, and 11±6 for the entire population and did not differ across COMT genotype groups for the study sample as a whole or when stratified by schizophrenia and schizoaffective/bipolar disorder diagnoses (all p's>0.37). Sixty-one patients (76%) completed the study with a mean improvement of 10±11 points on BPRS Total scores. Clinical improvement measured by BPRS Total and subscale measures did not differ across diagnostic groups. Mean improvement scores for Val/Val, Val/Met, and Met/Met genotype groups for the BPRS Total (12±12, 8±11, 12±8), Positive (3±6, 1±3, 2±4), and Negative subscales (5±5, 3±5, 4±4) were not statistically different (all

p's > 0.34).

CONCLUSIONS AND FUTURE DIRECTIONS: COMT Val158Met genotype was not associated with response to treatment as measured by BPRS scores in this first episode psychosis population.

Encore Presentation

Abstracts of papers that have been previously presented and peer reviewed. Submission must include where it was previously presented or the abstract will be disqualified. Encore submissions are not eligible for any of the award categories and should not be submitted for award consideration.

Encore Presentation Judging Criteria

- Title
- Background
- Objectives
- Methods
- Results
- Conclusions
- Originality of project
- Significance of project

Work in Progress (WIP)

Abstracts describing preliminary results or status of ongoing work may be submitted by principal investigators at any stage of their career. Abstracts submitted without results at the time of submission will be considered for this category only.

Work in Progress Judging Criteria

- Title
- Background
- Objectives
- Methods
- Originality of project
- Significance of project

Work in Progress Example (2008)

Corresponding Author: Susan L. Lakey, PharmD

TITLE: IMPROVING MEDICATION MANAGEMENT SUPPORT FOR OLDER ADULTS

Authors & Affiliates: Susan Lakey, PharmD [1], Soo Borson, MD [2], Shelly Gray PharmD, MS [1]. 1. Department of Pharmacy, University of Washington, Seattle, WA, 2. Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA

Abstract Type: Work in Progress

BACKGROUND: Medication adherence is essential for disease management. Medication management capacity (MMC), or the ability to self manage medications, is a function of a patient's cognitive and functional abilities and the complexity of the medication regimen. Adequate capacity is necessary for adherence in patients who self-administer medications. Medication management problems might be addressed by use of supportive interventions, such as human support (e.g. caregiver, family assistance), medication support devices (e.g. medi-sets, blister packs), or provider intervention (e.g. simplifying medication regimens). This pilot study will provide important new data regarding older adults' knowledge and preferences about strategies available to assist with medication management.

OBJECTIVES: 1. Evaluate MMC among independent-living older adults in a continuing care retirement community (CCRC), 2. Evaluate knowledge about and preferences for strategies to reduce mismanagement risk, and 3. Determine whether knowledge and preferences are associated with demographic variables, cognitive status, MMC, and medication regimen complexity.

METHODS: Participants will be recruited from a CCRC in Seattle, Washington. All 160 independent-living

residents will be eligible and approached for study participation, with a target enrollment of ≥ 100 . Demographic variables (age, gender, race, education), DRUGS score, medication management difficulty self-report, Mini-Cog, and complexity of drug regimen (number of pills/day, frequency of dosing) will be collected. A survey will be used to assess participants' knowledge and preferences regarding strategies to support medication management, including human support, medication support devices, and provider intervention. Participants will be classified as at risk for medication mismanagement if they self-report difficulty, score 0-2 on the Mini-Cog, and/or score $< 95\%$ accuracy on DRUGS. For objective 1: n and % of subjects classified as at risk for medication mismanagement will be reported. For objective 2: descriptive statistics will be used to report knowledge and preferences for medication management supports. For objective 3, regression models will be used to examine factors associated with medication management support knowledge and preferences.

OUTCOMES: We will report the number and percent of participants with medication management difficulties and analyze knowledge and preferences for medication support strategies as a function of demographic characteristics, cognitive status, DRUGS score, and drug regimen complexity.

Innovative Practices

Abstracts describing the development, justification, documentation, and/or delivery of innovative services or activities applicable to psychiatric and neurologic pharmacy. The descriptive abstract should not duplicate any other poster category and should describe the development of innovative services/activities and should provide background/rationale, a description of the innovative service, the impact on patient care/institution and a conclusion.

