Science meets practice
Towards evidence-based clinical pharmacy services
THANKS TO COLLABORATION ORGANISATIONS

SYMPOSIUM COMMITTEES

ESCP President
Olivier Bourdon (FR)

Symposium President
Ulrich Jaehde (DE)
Hanna Seidling (DE)

Scientific Committee
Ulrich Jaehde (DE), chair
Hanna Seidling (DE), chair
Thilo Bertsche (DE)
Siska Desplenter (BE)
Tobias Dreischulte (UK)
Yolande Hanssens (QA)
Torsten Hoppe-Tichy (DE)
Hannelore Kreckel (DE)
Martin Schulz (DE)

Organizing Committee
Hanna Seidling (DE), chair
Ulrich Jaehde (DE), chair
Erik Gerbrants (NL)
Anette Lampert (DE)
Markus Lampert (CH)
Edwin van Aalten (NL)

ESCP General Committee
Olivier Bourdon (FR), President
Fernando Fernandez-Llimos (PT), Vice-President
Markus Lampert (CH), Past-President
Tobias Dreischulte (UK), Secretary
Bart van den Bemt (NL), Treasurer
Anne Gerd Granås (NO)
Daniela Scala (IT)
Stephane Steurbaut (BE)
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invitation by the Presidents of ESCP and the Symposium</td>
<td>2</td>
</tr>
<tr>
<td>Generalities</td>
<td>3</td>
</tr>
<tr>
<td>Awards</td>
<td>4</td>
</tr>
<tr>
<td>Contribution from Participants</td>
<td>4</td>
</tr>
<tr>
<td>Special Events</td>
<td>6</td>
</tr>
<tr>
<td>Financial Support for Symposium Attendees</td>
<td>7</td>
</tr>
<tr>
<td>Industry Sponsorship and Exhibition Opportunities</td>
<td>8</td>
</tr>
<tr>
<td>Practical Information</td>
<td>9</td>
</tr>
<tr>
<td>Symposium Registration</td>
<td>12</td>
</tr>
<tr>
<td>Hotel Accommodation</td>
<td>14</td>
</tr>
<tr>
<td>Map of Heidelberg Centre</td>
<td>15</td>
</tr>
<tr>
<td>Parallel Pre-Conference Events</td>
<td>17</td>
</tr>
<tr>
<td>- Masterclass of Excellence in Pharmacy</td>
<td>18</td>
</tr>
<tr>
<td>- Joint Symposium with the EPSA</td>
<td>20</td>
</tr>
<tr>
<td>- Annual Symposium of the German Society of Clinical Pharmacy</td>
<td>21</td>
</tr>
<tr>
<td>Evening Opening Lecture of the ESCP Symposium</td>
<td>22</td>
</tr>
<tr>
<td>Scientific Programme, Monday 9 October 2017</td>
<td>23</td>
</tr>
<tr>
<td>Scientific Programme, Tuesday 10 October 2017</td>
<td>27</td>
</tr>
<tr>
<td>Programme at a Glance</td>
<td>28</td>
</tr>
<tr>
<td>Scientific Programme, Wednesday 11 October 2017</td>
<td>33</td>
</tr>
<tr>
<td>Workshops</td>
<td>35</td>
</tr>
</tbody>
</table>
Dear Colleagues

On behalf of the European Society of Clinical Pharmacy, we invite you to participate in the 46th ESCP Symposium on Clinical Pharmacy in Heidelberg, Germany on October 9th – 11th, 2017. After 18 years, Germany is proud of receiving ESCP in Heidelberg for a conference. The theme of the symposium is “Science meets practice - towards evidence-based clinical pharmacy services.” The programme aims at attracting both scientists and practitioners sharing the mission to develop clinical pharmacy and its role in health care. During the conference we will discuss and develop ideas and concepts how we can integrate evidence in our clinical pharmacy services, how we can generate evidence for clinical pharmacy services and how education and training can promote quality in clinical pharmacy practice. On the first day, we will ask how intuition and evidence shape our clinical pharmacy services and critically discuss how we can foster evidence-based clinical pharmacy services. Obviously we do not only need efficient tools but also practical approaches to apply them in daily practice. On the second day, we will learn how we can generate evidence for our services and which study types are needed to measure their efficacy and effectiveness. We will learn from examples how routine care services can be scientifically evaluated. On the last day, we will merge the previous results and learn which models exist to train both future and current pharmacists in both providing evidence-based clinical pharmacy services and assessing their benefits. Altogether, the conference will provide many opportunities for scientists and practitioners to meet and to learn from each other. And who knows – maybe Heidelberg will be the origin of new networks between “both species” in clinical pharmacy. We would be glad to meet you in Heidelberg. Let’s bring experience and evidence together for the benefit of our patients.
Generalities

Awards ........................................................................................................4
Contribution from Participants .................................................................4/5
Special Events ..........................................................................................6
Financial Support for Symposium Attendees ............................................7
Industry Sponsorship and Exhibition Opportunities ..............................8
Practical Information ...............................................................................9
Symposium Registration ........................................................................12
Accommodation .......................................................................................14
Map of Heidelberg Center .....................................................................15

Contemporary sculpture (1979) by Gernot Rumpf in reminiscence of the Heidelberg Monkey (17th century).
AWARDS

ESCP Poster Award and Oral Communication Award 2017
The ESCP will present an award for the best poster and the best oral communication presented during the Symposium. Everyone is invited to submit abstracts for consideration. The award winners will be announced during the Closing Ceremony on Wednesday.

Criteria for Award Winners
The jury will review the submitted abstracts according to the selection criteria for award winners. These criteria are applicable for both the ESCP Poster Award and Oral Communication Award. They are:

1. Originality and aim: valid innovative work is valued over more routine methods; new findings are valued over a confirmation of old findings, unless controversial. The aim of the work should be clear.

2. Design of a study or service: the study or service should be described in sufficient detail to allow understanding of its purpose and general structure; the objectives and methods should be clearly defined.

3. Results: results or accomplishments should be stated concisely and should relate to the original aim and objectives. Final results and accomplishments are rated more highly than interim reports.

4. Conclusions: conclusions should address the aim and objectives and should follow logically from the results; the utility of the data and their potential role in the management of patients should be emphasised.

5. Value to clinical pharmacy: a subject is of practical significance if it stimulates discussion among clinical pharmacists. The poster or oral communication can describe a novel approach or technique in practice or develop the role of the clinical pharmacist in the care of patients.

CONTRIBUTION FROM PARTICIPANTS

Contribution from Participants
All participants of the symposium are invited to make submissions for adjudication by the Scientific Committee of the symposium.

The deadline for submission of abstracts: 1 July 2017, midnight CET. The Committee will accept or reject the work on the basis of the structured abstract. All accepted submissions, except oral communications, will be presented in poster format. Acceptance or rejection will be sent to the authors on 25 August 2017. After acceptance, authors are entitled to register at the early-bird-fee until 13 September 2017.
How to Submit an Abstract
Abstracts may only be submitted electronically via www.escpweb.org. Carefully fill in the online form, providing all requested information. The deadline for submission: 1 July 2017, midnight CET. Abstracts submitted after the deadline will not be accepted.

Poster Presentation and Display
Posters related to different subjects within the scope of clinical pharmacy will be displayed at the symposium from 9 October, 10 am, to 11 October, 2 pm. Accepted submissions will be presented as posters. Selected submissions considered to have especially broad appeal may be assigned to a poster discussion forum or an oral communication. If an abstract has been accepted for presentation as an oral communication, authors are not required to present their work also as a poster. Authors will be asked to be present at their poster during the coffee breaks. The maximum size of the poster is 90 cm wide by 135 cm high. Adhesive material for poster presenters is provided by the organisers.

Pecha Kucha is a simple presentation format where you show 20 power-point images, each for 20 seconds. The images advance automatically and you talk along to the images. This leaves the presenter a total of 7 minutes to get the message across to the audience. The format, which keeps presentations concise and structured, should use less text and more images than usually seen in academic presentation. The idea is to really focus on the main messages from your research and present them in an engaging way. There will be very little time for discussions with questions and answer, however, in your Pecha Kucha presentation, you should engage the audience to get interested in your research. They will be able to come and talk to you in the poster exhibition area or catch up with you in the coffee breaks. The internet has numerous examples of how to make a Pecha Kucha presentation, here is a link to two examples:

https://www.youtube.com/watch?v=tZU40OnYv1A
https://www.youtube.com/watch?v=32WEzM3Lfhw

Oral Communications
Oral communications consist of 15-minutes presentations by the authors on the contents of their abstracts, including 5-minutes discussions with questions.
and answers. Authors are not required to present their work also as a poster.

**SPECIAL EVENTS**

**The First Attendance Meeting**  
Monday, 9 October 2017, 12:30 - 13:00  
For those participants who attend an ESCP symposium for the first time, a meeting will be organized where members of ESCP Committees and SIGs will be present to give the first attendance participants a better insight into the activities and structure of ESCP and the benefits of membership.

**The Steve Hudson Lecture**  
Monday, 9 October 2017, 11:45 - 12:30  
Professor Steve Hudson passed away on November 21\(^{st}\), 2010. Steve’s dedication to education and developing young minds was one of his greatest legacies. He introduced a clear vision on what he called Integrated Pharmaceutical Care, a philosophy of practice to the advancement of patient care in which the pharmacist, patient and physician collaborate in assessing patient needs, determining care issues and developing a care plan. By doing so Steve developed lifelong friendships throughout the world.

We believe that the greatest tribute our profession can pay to Steve is to continue to develop our hospital and community pharmacy practice to realize his vision. Therefore the General Committee has decided to install the Steve Hudson Lecture, as an integral part of ESCP’s annual meeting. For this lecture ESCP invites a speaker, who will be able to show his or her work in Pharmaceutical Care Practice, in particular to illustrate the achievements in pharmacy practice built on Steve’s vision.
Financial Support
ESCP would like to assist in the education of clinical pharmacists in developing countries. A way of doing this is to make the ESCP Symposia more accessible for pharmacists from these countries. ESCP therefore offers financial support consisting of free registration to the 46th ESCP European Symposium on Clinical Pharmacy. The pharmacist who requests financial assistance should live and work in a developing country. In Table 1 you will find a listing of countries not eligible, according to the World Bank list of economies December 2016.

An additional condition is that the applicant must be active in developing clinical pharmacy in his/her country. As this would be difficult to measure, ESCP requests that:

- The pharmacist has an abstract submitted and accepted for presentation at the symposium
- The pharmacist writes a short article on the symposium, which should be published in her/his national journal. A copy of this publication should be sent to the ESCP International Office

<table>
<thead>
<tr>
<th>Andorra</th>
<th>Croatia</th>
<th>Hungary</th>
<th>Nauru</th>
<th>Slovak Republic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>Curaçao</td>
<td>Iceland</td>
<td>Netherlands, The</td>
<td>Slovenia</td>
</tr>
<tr>
<td>Aruba</td>
<td>Cyprus</td>
<td>Ireland</td>
<td>New Caledonia</td>
<td>Spain</td>
</tr>
<tr>
<td>Austria</td>
<td>Czech Republic</td>
<td>Isle of Man</td>
<td>New Zealand</td>
<td>St. Kitts and Nevis</td>
</tr>
<tr>
<td>Austria</td>
<td>Denmark</td>
<td>Israel</td>
<td>Northern Mariana Islands</td>
<td>St. Martin (French part)</td>
</tr>
<tr>
<td>Bahamas, The</td>
<td>Estonia</td>
<td>Italy</td>
<td>Norway</td>
<td>Sweden</td>
</tr>
<tr>
<td>Bahrain</td>
<td>Faeroe Islands</td>
<td>Japan</td>
<td>Oman</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Barbados</td>
<td>Finland</td>
<td>Korea, Rep.</td>
<td>Poland</td>
<td>Taiwan, China</td>
</tr>
<tr>
<td>Belgium</td>
<td>France</td>
<td>Kuwait</td>
<td>Portugal</td>
<td>Trinidad and Tobago</td>
</tr>
<tr>
<td>Bermuda</td>
<td>French Polynesia</td>
<td>Latvia</td>
<td>Puerto Rico</td>
<td>Turks and Caicos Islands</td>
</tr>
<tr>
<td>British Virgin Islands</td>
<td>Germany</td>
<td>Liechtenstein</td>
<td>Qatar</td>
<td>United Arab Emirates</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>Gibraltar</td>
<td>Lithuania</td>
<td>San Marino</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Canada</td>
<td>Greece</td>
<td>Luxembourg</td>
<td>Saudi Arabia</td>
<td>United States</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>Greenland</td>
<td>Macao SAR, China</td>
<td>Seychelles</td>
<td>Uruguay</td>
</tr>
<tr>
<td>Channel Islands</td>
<td>Guam</td>
<td>Malta</td>
<td>Singapore</td>
<td>Virgin Islands (U.S.)</td>
</tr>
<tr>
<td>Chile</td>
<td>Hong Kong SAR, China</td>
<td>Monaco</td>
<td>Sint Maarten (Dutch part)</td>
<td></td>
</tr>
</tbody>
</table>

*Table 1: Countries not eligible, according to the World Bank list of economies December 2016*
The pharmacist is interviewed during the symposium and the interview will be edited for publication in the ESCP Newsletter.

In granting financial support, priority will be given to the following applicants:

- ESCP Members, taking into account the duration of their membership
- Applicants whose abstracts have been accepted for presentation as oral communication or in the poster discussion forum during the symposium
- Applicants with the most experience in clinical pharmacy, which will be determined by the quality of abstract(s) submitted and the applicants’ Curriculum Vitae
- Applicants who have not previously received financial support from ESCP.

Should you wish to benefit from such support and be able to meet the criteria described above, we invite you to send your financial support request and Curriculum Vitae by e-mail to the ESCP International Office at: international.office@escpweb.org. The deadline to submit financial support applications is 31 August 2017.

**INDUSTRY SPONSORSHIP & EXHIBITION OPPORTUNITIES**

The sponsorship opportunities offer something for every budget and marketing strategy to raise your company's profile with a combination of advertising, sponsorship and other promotional items. An exhibition will be organised in conjunction with the symposium. In addition, a wide range of additional promotional items ranging from inserts in delegates bags, to pens, adverts and more is also being offered.

The symposium also offers the opportunity for your company to be directly involved and increase visibility and impact by organising a satellite symposium. Time slots for satellite symposia are available at lunch time.

Demonstrate your commitment to the rational and appropriate use of medicines by exhibiting or becoming a sponsor at the ESCP Symposium on Clinical Pharmacy.

**Contact for Exhibitors and Sponsors**

To reserve your space and participation today or to know more about promotional opportunities, please contact:

Symposium Secretariat
CSi Hamburg GmbH
Goernestrasse 30
D-20249 Hamburg
Tel: +49 40 30770 300
escp-heidelberg@csihamburg.de
**PRACTICAL INFORMATION**

**CSi HAMBURG** has been selected by ESCP as the Official Symposium Organiser for the 2017 Symposium to process registrations and hotel reservations. All correspondence should be sent to the Symposium Secretariat at: escp-heidelberg@csihamburg.de, tel: + 49 40 30770 300

**Symposium Venue:**
Kongresshaus Stadthalle Heidelberg
Neckarstaden 24
D-69117 Heidelberg
http://www.heidelberg-kongresshaus.de/en.html

**Venue to the Pre-Conference Events & Sunday Evening Opening Lecture**
All Pre-Conferences as well as the Evening Lecture on Sunday will take place at the *Foyer of the University Hospital Heidelberg, Medizinische Klinik, Im Neuenheimer Feld 410, 69120 Heidelberg* (see map p.15)

**How to get to the Symposium Venue**

**From Frankfurt Airport**
(80 km north-of Heidelberg)
**By taxi:** A taxi will take around 60 minutes at a cost of around 110 Euros.
**Airport shuttle:** The easiest way to get to your hotel or the congress hall from Frankfurt International Airport is to take the Lufthansa shuttle service ([https://www.lufthansa.com/de/en/Lufthansa-Express-Shuttle](https://www.lufthansa.com/de/en/Lufthansa-Express-Shuttle)) to Heidelberg. This bus departs every hour from Terminal 1, Arrival Area Exit B3, operating from 8:00 a.m. until 11:00 p.m. The trip takes about 75 minutes.

**By train:** Trains are leaving from Frankfurt Airport “Fernbahnhof” about every 30 minutes. The train takes about 60 minutes at a cost of around 25 Euros. As there is no direct connection you need to change trains in Mannheim. For more information and timetables please visit: [www.bahn.com](http://www.bahn.com) and type in from: “Frankfurt(M) Flughafen Fernbf” to “Heidelberg Hbf”.

**From Stuttgart Airport**
(125 km south-east of Heidelberg)
**By train:** Trains are leaving from Stuttgart Airport about every 30 minutes. The train takes about 1.5 to 2 hours at a cost of around 30 Euros. As there is no direct connection you need to change trains at Stuttgart main station (“Stuttgart Hbf”). For more information and timetables please visit: [www.bahn.com](http://www.bahn.com)
“Stuttgart Flughafen/Messe” to “Heidelberg Hbf”.

How to get to Heidelberg by car
From the north and west:
Follow the A5 Frankfurt / Basel motorway heading south.
At the A5/A656 Kreuz Heidelberg interchange, take the exit onto A656 towards Heidelberg.
Continue on A656 towards Heidelberg, and keep going straight on A656 until you reach the Heidelberg city signs.

From the south:
Follow the A5 Basel / Frankfurt motorway heading north.
At the A5/A656 Kreuz Heidelberg interchange, take the exit onto A656 towards Heidelberg.
Continue on A656 towards Heidelberg, and keep going straight on A656 until you reach the Heidelberg city signs.

From the east:
Take the A5 motorway in direction of Basel-Frankfurt/Frankfurt-Basel.
At the Heidelberger Kreuz exit, merge onto the A656 motorway in the direction of Heidelberg. Continue until you reach Heidelberg.

Official Symposium Language
The official language of the Symposium will be English. No simultaneous translation will be available.

Personal Invitation/Travel Documents
Participants requiring visa are strongly advised to make their application in their home country at least two months before the intended date of travel.
An invitation letter can be requested during registration to the Symposium and will be provided to duly registered participants. It is understood that such an invitation is intended to help potential delegates raising funds. The letter of invitation is not a commitment on the part of the Symposium to provide any financial support.

About Heidelberg
Heidelberg is Germany’s oldest and most famous university town, with over 150,000 inhabitants renowned for its baroque “Altstadt”, spirited student atmosphere, beautiful riverside setting and evocative half-ruined hilltop castle, which draws 11.8 million visitors a year. They follow in the footsteps of the late 18th- and early 19th-century romantics, most notably the poet Goethe. Britain’s
William Turner also loved Heidelberg, which inspired him to paint some of his greatest landscapes. Heidelberg's rich literary history saw it named a Unesco City of Literature in 2014.

If you need a timeout from the congress, visit cultural institutions such as

http://www.museum-heidelberg.de/pb/Len/896835.html
http://www.theaterheidelberg.de/sparten/konzert/
http://www.uni-heidelberg.de/institutions/museums/universitymuseum.html

Location, geography and climate
Heidelberg is surrounded by forest and located 93km south of Frankfurt.

In 2015 Heidelberg was decorated by the “Global City Award” as a “Global Green City” from the Head Charter of the United Nations in New York.

Heidelberg's climate is classified as warm and temperate. Beginning of October we typically expect temperatures between 9 and 18°C.

To find out more about Heidelberg, please check out some of the following websites:

Tourist information on Heidelberg
www.heidelberg-marketing.de/en

or information about Germany
www.deutschland.de/en

Conference Networking Dinner
The Conference Networking Dinner is not part of the official Symposium Programme, and is not included in the registration fee. It needs separate registration.

The Symposium Dinner will take place at the restaurant of the NH Collection Hotel Heidelberg on Tuesday evening, 10 October 2017 at 8 p.m.

Symposium dinner tickets (55 €) can be booked through the registration website, and during the Symposium at the registration desk, for as far as there are still tickets left.

Note that the number of places is limited. Tickets will be sold on a first come, first served basis.

Travel Insurance
It is recommended that participants obtain adequate cover for travel, health and accident insurance before they depart from their countries. ESCP and the other organizers cannot accept responsibility for personal injuries, or loss of, or damage to, private property belonging to the Symposium participants and accompanying persons.
To register for the Symposium please complete the online form at www.csioffice.de/secure/conreg_escp2017/registration/. For further information please contact CSi Hamburg at escp-heidelberg@csihamburg.de.

Information about the Masterclass and the EPSA Symposium: see below at the programme for Sunday, October 8.

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Fee ** (until 31 July 2017)</th>
<th>Normal Fee (1 Aug to 1 Oct)</th>
<th>Late Fee (as of 1 Oct and on-site)</th>
<th>Day Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESCP Member</td>
<td>530 €</td>
<td>650 €</td>
<td>770 €</td>
<td>325 €</td>
</tr>
<tr>
<td>Non-member</td>
<td>650 €</td>
<td>770 €</td>
<td>890 €</td>
<td>385 €</td>
</tr>
<tr>
<td>Student *</td>
<td>270 €</td>
<td>320 €</td>
<td>370 €</td>
<td>160 €</td>
</tr>
<tr>
<td>Accompanying Person</td>
<td>220 €</td>
<td>250 €</td>
<td>280 €</td>
<td></td>
</tr>
<tr>
<td>Symposium dinner</td>
<td>55 €</td>
<td>55 €</td>
<td>55 €</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Registration, Accommodation & Dinner: All prices including credit-card fee

* Student fee is available only to those under-graduate students who do not yet have their pharmacy degree and are under 35 years of age. Students will be requested to submit a copy of their Student-ID before registration can be finalized.

** Presenters of accepted abstracts will have the possibility to register at the early registration fee until 13 September 2017.

Participant’s registration fee includes
- Admission to the scientific sessions from Monday, 9 October to Wednesday, 11 October 2017, unless otherwise stated
- Evening lecture on Sunday, 8 October 2017
- Symposium documents, including badge and congress bag
- Final program and abstract book
- Access to the commercial exhibition and posters
- Lunches and Coffee breaks

Accompanying person’s fee includes
- Evening lecture on Sunday, 8 October 2017
- Lunches and Coffee breaks
- Accompanying persons are not allowed access to the exhibition area
- For detailed registration terms and conditions visit http://www.escpweb.org/content/46th-escp-symposium-clinical-pharmacy-heidelberg

Group Registrations
Groups with more than 10 participants could benefit from a discount on the non-mem-
ber registration fee. Please contact CSi Hamburg for those special conditions: escp-heidelberg@csihamburg.de.