Innovative Practices Judging Criteria

- Title
- Background/review of literature
- Description of practice or patient history
- Conclusions
- Originality of practice or case
- Significance of practice or case
- Written description of practice or case

Innovative Practices Example (2008)

Corresponding Author: Charles F. Caley, Pharm.D., BCPP

TITLE: PSYCHIATRIC PHARMACY IN A UNIVERSITY STUDENT HEALTH SYSTEM

Authors & Affiliates: Charles F. Caley, Pharm.D., BCPP, Associate Clinical Professor, University of Connecticut School of Pharmacy, Storrs, CT and Clinical Psychopharmacology Consultant, Institute of Living, Hartford, CT

Abstract Type: Innovative Practices NA

BACKGROUND: The importance of mental health in university students has received much attention over the past few years. College students are at risk for developing psychiatric illness, being on complex psychotropic medication regimens, substance abuse, and medication non-adherence. Additionally, many universities have difficulty recruiting and retaining experienced psychiatry providers. Opportunities exist for psychiatric pharmacists to provide consultation and education services in this setting.

DESCRIPTION OF INNOVATIVE SERVICE: This pilot program took place in the Counseling and Mental Health Services (CMHS) department of Student Health Services (SHS) on the main campus of the University of Connecticut. Up to eight hours/week was allotted for consultation during the 2007 spring and fall semesters. The consultant was a faculty member in the School of Pharmacy and a board certified psychiatric pharmacist with over 15 years of clinical experience. Consulting services provided included: patient interview and assessment, medical record review, drug information, and in-service education. Consultation referrals and education requests have been primarily generated by psychiatric nurse practitioners.

IMPACT ON PATIENT CARE: During the 2007 spring and fall semesters, the psychiatric pharmacist provided both consultation and educational services for CMHS staff. To date, the consultant has provided: clinical

consultation for 20 patients, four in-service presentations, and 20 one-hour clinical education meetings with psychiatric nurse practitioners. Patients receiving consultation were: undergraduate and graduate students, 18–42 years old, and predominantly female (75%). Depression and/or anxiety have been the most common presenting illnesses (80%). All 20 patients consulted received a medical record review and 13 (65%) were also interviewed. Recommendations were implemented 85% of the time and no adverse outcomes related to these recommendations have occurred. SHS staff have been uniformly positive about psychiatric pharmacy involvement in the mental health care of university students.

CONCLUSION: University student health systems are encountering many patients with mental health care needs and are challenged with the recruitment and retention of experienced psychiatry providers. The provision of clinical consultation and education services in a state university student health system has a high potential for success and represents a new practice setting for the psychiatric pharmacy specialty.

Therapeutic Case Report

Abstracts describing the various aspects of pharmaceutical care relating to individual psychiatric and/or neurological pharmacy cases. Abstracts should provide a complete patient history including age, gender, time from first diagnosis, social background, and details of, and response to, previous and current treatment(s). Cases should include background, complete patient history, review of literature, and conclusion.

Therapeutic Case Report Judging Criteria

- Title
- Background/review of literature
- Description of practice or patient history
- Conclusions
- Originality of practice or case
- Significance of practice or case
- Written description of practice or case

Therapeutic Case Report Example (2008)

Corresponding Author: Richard Perry, PharmD

TITLE: DULOXETINE-INDUCED TAKOTSUBO CARDIOMYOPATHY: A CASE REPORT

Authors & Affiliates: Richard Perry, PharmD., Arnold & Marie Schwartz College of Pharmacy and Health Sciences, Long Island University

Abstract Type: Therapeutic Case Management

BACKGROUND: Takotsubo cardiomyopathy (TTC) is a cardiac syndrome with symptoms including left ventricular apical ballooning and chest pain. No specific cause has been elucidated but physical/emotional stress and/or excessive catecholamine levels may be a responsible etiology for this stress-induced cardiomyopathy. Although its effects are usually transient and most cases have a good prognosis, the initial presentation is similar to that of an acute myocardial infarction.

PATIENT-HISTORY: The patient is a 60 year old Hispanic female with a past medical history significant for hypothyroidism, type 2 diabetes mellitus, peripheral neuropathy, hypertension, s/p urinary tract infection, multiple hernia and uterine fibroid surgeries. The patient's social history was noncontributory. The patient was started on duloxetine 60 mg once daily for management of peripheral neuropathy and reportedly finishing a course of ciprofloxacin for treatment of a urinary tract infection (treatment dates unknown). On the first day of treatment with duloxetine, the patient began to feel lightheaded and nauseous, which worsened on the following day. On the third day of treatment, nonradiating left sided chest pain, 7/10 intensity, and diaphoresis developed. The patient was admitted to the hospital and thought to be having a myocardial infarction. EKG showed ST elevations and T wave inversions and the troponin level was 3.343 ng/ml (reference: <0.059 ng/ml). Cardiac catheterization showed clear coronary arteries, echocardiography showed apical akinesis and an ejection fraction of 30% and norepinephrine blood levels were 3492 pg/ml (reference: 70-750 pg/ml), consistent with a diagnosis of TTC. The patient was

anticoagulated with heparin and received treatment for her concurrent disease states.