Special Student Package
For 100 students a Special Student Package for 190 € is offered on a first-come, first-served basis. It includes the attendance of the ESCP Symposium and the Joint EPSA Symposium as well as a one-year ESCP Student Membership. Please find more information at the website.

Continuing Education Credits
Pharmacists from Belgium, Croatia, Czech Republic, Finland, France, Germany, Italy, The Netherlands, Norway, Portugal, Switzerland, and the United Kingdom can obtain continuing education credits for attending ESCP courses and symposia. For more information, please contact the ESCP International Office or visit the ESCP stand during the symposium.

Confirmation
A letter of receipt will be sent to those who have completed the online registration form and settled their payment. Participants paying by bank transfer receive a confirmation with paying details first. After receiving this confirmation, registration fees have to be paid within 14 days, otherwise the registration will be cancelled.

Contact / Registration Cancellation / Modification terms and Conditions
Full payment is requested when registering (by credit card or by bank transfer). A confirmation e-mail will be sent after successful registration. Please check that you received this e-mail after you registered. All cancellations and changes to your original registration must be sent to CSi Hamburg per e-mail: escp-heidelberg@csihamburg.de
Notification of cancellation must be submitted in writing to CSi Hamburg: escp-heidelberg@csihamburg.de
In case of cancellation up to 12 weeks before the beginning of the conference (17 July 2017), we are allowed to charge 25% of the registration fee; up to 06 weeks before the start of the conference (28 August 2017), we shall refund 50% of the registration fee each plus 25 € incl. VAT service charge. A cancellation received after 28 August 2017 is not refundable. All refunds will be settled 6 weeks after the event. Substitutes will be accepted at any time. All changes or cancellations must be submitted to CSi Hamburg GmbH in writing.
* In case of a debit-decline, we are allowed to charge the bank handling fee of 25 € incl. VAT.
Please note, according to §4, para. 22, German Turnover-Tax Law registration fees are exempt from VAT. Participation fee: charged and collected on behalf of the ESCP (European Society of
Clinical Pharmacy). From 1 September 2017, you will be charged for the complete reservation to the credit card on file, through CSi Hamburg GmbH or the selected hotel. If you do not show up at the hotel – No Show, you will be charged for the complete reservation. No-Shows will not be refunded.

**HOTEL ACCOMMODATION**

**Hotel booking: General information**
The Kongresshaus Stadthalle Heidelberg / Heidelberg Convention Centre is the ESCP Symposium headquarter. For your convenience there are room blocks in the different / varying hotels of guest rooms available for ESCP 2017 attendees. Rates are in Euros (€) per room, per night, including breakfast, VAT and taxes. These special rates are available only if booking is made through CSi Hamburg GmbH.

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Category</th>
<th>Single Room Price per night</th>
<th>Double/Twin room Price per night</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Exzellenz Hotel Heidelberg</td>
<td>3***</td>
<td>105,00 / 115,00 €</td>
<td>135,00 €</td>
</tr>
<tr>
<td>2 sevenDays Hotel</td>
<td>3***</td>
<td>99,00 €</td>
<td>109,00 €</td>
</tr>
<tr>
<td>3 Hotel Villa Marstall GmbH</td>
<td>3***</td>
<td>135,00 €</td>
<td>145,00 €</td>
</tr>
<tr>
<td>4 Bergheim 41</td>
<td>4****</td>
<td>136,40 €</td>
<td>174,90 €</td>
</tr>
<tr>
<td>5 NH Hirschberg Heidelberg</td>
<td>4****</td>
<td>99,00 €</td>
<td>-</td>
</tr>
<tr>
<td>6 = NH Heidelberg City</td>
<td>4****</td>
<td>165,00 €</td>
<td>184,90 €</td>
</tr>
<tr>
<td>7 Leonardo Heidelberg City Center</td>
<td>4****</td>
<td>159,00 €</td>
<td>-</td>
</tr>
<tr>
<td>8 Leonardo Hotel Heidelberg</td>
<td>4****</td>
<td>139,00 €</td>
<td>151,00 €</td>
</tr>
<tr>
<td>9 Hotel Chester Heidelberg</td>
<td>4****</td>
<td>159,00 €</td>
<td>-</td>
</tr>
<tr>
<td>10 Qube Heidelberg</td>
<td>4****</td>
<td>170,00 / 180,00 €</td>
<td>190,00 €</td>
</tr>
</tbody>
</table>

*Table 3: Hotel Rooms and prizes in Heidelberg*
Heidelberg map with event locations and hotels

1. Congress location at the Kongresshaus Stadthalle Heidelberg
2. Schloss Heidelberg
3. Conference Networking Dinner at NH Hotel Heidelberg City
4. University Hospital Heidelberg, Medizinische Klinik, Im Neuenheimer Feld 410

Generalities
Front view of the Heidelberg Ion Beam Therapy Center HIT (2007) by Nickl und Partner Architects, Munich
Pre-Conference Events
Sunday, 8 October 2017

All Pre-Conference events take place in cooperation with the Department of Clinical Pharmacology and Pharmacoepidemiology / Cooperation Unit Clinical Pharmacy at the University Hospital of Heidelberg

Masterclass of Excellence in Pharmacy 9:00 – 16:30
by ESCP Research Committee

Joint Symposium with the EPSA 14:00 – 17:00
(European Pharmaceutical Students’ Association)

Annual Symposium of the German Society of Clinical Pharmacy 9:00 – 17:00
(in German)
### MASTERCLASS OF EXCELLENCE IN PHARMACY

**Design and Implementation of Pharmacist-led Randomized Clinical Trials**
*Tutors: Marcel Bovy, The Netherlands, Martin Schulz, Germany, Ross T. Tsuyuki, Canada*

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00–09:45</td>
<td>Why we need RCTs – Levels of evidence and contemporary examples of successful RCTs</td>
</tr>
<tr>
<td>09:45–10:15</td>
<td>No alternative!? – Research questions where per patient RCTs are NOT first choice (e.g. cluster-randomized, before/after, carry/cross-over studies)</td>
</tr>
<tr>
<td>10:15–11:00</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>Designing a RCT – trials and tribulations in outcomes research</td>
</tr>
<tr>
<td>12:00–13:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:00–14:30</td>
<td>Group work:</td>
</tr>
<tr>
<td></td>
<td>‣ Group work A: Implementation and sustainability of RCTs – share your experiences including barriers, and facilitators or</td>
</tr>
<tr>
<td></td>
<td>‣ Group work B: Case studies/research questions: Design your own RCT.</td>
</tr>
<tr>
<td>14:30–15:00</td>
<td>Practical issues, e.g., recruitment, random allocation, motivation, monitoring, data gathering, blinded evaluation, role of committees and charters …</td>
</tr>
<tr>
<td>15:00–16:00</td>
<td>My next study will be a RCT – presentations by the different groups and plenary discussion</td>
</tr>
<tr>
<td>16:00–16:30</td>
<td>Evaluation, final comments, and farewell: <strong>Good luck with your next RCT!</strong></td>
</tr>
</tbody>
</table>
PARALLEL PRE-CONFERENCE EVENTS (continued)

About the tutors

**Marcel Bouvy** Professor of Pharmaceutical Care and Research Manager at the SIR Institute for Pharmacy Practice and Policy in Leiden, in cooperation with Utrecht University, The Netherlands.

**Martin Schulz**, Adjunct Professor at Goethe-University Frankfurt and Lecturer at the Department of Clinical Pharmacy, Freie Universitaet Berlin, Germany. He is the Director of the Department of Medicine at ABDA and Chairman of the Drug Commission of German Pharmacists.

**Ross T. Tsuyuki**, Professor of Medicine (Cardiology) and Director of the Epidemiology Coordinating and Research (EPICORE) Centre (a health research coordinating centre), Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Canada.

**Venue** All Pre-Conferences as well as the Evening Lecture on Sunday will take place at the *Foyer of the University Hospital Heidelberg, Medizinische Klinik Im Neuenheimer Feld 410, 69120 Heidelberg* (see map p.15)

**Registration** [www.csioffice.de/secure/conreg_escp2017/registration/](http://www.csioffice.de/secure/conreg_escp2017/registration/)

**Maximum** 30 participants

**Separate registration/registration fees**

*Additional fee for registration if also registered with ESCP Symposium*

Additional fee for registration with ESCP Symposium, ESCP member 120 €

Additional fee for registration with ESCP Symposium, ESCP non-member 150 €

Masterclass only, ESCP member 160 €

Masterclass only, ESCP non-member 200 €
PARALLEL PRE-CONFERENCE EVENTS

JOINT SYMPOSIUM WITH EPSA

Medication Reviews: A Core Competence for Future Pharmacists?

Chairs: Ulrich Jaehde, Germany; Dorothea Dalig, Germany

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00–14:15</td>
<td>Introduction</td>
</tr>
<tr>
<td>14:15–15:00</td>
<td><strong>Plenary Lecture</strong></td>
</tr>
<tr>
<td></td>
<td>Medication reviews: why are they needed?</td>
</tr>
<tr>
<td></td>
<td><em>Markus Messerli, Switzerland</em></td>
</tr>
<tr>
<td>15:00–16:30</td>
<td><strong>Parallel workshops with patient cases</strong></td>
</tr>
<tr>
<td></td>
<td>How to conduct a medication review</td>
</tr>
<tr>
<td></td>
<td>Workshop 1: Community setting</td>
</tr>
<tr>
<td></td>
<td><em>Katharina Richling, Germany</em></td>
</tr>
<tr>
<td></td>
<td><em>Olaf Roese, Germany</em></td>
</tr>
<tr>
<td></td>
<td>Workshop 2: Hospital setting</td>
</tr>
<tr>
<td></td>
<td><em>Martina Lukasova, Germany</em></td>
</tr>
<tr>
<td>16:30–17:00</td>
<td>Selected case presentations and closing remarks</td>
</tr>
<tr>
<td>17:00</td>
<td>Coffeebreak and networking</td>
</tr>
</tbody>
</table>

**Venue** The Symposium will take place at the Foyer of the University Hospital Heidelberg, Medizinische Klinik, Im Neuenheimer Feld 410, 69120 Heidelberg (p. 15)

**Maximum** 100 participants

**Separate registration/registration fees**

- EPSA Symposium only: 30 €
- Fee for registration with ESCP Symposium, student*: 10 €
- Fee for ESCP Symposium combined with EPSA Symposium, student*: 190 €
  (including one year student-membership for ESCP 2018).

*Student fee is available only to those under-graduate students who do not yet have their pharmacy degree and are under 35 years of age. Students will be requested to submit a copy of their Student-ID before registration can be finalized.

For students who would like to book at the Heidelberg youth hostel: [http://www.hostelbookers.com/hostels/germany/heidelberg/243355/](http://www.hostelbookers.com/hostels/germany/heidelberg/243355/)
PARALLEL PRE-CONFERENCE EVENTS (continued)

ANNUAL SYMPOSIUM OF THE GERMAN SOCIETY OF CLINICAL PHARMACY
(in German)

THEMA: Arzneimitteltherapie an Schnittstellen  9:00–17:00

Alle deutschsprachigen Teilnehmerinnen und Teilnehmer sind herzlich eingeladen, auch an der Jahrestagung der Deutschen Gesellschaft für Klinische Pharmazie (DGKPha) teilzunehmen, die 2017 ihr 25-jähriges Bestehen feiert. In den Vorträgen und Workshops werden verschiedene Aspekte der Arzneimitteltherapie an Schnittstellen (Seamless Care) vorgestellt und erarbeitet.

Veranstaltungsort  Die Jahrestagung der Deutschen Gesellschaft für Klinische Pharmazie (DGKPha) findet im Foyer der Medizinischen Universitätsklinik, Im Neuenheimer Feld 410, 69120 Heidelberg (Karte S.15)

Registrierung  Für die Jahrestagung der DGKPha ist eine separate Anmeldung erforderlich.

Weitere Informationen finden Sie unter www.dgkpha.de.
Symposium Evening Opening Lecture

Foyer of the University Hospital Heidelberg, Medizinische Klinik, Im Neuenheimer Feld 410, 69120 Heidelberg (map p.15), Sunday 8 October at 18:00 – 18:45

Speaker: Katarzyna Wac, Switzerland

GET-TOGETHER OF ESCP & EPSA SYMPOSIUM PARTICIPANTS 19:00 – 20:00
Scientific Programme
Monday, 9 October 2017

View of an Officina at the German Pharmacy Museum in the Heidelberg Castle
<table>
<thead>
<tr>
<th>Time</th>
<th>Morning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00–09:45</td>
<td><strong>Opening Ceremony</strong>&lt;br&gt;ESCP President <em>Olivier Bourdon</em>, France&lt;br&gt;Symposium Presidents <em>Ulrich Jaehde &amp; Hanna Seidling</em>, Germany</td>
</tr>
<tr>
<td>09:45–10:30</td>
<td><strong>Lecture 1.1</strong>&lt;br&gt;<em>Scientists and practitioners – two species, same mission?</em>&lt;br&gt;‣ What are the perspectives and incentives of scientists and practitioners?&lt;br&gt;‣ What is the common basis of scientists and practitioners?&lt;br&gt;<em>Kurt Hersberger</em>, Switzerland</td>
</tr>
<tr>
<td>10:30–11:00</td>
<td><strong>Coffee Break– Poster Viewing – Exhibition</strong></td>
</tr>
<tr>
<td>11:00–11:45</td>
<td><strong>Lecture 1.2</strong>&lt;br&gt;<em>Evidence versus experience in clinical pharmacy practice</em>&lt;br&gt;‣ What is the basis for decisions in routine care?&lt;br&gt;‣ What are typical barriers in routine to utilize evidence?&lt;br&gt;‣ How can these barriers be overcome?&lt;br&gt;<em>Aude Desnoyer</em>, France</td>
</tr>
<tr>
<td>11:45–12:30</td>
<td><strong>Steve Hudson Memorial Lecture.</strong>&lt;br&gt;<em>Han de Gier</em>, The Netherlands</td>
</tr>
<tr>
<td>12:00–14:00</td>
<td><strong>Lunch / Postviewing / Exhibition</strong></td>
</tr>
<tr>
<td>12:30–13:00</td>
<td><strong>First Attendance Meeting</strong></td>
</tr>
<tr>
<td>12:30–13:30</td>
<td><strong>Sponsored lecture by Amgen</strong>&lt;br&gt;<em>Current strategies in lipid therapy 2017</em></td>
</tr>
<tr>
<td>Time</td>
<td>Afternoon Programme</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>13:30–15:30</td>
<td><strong>Workshops</strong> (summaries on page 35–56)</td>
</tr>
<tr>
<td>13:30–14:00</td>
<td><strong>SIG Presentations</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Afternoon Plenary Session</strong></td>
</tr>
<tr>
<td>14:00–14:30</td>
<td><strong>Lecture 1.3</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>14:30–15:00</td>
<td><strong>Lecture 1.4</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15:00–15:30</td>
<td><strong>Lecture 1.5</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15:30–16:00</td>
<td><strong>Coffee Break– Poster Viewing – Exhibition</strong></td>
</tr>
<tr>
<td>16:00–18:00</td>
<td><strong>Workshops</strong> (summaries on page 31–52)</td>
</tr>
<tr>
<td></td>
<td><strong>Oral Communications I</strong>: Chair: Olivier Bourdon</td>
</tr>
<tr>
<td></td>
<td><strong>Poster Discussion Forum I</strong>: Chair: Stephane Steurbaut</td>
</tr>
</tbody>
</table>
Scientific Programme
Tuesday, 10 October 2017

View of Heidelberg and the river Neckar (copperplate by Matthäus Merian (1593–1650))
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday, 9 October</th>
<th>Theme for the day: Utilizing evidence in clinical pharmacy services</th>
<th>Tuesday, 10 October</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Opening Ceremony</td>
<td>ESCP President: Olivier Bourdon, F</td>
<td>L 2.1: Advanced clinical pharmacy services</td>
</tr>
<tr>
<td>09:30</td>
<td>&quot;Design and Implementation of Pharmacist-led Randomized Clinical Trials.&quot; Marcel Bouvy, NL Martin Schulz, DE Ross Tsuyuki, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:45</td>
<td>L 1.1 Scientists and practitioners - two species, same mission? Kurt Hersberger, CH</td>
<td>L 2.2: What is the evidence for clinical pharmacy services in inpatient care? Ulrika Gillespie, SE</td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>Coffee Break – Poster Viewing – Exhibition</td>
<td>L 2.3: Research: Increasing value, reducing waste. Gerd Antes, DE</td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td>L 1.2: Evidence versus experience in clinical pharmacy practice. Aude Desnoyer, FR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>First Attendance Meeting</td>
<td>Sponsored lecture by Amgen: &quot;Current strategies in lipid therapy 2017&quot;</td>
<td>Round Table discussion of dissemination of clinical pharmacy services</td>
</tr>
<tr>
<td>11:45</td>
<td>Steve Hudson Memorial Lecture Han de Gier, NL</td>
<td>Sponsored Lecture by Novartis: Caring for the heart failure Katja Taxis, NL</td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch – Poster Viewing – Exhibition</td>
<td>Pharmacotherapy Update Yolande Hanssens, QA</td>
<td>Lecture 2.4: Complexity in clinical pharmacy practice - consequences for research and evaluation. Dorthe Vilstrup Tomsen, DK</td>
</tr>
<tr>
<td>12:30</td>
<td>SIG Presentations</td>
<td>Workshops (p.35–56)</td>
<td>Lecture 2.5: How to select the right study type: a tale of sequences for research and evaluation. Marcel Bouvy, NL</td>
</tr>
<tr>
<td>13:00</td>
<td>- Paediatrics, Panos Papandreou, GR  - Pharmacoeconomics, Barbara Claus, BE</td>
<td>Workshops (p.35–56)</td>
<td>Coffee Break – Poster Viewing</td>
</tr>
<tr>
<td>14:00</td>
<td>L 1.4: Implementation of medication reviews in different settings. Olaf Rose, Rebekka Lenssen, DE</td>
<td>Workshops (p.35–56)</td>
<td>ESCP General Assembly</td>
</tr>
<tr>
<td>14:30</td>
<td>L 1.5: Implementation of the STOPP/START criteria in different settings. Cristin Ryan, IR</td>
<td>Workshops (p.35–56)</td>
<td></td>
</tr>
<tr>
<td>15:00</td>
<td>Coffee Break – Poster Viewing – Exhibition</td>
<td>Workshops (p.35–56)</td>
<td></td>
</tr>
<tr>
<td>15:30</td>
<td>Oral Communications I</td>
<td>Workshops (p.35–56)</td>
<td></td>
</tr>
<tr>
<td>16:00</td>
<td>Oral Communications II</td>
<td>Workshops (p.35–56)</td>
<td></td>
</tr>
<tr>
<td>17:00</td>
<td>Evening Lecture: mHealth in patient care: hype or hope? Katarzyna Wac, CH</td>
<td>Workshops (p.35–56)</td>
<td></td>
</tr>
<tr>
<td>17:30</td>
<td>Get-together of ESCP &amp; EPSA</td>
<td>Workshops (p.35–56)</td>
<td></td>
</tr>
</tbody>
</table>
### AT A GLANCE

<table>
<thead>
<tr>
<th>Tuesday, 10 October</th>
<th>Wednesday, 11 October</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme for the day:</strong> Evidence for clinical pharmacy services</td>
<td><strong>Theme for the day:</strong> Assuring quality in clinical pharmacy services</td>
<td><strong>Time</strong></td>
<td><strong>Time</strong></td>
</tr>
<tr>
<td>Practice in primary care</td>
<td>L 3.1: How to teach patient-oriented pharmacy</td>
<td>09:00</td>
<td><strong>Lecture by Novartis:</strong> Caring for the heart failure multidisciplinary challenge evidence and management, Ulrich Laufs, DE</td>
</tr>
<tr>
<td>Lecture 1.1: What evidence is needed for dissemination of clinical pharmacy services? Martin Schulz, DE</td>
<td>L 3.2: Simulation training to enhance learning outcome Veerle Foulon, BE</td>
<td>09:30</td>
<td>Lunch – Poster Viewing – Exhibition</td>
</tr>
<tr>
<td>Poster Discussion Forum I</td>
<td>L 3.3: The role of continuing education to assure quality of care Branislava Miljkovic, Serbia</td>
<td>09:45</td>
<td></td>
</tr>
<tr>
<td>Research Grant Interim Report Vibhu Paudyal, UK</td>
<td>L 3.4: Quality indicators for clinical pharmacy services Dorthe Vilstrep Tomsen, DK</td>
<td>11:00</td>
<td></td>
</tr>
<tr>
<td>Coffee Break – Poster Viewing – Exhibition</td>
<td></td>
<td>11:15</td>
<td></td>
</tr>
<tr>
<td><strong>Workshops (p.35–56)</strong> WS04 WS05 WS07 WS12 WS13 WS17 WS18 WS19</td>
<td><strong>Oral Communications III</strong></td>
<td>11:45</td>
<td></td>
</tr>
<tr>
<td>Oral Communications III</td>
<td><strong>Poster Discussion Forum III</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WS02 WS05 WS07 WS09 WS10 WS13 WS18</td>
<td>Workshops (p.35–56)</td>
<td>12:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>15:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>15:30</td>
<td></td>
</tr>
<tr>
<td><strong>Poster Discussion Forum II</strong></td>
<td><strong>Awards &amp; Closing Ceremony</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshops (p.35–56) WS01 WS06 WS08 WS11 WS12 WS15 WS16</td>
<td></td>
<td>16:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>16:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>17:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>17:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20:00</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Morning Programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:00–09:45</td>
<td><strong>Lecture 2.1: Advanced clinical practice in primary care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ What is the current state of evidence for an advanced clinical practice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Achieving robust evidence for new clinical pharmacy services - how to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Ross Tsuyuki,</em> Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:45–10:30</td>
<td><strong>Lecture 2.2: What is the evidence for clinical pharmacy services in inpatient care?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ What is the current state of evidence for clinical pharmacy services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ How to improve evidence for clinical pharmacy services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Ulrika Gillespie,</em> Sweden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30–11:00</td>
<td><strong>Coffee Break– Poster Viewing – Exhibition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00–11:45</td>
<td><strong>Lecture 2.3: Research: Increasing value, reducing waste</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Focus on clinical pharmacy research</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Gerd Antes,</em> Germany</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:45–12:30</td>
<td><strong>Round Table discussion: What evidence is needed for dissemination of clinical pharmacy services?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ What are reasons for policy makers to foster clinical pharmacy services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ How can scientists and practitioners influence policies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Moderator: Martin Schulz,</em> Germany</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00–14:00</td>
<td><strong>Lunch / Poster Viewing / Exhibition / EPSA–ESCP Meet &amp; Greet</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30–13:30</td>
<td><strong>Sponsored Lecture by Novartis: Caring for the heart failure patient - A multidisciplinary challenge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>LN 1:</strong> Current evidence and management, <em>Ulrich Laufs,</em> Germany</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>LN 2:</strong> The clinical pharmacist's view, <em>Martin Schulz,</em> Germany</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### GENERATING EVIDENCE FOR CLINICAL PHARMACY SERVICES