REVIEW OF LITERATURE: A MEDLINE search revealed no published case reports of duloxetine-induced TTC. As there are no specific diagnostic criteria for TTC, limited data exists regarding its epidemiology and it may be under reported. Duloxetine prescribing information warns against the concurrent use of a potent CYP1A2 inhibitor (ciprofloxacin), which may have further contributed to this adverse reaction.

CONCLUSION: In our case report, a temporal and causal relationship was observed between the initiation of duloxetine and the development of TTC. Clinicians should be cognizant that use of duloxetine may result in TTC.

CPNP Research and Practice Awards Application Process

Innovative Practices Award

Award Details

- Winner will be announced at 9:00 a.m. prior to the Tuesday, May 1 keynote address.
- \$500 honorarium

Qualifications

- Must be 1st author on the abstract

Requirements

- Submission of abstract online
 - Abstracts should describe the development of innovative services/activities and should include: 1) Background/rationale; 2) Description of the innovative practice; 3) Impact of practice on patient care/institution; and 4) Conclusions
 - Not previously published or presented
 - Maximum word count: 350
- The following items must be uploaded by each award candidate in the abstract submission center by 1:00 PM Central Time on January 16, 2012.
 - Curriculum vitae (maximum 10 pages)
 - Detailed description of the practice (maximum 1500 words)
- Award Finalists are required to staff/man their poster on Sunday (4/29) from 6:30-8:00 p.m. and Monday (4/30) from 6:15-7:45 p.m.
- Award finalists are required to provide a 15 minute platform presentation during the afternoon of Monday, April 30, 2012. Platform presentations will be ACPE accredited requiring submission of a CV, completion of an ACPE form and submission of 2 self-assessment questions related to the content of your presentation. Poster chairs and CPNP staff will assist and guide in meeting ACPE requirements.

Judging Criteria for Award Finalists Status

- | | |
|--|---|
| • Title | • Originality of practice or case |
| • Background/review of literature | • Significance of practice or case |
| • Description of practice or Patient history | • Written description of practice or case |
| • Conclusions | |

Judging for Award Selection Completed On-Site at the Annual Meeting

- | | |
|---|------------------------------------|
| • Title* | • Answers to questions* |
| • Background/review of literature* | • Effective use of time* |
| • Description of practice or patient history* | • Originality of practice or case |
| • Conclusions* | • Significance of practice or case |
| • Presentation style* | • Poster quality |

*=from/during platform presentation

New Investigator Award

Award Details

- Winner will be announced at 9:00 a.m. prior to the Tuesday, May 1 keynote address.
- \$500 honorarium

Qualifications

- Less than five years since completion of training
- Must be 1st author on the abstract

Requirements

- Submission of abstract online
 - Original research not previously published or presented
 - May choose to present completed fellowship project, M.S. thesis, or Ph.D. dissertation if not previously presented
 - Maximum word count: 350
- The following items must be uploaded by each award candidate in the abstract submission center by 1:00 PM Central Time on January 16, 2012.
 - Curriculum vitae (maximum 10 pages)
 - 1 page letter stating research/career goals
- Award Finalists are required to staff/man their poster on Sunday (4/29) from 6:30-8:00 p.m. and Monday (4/30) from 6:15-7:45 p.m.

Judging Criteria for Award Finalists Status

- | | |
|--------------|---------------------------|
| • Title | • Conclusions |
| • Background | • Originality of project |
| • Objectives | • Significance of project |
| • Methods | • Curriculum vitae |
| • Results | • Research/career goals |

Judging for Award Selection Completed On-Site at the Annual Meeting

- | | |
|----------------|---------------------------|
| • Title* | • Aesthetic quality* |
| • Background* | • Presentation style* |
| • Objectives* | • Answers to questions* |
| • Methods* | • Originality of project |
| • Results* | • Significance of project |
| • Conclusions* | |

*=from/during poster presentation

Original Research Award

Award Details

- Winner will be announced at 9:00 a.m. prior to the Tuesday, May 1 keynote address.
- \$500 honorarium

Qualifications

- Must be 1st author on the abstract

Requirements

- Submission of abstract online
 - Investigator-initiated original research not previously published
 - Encore abstract submissions ineligible
 - Maximum word count: 350
- The following items must be uploaded by each award candidate in the abstract submission center by 1:00 PM Central Time on January 16, 2012.
 - Curriculum vitae (maximum 10 pages)
- Award Finalists are required to staff/man their poster on Sunday (4/29) from 6:30-8:00 p.m. and Monday (4/30) from 6:15-7:45 p.m.