<table>
<thead>
<tr>
<th>Time</th>
<th>Afternoon Programme</th>
<th>Parallel Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30–15:30</td>
<td><strong>Workshops</strong> <em>(summaries on page 35–56)</em></td>
<td></td>
</tr>
</tbody>
</table>
| 14:00–14:30     | **Pharmacotherapy Update**  
Yolande Hanssens, Qatar |
| 14:30–15:00     | **Lecture 2.4: Complexity in clinical pharmacy practice - consequences for research and evaluation**  
› Design, opportunities and pitfalls of complex intervention studies  
Katja Taxis, The Netherlands |
| 15:00–15:30     | **Lecture 2.5: How to select the right study type: a tale of failures?**  
› Which study types are appropriate to assess clinical pharmacy services  
› What are advantages and disadvantages of these study types (case examples)  
› Tipps and tricks in running trials  
Marcel Bouvy, The Netherlands |
| 15:30–16:00     | **Coffee Break – Poster Viewing – Exhibition** |
| 16:00–18:00     | **Workshops** *(summaries on page 35–56)*  
**Oral Communications II:** Chair: Markus Lampert  
**Poster Discussion Forum II:** Chair: Bart van den Bemt |
| 17:45–19:45     | **ESCP General Assembly** |
Scientific Programme
Wednesday, 11 October 2017

Studentenkarzer Heidelberg
(Student prison around 1780)
### ASSURING QUALITY IN CLINICAL PHARMACY SERVICES

<table>
<thead>
<tr>
<th>Time</th>
<th>Day Programme</th>
</tr>
</thead>
</table>
| 09:00–09:45   | **Lecture 3.1: How to teach patient-oriented pharmacy**  
‣ Learning methods to build up competence  
‣ Networks between university and practice  
_Lilian Azzopardi, Malta_                                                                 |
| 09:45–10:30   | **Lecture 3.2: Simulation training to enhance learning outcome**  
‣ How to integrate simulations in education and training  
‣ Case studies  
_Veerle Foulon, Belgium_                                                                 |
| 10:30–11:00   | **Coffee Break– Poster Viewing – Exhibition**                                                                                                           |
| 11:00–11:45   | **Lecture 3.3: The role of continuing education to assure quality of care**  
‣ How to motivate clinical pharmacists for life-long learning  
‣ Impact of continuing education to assure the quality of clinical pharmacy  
_Branislava Miljkovic, Serbia_                                                                 |
| 11:45–12:30   | **Lecture 3.4: Quality indicators for clinical pharmacy services**  
‣ How to define meaningful quality indicators  
‣ How to utilize quality indicators in clinical pharmacy  
_Dorthe Vilstrup Tomsen, Denmark_                                                                 |
| 12:00–14:00   | **Lunch / Poster Viewing / Exhibition**                                                                                                                                               |
| 12:00–14:00   | **Sponsored Lecture**                                                                                                                                                                      |
| 13:00–13:30   | **Research Grant Interim Report**  
_Vibhu Paudyal, United Kingdom_                                                                                                           |
| 13:30–15:30   | **Workshops (summaries on page 35–56)**  
**Oral Communications III: Chair: Fernando Fernandez-Llimos**  
**Poster Discussion Forum III: Chair: Derek Stewart**  
_15:30–16:00 **Coffee Break**  
_16:00–17:00 **Awards & Closing Ceremony**_
Workshops

Workshop lasts for 2 hours for up to 30 participants. Participants sign up at the ESCP conference desk.
### WORKSHOP SCHEDULE

#### MONDAY, 9 OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshop</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30–15:30</td>
<td>WS01</td>
<td>Getting conference abstracts accepted</td>
</tr>
<tr>
<td></td>
<td>WS02</td>
<td>Successful Scientific Writing Original research papers</td>
</tr>
<tr>
<td></td>
<td>WS08</td>
<td>Adequate Pharmaceutical Care for patients on anticoagulation</td>
</tr>
<tr>
<td></td>
<td>WS10</td>
<td>Advanced clinical decision support supporting clinical pharmacy services</td>
</tr>
<tr>
<td></td>
<td>WS11</td>
<td>How to counsel cancer patients about their oral anticancer medicines</td>
</tr>
<tr>
<td></td>
<td>WS14</td>
<td>Deprescribing as a part of clinical medication review</td>
</tr>
<tr>
<td></td>
<td>WS15</td>
<td>Medicines Use Evaluation planning and conducting</td>
</tr>
<tr>
<td></td>
<td>WS19</td>
<td>To tweet or not to tweet exploring eprofessionalism guidance and the use of social media</td>
</tr>
<tr>
<td>16:00–18:00</td>
<td>WS03</td>
<td>Do you want help with a workshop you need to plan</td>
</tr>
<tr>
<td></td>
<td>WS04</td>
<td>Clinical outcome measures in minor ailments service</td>
</tr>
<tr>
<td></td>
<td>WS06</td>
<td>How to select a cost-effective treatment in your daily work</td>
</tr>
<tr>
<td></td>
<td>WS09</td>
<td>Paediatric Nutrition in Pharmacy Practice</td>
</tr>
<tr>
<td></td>
<td>WS14</td>
<td>Deprescribing as a part of clinical medication review</td>
</tr>
<tr>
<td></td>
<td>WS16</td>
<td>“You Cannot Pour from an Empty Cup” – A Mindful Approach to Pharmacy Education</td>
</tr>
<tr>
<td></td>
<td>WS17</td>
<td>The Importance of Clinical Rounds in Clinical Pharmacy Education</td>
</tr>
</tbody>
</table>

The number of participants to each workshop is limited to 30. Registration for workshops will be at the ESCP-stand, for each day, starting at 8.00 in the morning.

Except for "WS08 Improving Pharmaceutical Care for patients on anticoagulation: from prescription to medication use": Participants have to register themselves by sending an email to b.vandenbemt@maartenskliniek.nl not later than September 1st, as they have to follow the e-learning course.
# WORKSHOP SCHEDULE

## TUESDAY, 10 OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshop Code</th>
<th>Workshop Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30–15:30</td>
<td>WS04</td>
<td>Clinical outcome measures in minor ailments service</td>
</tr>
<tr>
<td></td>
<td>WS05</td>
<td>Chances and limitations of EBM in drug information</td>
</tr>
<tr>
<td></td>
<td>WS07</td>
<td>How to develop a drug-drug interaction alert for clinical decision support</td>
</tr>
<tr>
<td></td>
<td>WS12</td>
<td>Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly</td>
</tr>
<tr>
<td></td>
<td>WS13</td>
<td>Seamless pharmaceutical care for patients during hospital discharge and transfer to primary care</td>
</tr>
<tr>
<td></td>
<td>WS17</td>
<td>The Importance of Clinical Rounds in Clinical Pharmacy Education</td>
</tr>
<tr>
<td></td>
<td>WS18</td>
<td>Computer-based virtual humans for training self-medication consultation skills</td>
</tr>
<tr>
<td></td>
<td>WS19</td>
<td>To tweet or not to tweet exploring eprofessionalism guidance and the use of social media</td>
</tr>
<tr>
<td>16:00–18:00</td>
<td>WS01</td>
<td>Getting conference abstracts accepted</td>
</tr>
<tr>
<td></td>
<td>WS06</td>
<td>How to select a cost-effective treatment in your daily work</td>
</tr>
<tr>
<td></td>
<td>WS08</td>
<td>Adequate Pharmaceutical Care for patients on anticoagulation</td>
</tr>
<tr>
<td></td>
<td>WS11</td>
<td>How to counsel cancer patients about their oral anticancer medicines</td>
</tr>
<tr>
<td></td>
<td>WS12</td>
<td>Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly</td>
</tr>
<tr>
<td></td>
<td>WS15</td>
<td>Medicines Use Evaluation planning and conducting</td>
</tr>
<tr>
<td></td>
<td>WS16</td>
<td>“You Cannot Pour from an Empty Cup” – A Mindful Approach to Pharmacy Education</td>
</tr>
</tbody>
</table>

## WEDNESDAY, 11 OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshop Code</th>
<th>Workshop Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30–15:30</td>
<td>WS02</td>
<td>Successful Scientific Writing Original research papers</td>
</tr>
<tr>
<td></td>
<td>WS05</td>
<td>Chances and limitations of EBM in drug information</td>
</tr>
<tr>
<td></td>
<td>WS07</td>
<td>How to develop a drug-drug interaction alert for clinical decision support</td>
</tr>
<tr>
<td></td>
<td>WS09</td>
<td>Paediatric Nutrition in Pharmacy Practice</td>
</tr>
<tr>
<td></td>
<td>WS10</td>
<td>Advanced clinical decision support supporting clinical pharmacy services</td>
</tr>
<tr>
<td></td>
<td>WS13</td>
<td>Seamless pharmaceutical care for patients during hospital discharge and transfer to primary care</td>
</tr>
<tr>
<td></td>
<td>WS18</td>
<td>Computer-based virtual humans for training self-medication consultation skills</td>
</tr>
</tbody>
</table>
WS01
Successful Scientific Writing: getting conference abstracts accepted.
Moderators: Dr. Carole Kaufmann, Switzerland. Chair of the Communication Committee of ESCP. Dr. Samuel Allemann, Switzerland. Member of the Communication Committee of ESCP

Background: There are several possible formats for written scientific information such as abstracts or scientific articles. Writing conference abstracts that will be accepted for presentation at a conference is a challenging experience. Apart from writing a condensed text, that represents the study well, there are a number of other important aspects that will facilitate acceptance and even lead to an (oral) presentation if your abstract is of high interest and good quality.

Aim: This workshop aims to increase the participants’ knowledge and skills on how to write structured conference abstracts.

Learning objectives: After the workshop, the participants should be able to:
- Understand the structure and elements of a high-quality conference abstract
- Understand the difference between a research and a descriptive abstract
- Select an appropriate conference and presenter for the study
- Understand how ESCP scores and selects abstracts for presentation
- Know the common reasons why an abstract is rejected by ESCP
- Understand how to proceed after an abstract is accepted for presentation

Content and structure: This workshop is structured as a lecture mixed with exercises and will focus on ESCP expectations for abstracts. Participants will also discuss more general considerations about submitting abstracts such as authorships and responsibilities.

Structure:
- Welcome/introduction
- Presentation on how to write abstracts mixed with illustrative group exercises
- Conclusion & take home messages

WS02
Successful Scientific Writing: original research papers.
Moderators: Elena Galfrascoli, Italy. Member of the ESCP Communication Committee. ASST Fatebenefratelli Sacco, Milano. Daniela Scala, Italy. Member of the ESCP Communication Committee Medicina Nucleare. AORN “A. Cardarelli”, Napoli

Background: The results of scientific research are only valuable for society, if they can be shared with others in an understandable written or oral format. There are several possible formats for written information, such as abstracts or scientific articles. Writing research papers that can be accepted by a peer reviewed journal, can be a challenging experience. There are a number of important aspects that authors should pay attention to, and that will facilitate acceptance.

Aim: Aim of the workshop is to discuss with the participants different examples of scientific papers, to make them able to write and judge a scientific paper, and also to select the appropriate journal for the publication.

Learning Objectives: After the workshop, the participant should be able to:
- Understand the structure and elements of a quality scientific paper;
- Select an appropriate journal for his publication(s)
- Understand the differences between the different peer reviewed scientific journals;

Content and Structure: A presentation will
introduce participants to the content of the workshop, focusing on the aim of writing a full research article, and the structure of a scientific article. The reason behind the different sections of articles will be explained. The workshop will especially focus on scientific articles in the format for the International Journal of Clinical Pharmacy but most other scientific journals have similar compulsory formats. After an introduction, the participants will study and discuss examples of the different stages of scientific papers in smaller groups, the selection of appropriate journals and important issues such as impact factors and authorship.

**WS03**

“Do you want help with a workshop you need to plan? Take away some new ideas and a workshop plan”  
*Moderators: Moira Kinnear, member of the ESCP Education Committee; Vera Jordan-von Gunten, chair of the ESCP Education Committee*

**Background:** A workshop requires participants to interact with some purposeful activity to achieve defined learning outcomes. Workshops provide an environment for participants to share ideas and learn from each other. Most people learn more from active involvement than from passively listening, therefore talking about a topic, role play or practical sessions are considered valuable learning experiences in clinical pharmacy. It’s important to be clear about what can be achieved in a workshop and several factors need to be considered in the design. These include content, learning outcomes, tasks, structure, timing, group size, environment and resources.  
**Aim:** The aim of this workshop is to consider tips for inexperienced workshop facilitators to support future planning of successful workshops.

**Learning Objectives:** At the end of the workshop, participants will be able to  
- Describe how people learn – The Learning Pyramid  
- Prepare a workshop plan including a schedule of activities and learning outcomes  
- Create group exercises achievable within a planned schedule and resources  
- Describe workshop facilitation skills

**Content and Structure:**  
**Introduction (5 mins)**
Groups will be provided with copies of The Learning Pyramid for discussion in their groups.  
**Task 1:** Participants will be asked to reflect on previous learning experiences and consider in the context of the way most people learn. (10 mins)  
Facilitated discussion: Experiences will be shared across groups. (10 mins)  
**Task 2:** Participants will be asked to share their experiences of workshop facilitation (either as a facilitator or as a participant) and suggest skills required for workshop facilitation (20 mins)  
Facilitated discussion: Groups share considerations (10 mins)  
**Task 3:** Each group will be asked to agree the content for a workshop, formulate learning outcomes and design a schedule of activities. (30 mins)  
Facilitated discussion: These will be shared across the groups and feedback provided (30 mins)  
Summary and close (5 mins)

**WS04**

Developing an evidence base for clinical pharmacy: clinical outcome measures in minor ailments service delivery and research  
*Moderators: Dr Vibhu Paudyal, Senior Lecturer in Clinical Pharmacy, School of Pharmacy, University of Birmingham, Edgbaston, B15 2TT v.paudyal@bham.ac.uk; Dr Katie Gibson Smith,*
Research Fellow, School of Pharmacy and Life Sciences, Robert Gordon University, Aberdeen, Scotland AB10 7GJ k.l.gibson@rgu.ac.uk
Contributors: Dr Scott Cunningham, Dr Katie MacLure, Dr Cristin Ryan, Dr Lorna West, Prof Maria Cordina.
On behalf of the ESCP Research Grant 2016 - Minor Ailments Study Research Group

Background: Minor ailments are defined as common, self-limiting or uncomplicated conditions which can be diagnosed and managed with limited or no professional support (1). There is overwhelming support from pharmacists and associated professional and regulatory bodies across Europe to widen pharmacists’ role in the management of minor ailments. It is hoped that this will enable effective and rational utilisation of professional skills and reduce the burden on high cost services such as general practices and Accident and Emergency Departments (2-4). However, there is a need to strengthen and increase the evidence base around clinical effectiveness of pharmacist-led management of minor ailments. For example, currently within intervention studies on minor ailments, there is no gold standard with regard to the types of clinical outcomes which should be measured and methods for their assessment. The current lack of robust evidence may negatively impact on the development and implementation of relevant policy and practice across Europe.

Aim: The aim of this workshop is to discuss the implications of the results derived from a systematic review (SR) (5) funded by ESCP Research Grant 2016 to the delivery and research of relevant clinical pharmacy services in Europe. The SR was designed to systematically review the types of clinical outcomes and methods for their measurement in the evaluation of pharmacist-led minor ailments management.

Learning Objectives (LO): Through participation in this workshop, the participants will:
LO1 Discuss and reflect on the results of the SR in the context of their own practice
LO2 Critically reflect on methodological aspects of clinical outcome measurements identified in the SR
LO3 Consider how to enhance the quality of clinical outcome measurement for minor ailments
LO4 Explore how validated and robust clinical outcome measures can be further used for development and implementation of relevant policy and practice in minor ailments

Content and Structure: The moderators will draw on their experience and expertise to encourage interaction and participation through small group based activities. The following topics will be covered for each Learning Objective (LO):
LO1 Overview of the workshop in the context of key results from ESCP research grant 2016
LO2 & LO3. Small group consideration of a number of minor ailment clinical scenarios – to critically reflect the type of clinical outcomes incorporated and how to enhance the quality of the measure
LO4. Whole group discussion on how clinical outcome measures can be used for development and implementation of policy and practice

Activities:
- Case based discussion in group settings facilitated by moderators
- Moderator-led discussion, summary and conclusion

References:


WS05
Chances and limitations of EBM in drug information

Moderator: Dr. Claudia Mildner, University Hospital Mainz, Hospital Pharmacy, Langenbeckstr. 1, 55131 Mainz, Germany mildner@apotheke.klinik.uni-mainz.de; Dr. Dorothea Strobach, University Hospital Munich LMU, Hospital Pharmacy, Marchioninistr. 15, 81377 Munich, Germany Dorothea.Strobach@med.uni-muenchen.de

Background: Evidence based medicine is a corner stone of drug therapy today. Pharmacists providing drug information follow those principles and refer to guidelines and the best available evidence when answering questions of health care professionals or patients. Nevertheless, queries asked to drug information centres often concern very special clinical situations, complex drug regimens or rare patient conditions. These cases are often not covered by guidelines or randomized clinical trials. Thus, by an in-depth literature search drug information pharmacists have to find and judge information on every evidence level, while on the other hand keep in mind resource limitations and time consumption.

Aim: In this workshop we want to present example queries highlighting the limitations of guidelines and standard EBM resources and show how low level evidence can be helpful in special clinical situations. In addition, we want to discuss the time sparing effects of appropriate search and documentation tools.

Learning Objectives: Participants of the workshop will learn about limitations and chances of EBM, evidence levels, search and documentation tools in drug information.

Content and Structure: The workshop will present example queries to drug information centres. In discussing these enquiries, the chances and limitations of EBM resources will be explained. An in-depth literature search will be shown by means of an example query and the usefulness of low level evidence will be explained. Selected resources will be presented for time sparing searches on questions with only limited evidence available. The advantages of query documentation and reuse will be discussed and an example of a documentation database will be shown. The workshop will include small working units for participants using online resources.

WS06
How to select a cost-effective treatment in your daily work?

Moderators: Barbara Claus, SIG leader Pharmacoconomics, Lecturer at Ghent University,
Faculty of Pharmaceutical Sciences, De Pintelaan 185, 9000 Ghent, Belgium;
Yolande Hanssens, SIG Leader Medicine Information, Pharmacy Supervisor and Clinical Pharmacist Liver Transplant Team, Hamad Medical Corporation, Doha, Qatar

**Background:** A lot of healthcare providers use new, promising and often expensive medicines for instance in oncology, rheumatology, neurology, cardiology etc… Providing these drugs with accurate advice creates a major opportunity to be cost-effective in daily practice. Even more, clinical pharmacy offers a powerful handle to the most efficient use of drugs, to drug adherence and the best allocation of the restricted resources.

This workshop will support attendees in improving their skills of promoting cost-effective use of drugs.

**Aim:**
- to provide literature references about cost-effective therapy and to demonstrate in which areas pharmacists have proven to promote cost-effective use of drugs
- to offer basic principles of pharmacoeconomics readily applicable into the own practice
- to provide general as well as specific examples of cost-effective and non-cost-effective strategies

**Learning Objectives:**
- to critically review examples of cost-effectiveness starting broad and general and ending up with very tangible practice examples.
- to become aware of the fact that pharmacoeconomics is choosing the best patient option, leaving less favourable options in the closet.
- to orient minds to a critical pharmacoeconomic mood J: “if the effort is not in balance with the output, then you should re-analyse”
- to demonstrate that pharmacoeconomics is a way to restructure treatment choices, both looking at the cost and effect of the treatment. On a macro-economic level, it offers an opportunity to save money due to optimal use of medicines while on a micro-economic-level, this means adopting the best individual treatment, which is not always the cheapest one.
- to convince others of why your clinical pharmacy business case is a cost-effective one.

**Content & Structure:** The content is brought to the audience by means of interactive exercises and other mind games.

**Introduction:** providing standard definitions and related terminology of pharmacoeconomics 15 min

**Part 1:** providing general examples of (non-)cost-effective strategies and making participants choose between provided options 30 min

**Feedback part 1:** the different elements will be brought together in a plenary overview with a summary of the most important final statements 15 min

**Part 2:** individual cases to apply theory in daily practice. Some of these cases will challenge the participants to think in an economic way. 30 min

**Feedback part 2:** the different elements of the small group discussions will be brought together in a plenary overview with a summary of the most important final statements

**Summary** of the information presented and take home messages 15 min

**WS07**

**How to develop a drug-drug interaction alert for clinical decision support?**

**Moderators:** Borgsteede, S.D.¹, SIG Clinical Decision Support (i.s.n.); Cornu, P.², chair SIG Clinical Decision Support (i.s.n.)

¹Health Base Foundation, Department of Clinical Decision Support, Houten, NL.
sander.borgsteede@healthbase.nl;
Background: Many professionals, including pharmacists, use clinical decision support (CDS) systems to optimize safety and quality of decisions concerning pharmacotherapy. However, each alert is also a burden for the health care professional. It takes time and effort to analyse the alert, to discuss with the patient and other professionals, and finally to reach a conclusion about changes in drug treatment. The term alert fatigue describes how health care professionals become desensitized to safety alerts, and fail to respond adequately to warnings. Hence, to prevent alert fatigue, for each potential alert an evaluation must be made if the clinical value is greater than the burden. Moreover, implementation of advice can be enhanced by giving specific suggestions to professionals how to act in case an alert occurs.

Aim: The aim of this workshop is to develop an alert that can be implemented in a CDS system. The participants will evaluate the literature, discuss and conclude about the clinical relevance with respect to alert fatigue, and formulate how professionals should act in case this alert will occur.

Learning Objectives: After following this workshop, the participant can develop an alert for CDS, motivate the clinical relevance and give recommendations for further action. 