Judging Criteria for Award Finalists Status

- | | |
|--------------|---------------------------|
| • Title | • Conclusions |
| • Background | • Originality of project |
| • Objectives | • Significance of project |
| • Methods | • Curriculum vitae |
| • Results | |

Judging for Award Selection Completed On-Site at the Annual Meeting

- | | |
|----------------|---------------------------|
| • Title* | • Aesthetic quality* |
| • Background* | • Presentation style* |
| • Objectives* | • Answers to questions* |
| • Methods* | • Originality of project |
| • Results* | • Significance of project |
| • Conclusions* | |

*=from/during poster presentation

Research Trainee Award

Award Details

- Winner will be announced at 9:00 a.m. prior to the Tuesday, May 1 keynote address.
- \$500 honorarium

Qualifications

- 1) The following individuals are eligible for award consideration:
 - a) Currently enrolled as a Pharm.D. student (P1-P4) **OR**
 - b) Currently a PGY1 or PGY2 pharmacy resident **OR**
 - c) Completion of a PGY1 or PGY2 pharmacy residency within the last 12 months **OR**
 - d) Currently enrolled in either a M.S or Ph.D. program or a post-doctoral fellowship program and has a primary pharmacy degree **OR**
 - e) Currently enrolled in a College of Pharmacy M.S. or Ph.D. program or a College of Pharmacy post-doctoral fellowship program without a primary pharmacy degree
- 2) Abstract Categories eligible for Award consideration
 - a) Work in Progress
 - b) Original Research
- 3) Must be 1st author on the abstract

Requirements

- Submission of abstract online
 - Original research not previously published or presented
 - Work in progress abstracts are allowed if interim data analysis and timetable for completion of study are included
 - Maximum word count: 350
- The following items must be uploaded by each award candidate in the abstract submission center by 1:00 PM Central Time on January 16, 2012.
 - Curriculum vitae (maximum 10 pages)
 - Letter of support, which must include explanation of exact roles of the student/resident in project
 - 1 page letter stating research/career goals
- Award Finalists are required to staff/man their poster on Sunday (4/29) from 6:30-8:00 p.m. and Monday (4/30) from 6:15-7:45 p.m.
- Award finalists are required to provide a 15 minute platform presentation during the afternoon of Monday, April 30. Platform presentations will be ACPE accredited requiring submission of a CV, completion of an ACPE form and submission of 2 self-assessment questions related to the content of your presentation. Poster chairs and CPNP staff will assist and guide in meeting ACPE requirements.

Judging Criteria for Award Finalists Status

- | | | |
|--------------|---------------------------|-------------------------|
| • Title | • Results | • Curriculum vitae |
| • Background | • Conclusions | • Letter of support |
| • Objectives | • Originality of project | • Research/career goals |
| • Methods | • Significance of project | • Roles in project |

Judging for Award Selection Completed On-Site at the Annual Meeting

- | | | | |
|---------------|-----------------------|---------------------------|------------------|
| • Title* | • Results* | • Answers to questions* | • Poster quality |
| • Background* | • Discussion* | • Effective use of time* | |
| • Objectives* | • Conclusions* | • Originality of project | |
| • Methods* | • Presentation style* | • Significance of project | |

*=from/during platform presentation

Therapeutic Case Report Award

Award Details

- Winner will be announced at 9:00 a.m. prior to the Tuesday, May 1 keynote address.
- \$500 honorarium

Qualifications

- Must be 1st author on the abstract

Requirements

- Submission of abstract online
 - Abstracts should describe a complete patient history including age, gender, time from first diagnosis, social background, and details of, and response to, previous and current treatments. Case format should include: 1) Background/review of literature; 2) Patient history; and 3) Conclusions
 - Not previously published or presented
 - Maximum word count: 350
- The following items must be uploaded by each award candidate in the abstract submission center by 1:00 PM Central Time on January 16, 2012.
 - Curriculum vitae (maximum 10 pages)
 - Detailed description of the case (maximum 1500 words)
- Award Finalists are required to staff/man their poster on Sunday (4/29) from 6:30-8:00 p.m. and Monday (4/30) from 6:15-7:45 p.m.
- Award finalists are required to provide a 15 minute platform presentation during the afternoon of Monday, April 30. Platform presentations will be ACPE accredited requiring submission of a CV, completion of an ACPE form and submission of 2 self-assessment questions related to the content of your presentation. Poster chairs and CPNP staff will assist and guide in meeting ACPE requirements.

Judging Criteria for Award Finalists Status

- | | |
|--|---|
| • Title | • Originality of practice or case |
| • Background/review of literature | • Significance of practice or case |
| • Description of practice or Patient history | • Written description of practice or case |
| • Conclusions | |

Judging for Award Selection Completed On-Site at the Annual Meeting

- | | |
|---|------------------------------------|
| • Title* | • Answers to questions* |
| • Background/review of literature* | • Effective use of time* |
| • Description of practice or patient history* | • Originality of practice or case |
| • Conclusions* | • Significance of practice or case |
| • Presentation style* | • Poster quality |

*= from/during platform presentation