Content and Structure: During the workshop two potential alerts for drug-drug interactions (DDIs) will be analysed based on literature (provided and summarized by the workshop leaders) and the clinical experience of the participants. The cases are potential alerts currently under review by the pharmacists of Health Base Foundation (The Netherlands), and pharmacists of the UZ Brussel, a university hospital in Brussels (Belgium). During the evaluation the following questions will be answered:
1. Evaluation of severity and probability: what is the probability this interaction will occur and what is the severity?
2. Evaluation of the clinical relevance: is an alert for the DDI clinically relevant with respect to impact on medication safety?
3. Evaluation of ‘alert fatigue’: Is the clinical value of the alert more important than the burden?
4. Essential information for decision making: what background information do professionals need to make a decision?

Treatment options: what alternatives can professionals consider, and what precautions need to be taken?

WS08 Improving Pharmaceutical Care for patients on anticoagulation: from prescription to medication use

Moderators: Silas Rydant, Royal Pharmacist Organization (KAVA), Antwerpen, Belgium
Secretary of the International Pharmacist for Anticoagulation Taskforce (IPACT)
Stephane Steurbaut, UZ Brussel, Belgium
Contactperson: Bart van den Bemt, PharmD/PhD, Sint Maartenskliniek, The Netherlands, ESCP Special Interest Group Adherence, Treasurer of the International Pharmacist for Anticoagulation Taskforce (IPACT). b.vandenbemt@smaartenskliniek.nl

Important: This workshop will be a test for something new to ESCP: a course on the theoretical and practical aspects on anticoagulation care. As a result, this workshop will be preceded with an online e-
learning course for the theoretical background, a workshop for practicing skills during the ESCP conference, and a webinar afterwards on implementation. Participants have to register themselves by sending an email to b.vandenbemt@maartenskliniek.nl not later than September 1st, as they have to follow the e-learning course. The costs of the development of the webinars will be covered by IPACT: the International Pharmacists for Anticoagulation Taskforce.

**Background:** Although oral anticoagulation therapy (OAT) has a beneficial effect on patients’ long-term survival and the prevention of thrombotic events, the use of these medications is not without risk. Decreasing the clotting of the blood - which decreases the thrombotic risk - automatically increases the risk for gastrointestinal or intracranial bleeding. Previous research indicated that a substantial proportion of medication-related adverse events in hospitals were associated with VKA-use, and that bleeding complications were the most common reason for medication-related hospital admissions. (Hakkarainen et al., 2014; Damen et al., 2016). Besides the risk of drug related problems (DRPs) due to the pharmacological properties of OAT (bleeding), both health care professionals and patients should also be supported in order to ensure effective and save prescribing/use of these drugs. Several studies illustrated that inappropriate prescribing, monitoring and administration of OAT occur frequently. The drugs are often underdosed, inadequately monitored, inadequately stored and not taken as prescribed (patients are non-adherent). Consequently, DRPS occur often with patients using OAT (Simon 2015, Desmaele 2015). Thus adequate structured follow up of patients on OAT is essential to ensures safe and effective drug intake. This workshop therefore helps the pharmacist to improve their knowledge and skills with respect to anticoagulation and pharmaceutical care for patients on oral anticoagulation therapy.

**Aim:** This workshop aims to increase interactively participant’s knowledge and skills on optimizing effective and save use of oral anticoagulants and aims to help the participant put these new competencies into practice.

**Learning objectives:** After the workshop, participants will have:
- An increased knowledge of the on the indication, pharmacology, dosing, adverse events, interactions of oral anticoagulation therapy. (e-learning before the workshop)
- An increased knowledge with respect to drug related problems related to OAT-use. (during the workshop)
- An increased knowledge with respect to opportunities for pharmaceutical care for patients on OATs. (e-learning before the workshop)
- Practiced reviewing OAT prescriptions/medication profiles in order to detect drug related problems associated with OAT-use. (during the workshop)
- Practiced patients interviews to improve medication adherence for patients on OATs (during the workshop)
- Translated the learned pharmaceutical care possibilities into his/her own practice.(during the workshop)
- Evaluated personal experiences with pharmaceutical care on OATS 1 month after the workshop (by a webinar).

**Content and structure of the workshop/course:** Before the ESCP conference:
E-learning about indications, pharmacology, dosing, adverse events, interactions of OATS.

During ESCP-conference:
The workshop/course will have the following structure:
0’00-0’05 Moderators:
Introduction of the rationale of this workshop and the need for pharmaceutical care for
patients on OATS.

*WS09*  
**Paediatric Nutrition in Pharmacy Practice**  
**Moderators:** Panos Papandreou, papandreou. panos@gmail.com (SIG Paediatrics)  
Dr. Maria Skouroliakou, mskour@hua.gr (SIG Nutrition Support)

**Background:** The importance of nutritional support and dietary management in paediatric diseases is well recognized. The critical impact of nutrition in determining health and wellness in the paediatric population is well understood, although at times underutilized. This growing interest has been reflected in the expanding knowledge of evidence-based practice in nutrition and dietetics and a greater recognition of the influence of nutritional status and diet of children’s healthcare and wellbeing is exemplified. The appropriate use of products (enteral paediatric products, vitamins and supplements, parenteral nutrition) for treatment and therapy is of growing concern to clinical pharmacists. Nutritional screening is the first step in the nutrition care process and allows for proper diagnosis, treatment, and monitoring and of course patient education. The role of a pharmacist is active in all aforementioned aspects of patient care and thus can contribute as an integral part of the nutrition care team. Food and nutritional inadequacy or excesses frequently are the causes of under or over nutrition, which often precedes biochemical, anthropometric or clinical signs. Pharmacists are vital to ensuring that their patients select appropriate products, use them correctly and are monitored routinely by their physicians.

**Aim:** The aim of this workshop is to provide a very practical approach to the nutritional management of a range of paediatric nutritional disorders that may benefit from nutritional

---

**WS09**  
**Paediatric Nutrition in Pharmacy Practice**  
**Moderators:** Panos Papandreou, papandreou. panos@gmail.com (SIG Paediatrics)  
Dr. Maria Skouroliakou, mskour@hua.gr (SIG Nutrition Support)

**Background:** The importance of nutritional support and dietary management in paediatric diseases is well recognized. The critical impact of nutrition in determining health and wellness in the paediatric population is well understood, although at times underutilized. This growing interest has been reflected in the expanding knowledge of evidence-based practice in nutrition and dietetics and a greater recognition of the influence of nutritional status and diet of children’s healthcare and wellbeing is exemplified. The appropriate use of products (enteral paediatric products, vitamins and supplements, parenteral nutrition) for treatment and therapy is of growing concern to clinical pharmacists. Nutritional screening is the first step in the nutrition care process and allows for proper diagnosis, treatment, and monitoring and of course patient education. The role of a pharmacist is active in all aforementioned aspects of patient care and thus can contribute as an integral part of the nutrition care team. Food and nutritional inadequacy or excesses frequently are the causes of under or over nutrition, which often precedes biochemical, anthropometric or clinical signs. Pharmacists are vital to ensuring that their patients select appropriate products, use them correctly and are monitored routinely by their physicians.

**Aim:** The aim of this workshop is to provide a very practical approach to the nutritional management of a range of paediatric nutritional disorders that may benefit from nutritional

---

**WS09**  
**Paediatric Nutrition in Pharmacy Practice**  
**Moderators:** Panos Papandreou, papandreou. panos@gmail.com (SIG Paediatrics)  
Dr. Maria Skouroliakou, mskour@hua.gr (SIG Nutrition Support)

**Background:** The importance of nutritional support and dietary management in paediatric diseases is well recognized. The critical impact of nutrition in determining health and wellness in the paediatric population is well understood, although at times underutilized. This growing interest has been reflected in the expanding knowledge of evidence-based practice in nutrition and dietetics and a greater recognition of the influence of nutritional status and diet of children’s healthcare and wellbeing is exemplified. The appropriate use of products (enteral paediatric products, vitamins and supplements, parenteral nutrition) for treatment and therapy is of growing concern to clinical pharmacists. Nutritional screening is the first step in the nutrition care process and allows for proper diagnosis, treatment, and monitoring and of course patient education. The role of a pharmacist is active in all aforementioned aspects of patient care and thus can contribute as an integral part of the nutrition care team. Food and nutritional inadequacy or excesses frequently are the causes of under or over nutrition, which often precedes biochemical, anthropometric or clinical signs. Pharmacists are vital to ensuring that their patients select appropriate products, use them correctly and are monitored routinely by their physicians.

**Aim:** The aim of this workshop is to provide a very practical approach to the nutritional management of a range of paediatric nutritional disorders that may benefit from nutritional
support, pharmaceutical care or be ameliorated and resolved by dietary manipulation and appropriate patient education.

**Learning Objectives:**
1. Identify the clinical significance of nutritional screening and assessment.
2. Identify the nutritional problems and preventing or correcting nutritional deficiencies.
3. Analyze clinical nutritional management and specific disease states.
4. Review the health benefits of early diagnose and treatments of malnutrition in paediatric population.
5. Provide updated information on the nutritional management of a wide range of pediatric clinical disorders.
6. To understand the appropriateness of correct administration of pediatric enteral or parenteral solutions and nutritional management.
7. Identify appropriate counselling points and supplementary patient education.

**Content and Structure:**
The major part of the workshop concentrates on nutritional requirements of sick infants and children in the critical setting. Normal dietary constituents are used alongside special dietetic products to provide a prescription that will control progression and symptoms of disease while maintaining the growth and development of the child. Community nutrition will be discussed and recommendations will be given. The workshop will further outline the role and potential impact of the clinical pharmacist as part of the nutritional care team and insight they can provide based on their knowledge of products and therapies pertaining to nutritional disorders. Finally, tools health care providers have in their disposal to aid in nutritional management of patients and counselling tips for the paediatric population will be outlined.

**WS10**

**Advanced clinical decision support: supporting clinical pharmacy services**

*Moderators: Annemieke Floor-Schreuderling, PharmD, PhD, SIR Institute for Pharmacy Practice and Policy, Leiden, The Netherlands; Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, The Netherlands, a.floor@sirstevenshof.nl*

*Mette Heringa, PharmD, SIR Institute for Pharmacy Practice and Policy, Leiden, The Netherlands; Health Base Foundation, Houten, The Netherlands; Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht, The Netherlands, m.heringa@sirstevenshof.nl*

**Background:** Clinical decision support systems (CDSS) are a tool to increase patient safety by preventing, detecting and solving drug therapy related problems. The current CDSS have limitations, both in specificity (only a minority of the generated alerts is considered relevant, with the risk of ‘alert fatigue’) and sensitivity (more complex drug therapy related problems are not detected). A proposed solution is the use of a new generation of CDSS in which alerts are based on patient characteristics like medication, diseases, allergies and lab values. However, understanding the design of clinical decision rules is crucial for increased patient safety. And just as important: specific patients characteristics should be available in the CDSS.

**Aim:** To educate participants on the design and implementation of advanced CDSS, with a special focus on the availability of patient characteristics in the pharmacy.

**Learning Objectives:** At the end of the workshop, the participants:
- are familiar with patient characteristics in
CDSS, e.g. medication, lab values, special conditions, etc.;
- are able to identify situations in which the use of advanced CDSS has added value;
- know the advantages and disadvantages of using advanced CDSS including lab values;
- understand the design process of clinical decision rules, including the pitfalls;
- can adapt clinical decision rules to their own situation, taking into account the patient characteristics which are (un)available in the pharmacy;
- can prioritize the patient characteristics available in the pharmacy with respect to their relevance for clinical decision rules.

**Content and Structure:** The workshop will consist of the following components:

**Exercise A:** which patient characteristics are available in the pharmacy?
General introduction on the use and potential added value of advanced CDSS.

**Exercise B:** designing a concrete clinical decision rule from provided building blocks representing the elements and patient characteristics of the rule.

**Exercise C:** testing the designed rule with patient cases.
Plenary discussion on the outcomes to a) enlighten the pitfalls in advanced clinical decision support and b) set priorities for patient characteristics needed in the CDSS.
Take home messages.

**WS11**
**How to counsel cancer patients about their oral anticancer medicines?**

*Moderators: Andreja Eberl, assist., MSc Clin Pharm, Institute of Oncology Ljubljana (Ljubljana, Slovenia), a.eberl@onko-i.si
Marika Saar, MSc Clin Pharm, Tartu University Hospital (Tartu, Estonia), marika.saar@kliinikum.ee*

**Background:** More patients with cancer are being treated with oral anticancer drugs than ever before and a lot of these medicines are in development, thus the number being treated this way is likely to increase further. There are many advantages associated with oral chemotherapy and it is often more convenient and acceptable for patients. However, unlike intravenous chemotherapy, which is administered by qualified healthcare professionals, oral chemotherapy regimens are administered by patients or their carers, which means a great deal of responsibility considering the potential toxicity of these medicines. Additionally, the project „Empowering pharmacists to improve health care for oral chemotherapy patients“, which is initiated by ESOP (European Society of Oncology Pharmacy), will be introduced during the workshop.

**Aim:** The aim of this workshop is to provide pharmacists with information and guidelines for management of therapy with oral anticancer drugs. In addition the aim is also to develop a discussion about role of the clinical pharmacists in seamless care of cancer patients and support of pharmacists at counselling.

**Learning Objectives:** At the end of the session, participants should be able to:
- To identify which information patients need about oral anticancer drugs
- To describe and encourage pharmacist’s role in counselling of cancer patients
- To share experiences and knowledge through group exercises

**Content and Structure:** – Brief introduction of challenges of counselling of cancer patients
- Pharmacist’s role in managing of oral anticancer drugs therapy
- Sharing experiences from different countries
- Case studies and group discussion
- Feedback of group discussions
- Introduction of oral anticancer drug database
- Comments and questions.
**WS12**  
**Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly (SIMPATHY)**  
*Moderators: members of the SIMPATHY consortium (led by Alpana Mair, Scottish Government)*

**Background:** Patients with multimorbidity are at risk of issues associated with polypharmacy and adherence to medicines. Management of care delivery to minimise these risks is challenging to healthcare professionals. It is known that there’s a wide variation in management of polypharmacy and adherence in the elderly across Europe ranging from national programmes of work to no specific management strategies. SIMPATHY, an EU funded project has benchmarked strategies in place across European countries to address this issue. SIMPATHY aims to share best practice across EU countries through development and implementation of tools and strategies to support multidisciplinary teams to ensure patients in Europe have access to appropriate management of polypharmacy.

**Aim:** The aim of this workshop is to share findings from SIMPATHY, introduce participants to change management tools in the context of the multidisciplinary approach to polypharmacy management and explore potential application of these tools.

**Learning Objectives:** At the end of the workshop, participants will be able to
- Describe the challenges in working collaboratively in multidisciplinary teams to deliver patient centred care to elderly patients taking multiple medicines to ensure appropriate polypharmacy.
- Consider the adoption of successful implementation strategies across EU countries to their own areas of practice
- Plan the application of change management principles to support engagement and adoption of SIMPATHY tools

**Content and Structure:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20 mins</td>
<td>Presentation</td>
<td>Outcomes from SIMPATHY Signposting to resources</td>
</tr>
<tr>
<td>20-70 mins</td>
<td>Small Group Task</td>
<td>Groups to reflect on their own practices and current status in their own countries. Allow time for members of the group to share their own practice situation and reflect/discuss their position in the evolution of polypharmacy management. Suggest they select one example from the group to use as an illustration to work through change management processes. Group to generate a plan on flipchart including challenges to be overcome and suggested solutions</td>
</tr>
<tr>
<td>70-110 mins</td>
<td>Group Feedback</td>
<td>Groups feedback their plans. Time per group depends on numbers of participants – if 5 groups then could ask each group to share their plans for different steps in the process.</td>
</tr>
<tr>
<td>110-120 mins</td>
<td>Summary</td>
<td>Capture and summarise key messages which participants can take away</td>
</tr>
</tbody>
</table>
**WS13**

**Seamless pharmaceutical care for patients during hospital discharge and transfer to primary care**  
*Moderators: Dr. Berry Daemen, Dr. Martina Teichert, Royal Dutch Pharmacists Association, The Hague, the Netherlands*

**Background:** Discharge from hospital and transfer to the primary health care setting bear many medication related risks that are potentially preventable. The whole process is complex and involves different disciplines and organizations (e.g. doctors, nurses, hospital and community pharmacists). So far only few countries have pharmaceutical care guidelines and indicators developed on this. Although the specific organization of this process might differ, the fundamental structures and process steps are comparable in all countries. Discussion of these structures and processes from the perspective of different countries, healthcare settings and professional experiences will help to develop generic structural and process elements. As an example, a structural element addresses the stakeholders involved with their responsibilities and tasks. A process element is for instance the counselling of patients – in hospital as well as in primary care. The insights from the group discussions are shared in plenum. They lead to a set of essential structures and processes, which will be tested and improved for examples from daily practice.

**Learning Objectives:** After this workshop participants are:
- aware of critical structures and process steps in the process of hospital discharge and transfer to primary care;
- aware of potential barriers in this process and have ideas how to overcome them;
- able to critically review the developed set of structures and process elements for examples in individual practices.

**Content and Structure:** This workshop is above all interactive. The diversity en experiences of the participants will broaden the views on seamless pharmaceutical care. In this workshop we will work in small groups to exchange different views on the following topics: what are the risks for patients (and what is the role of the pharmacist in this) in hospital and in primary care? What is essential to cooperate efficiently? The insights from the group discussions are shared in plenum. They lead to a set of essential structures and processes, which will be tested and improved for examples from daily practice.

**WS14**

**Deprescribing as a part of clinical medication review to attain health related goals and reduce adverse drug events**  
*Moderators: Henk-Frans Kwint, PhD, Community pharmacist and Pharmacy Practice Researcher, Academic Pharmacy Stevenshof, SIR Institute for Pharmacy Practice and Policy, The Netherlands. h.f.kwint@apotheekstevenshof.nl*  
*Sanne Verdoorn MSc, Community pharmacist and Pharmacy Practice researcher, SIR Institute for Pharmacy Practice and Policy, The Netherlands. s.verdoorn@sirstevenshof.nl*

**Background:** Studies of medication reviews in community pharmacies have shown positive effects on process- and intermediate
outcomes such as resolution of drug related problems (DRPs). However, the effects on clinical outcomes (mortality, hospital admissions and quality of life) are variable. Medication review with a more focussed approach on patient’s needs, concerns and complaints could possibly have more effect on health-related quality of life. For example, reducing adverse drug events may improve the health-related quality of life. One approach to handle medication use, where the benefit-risk ratio is negative, has been called “deprescribing”. Deprescribing is the process of tapering, stopping, discontinuing, or withdrawing drugs, with the aim of improving health-related outcomes.

In the Netherlands, a new study with more emphasis on patient’s needs and complaints within medication review has been launched. This so-called “DREAMeR-study” (Drug use Reconsidered in the Elderly using goal Attainment scales during Medication Review) aims to investigate whether a clinical medication review focused on experienced health complaints and personal expectations of medication could improve the health-related quality of life of patients aged 70 years or older and using at least seven chronic medications. During the clinical medication reviews in this study, specific attention will be paid to adverse drug events and patients’ goals related to their medication. Reaching these goals will be measured with goal attainment scales. An example of a problem measured with a Goal Attainment Scale can be found in figure 1.

Aim: The aim of the workshop is to provide participants more clinical knowledge of adverse drug events and how to define goals related to health and medication in concordance with older patients.

Learning Objectives: After attending this workshop participants should be able to
- Describe the most frequent adverse drug events in older people with polypharmacy which have a negative impact on quality of life.
- Discuss possible health-related goals in a pharmaceutical care plan with the patient during a clinical medication review using goal attainment scales.
- Describe the steps of a deprescribing protocol within the context of a patient-oriented medication review, in particular assess each drug in regard to its current or future benefit potential compared with current or future harm or burden.

Content and Structure:

Introduction 20 min
Short presentation of adverse drug events, goal attainment scales and deprescribing and objectives of the workshop.

Interactive quiz with smart phone 45 min
Participants will be invited to use their smart phone to answer questions about cases of adverse drug events and goal attainment scales in older patients with polypharmacy.

Practicing with a patient case in small groups 45 min
Participants will watch a video where a pharmacist interviews an older patient with polypharmacy. After the video, participants will work in small groups. They will receive medical and medicine information and have to set up in a pharmaceutical care plan using goal attainment scales and using a deprescribing protocol. The pharmaceutical care plans will be discussed plenarily.
Diarrhoea as adverse drug effect of metformin. Patient is afraid to go out of his home because of suffering of the complaint almost every day.

Reduce the frequency of the complaint to a maximum of two times a week

- Stop metformin
- Evaluate complaints and monitor HbA1c value
- Start with gliclazide (eventually only dosage reduction of metformin is enough)

Evaluation of complaints by pharmacist
Monitoring of HbA1c value by general practitioner

Was the goal achieved?

<table>
<thead>
<tr>
<th>Description</th>
<th>Example</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A lot more</td>
<td>+2</td>
</tr>
<tr>
<td></td>
<td>No complaints anymore</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A little more</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>Frequency of complaints reduced (maximum of 1 time a week)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>As expected</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Frequency of complaints reduced to acceptable amount for the patient (maximum of 2 times a week)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Partially achieved</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>Frequency of complaints reduced a little bit (3-5 times a week)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No change</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>Frequency of complaints remained the same: almost every day (6 times a week)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Got worse</td>
<td>-3</td>
</tr>
<tr>
<td></td>
<td>Complaints got worse (7 times a week)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: example problem adverse drug event and Goal Attainment Scale

**WS15**

Let's get aMUsEd: Hands-on essentials for Medicines Use Evaluation planning and conducting

Moderators: Barbara Datterl, Medicines information and clinical pharmacist, Vienna General Hospital – Medical University Campus, Vienna; Medicines information and clinical pharmacy department; Gunar Stemer, Medicines information and clinical pharmacist, Vienna General Hospital – Medical University Campus, Vienna; Medicines information and clinical pharmacy department, gunar.stemer@akhwien.at

Background: To guarantee the safe and effective use of medicines in various health care settings, a sound understanding of how medicines are used is key. A Medicines Use Evaluation (MUE), as part of a performance improvement process, is usually performed to gain insight in the prescribing, dispensing, administration
and/or monitoring process of a single medicine or a therapeutic drug class. It can furthermore be conducted to enlighten pharmacotherapy issues of a disease state, or to shed light on off-label use. High-risk, high-volume, or potentially mis- or overused medicines are perfect candidates for being looked at in a MUE.

**Aim:** By means of different case studies participants will work on and discuss essential steps in planning and conducting an MUE.

**Learning objectives:** After the workshop, participants should be able to
- Identify medicines or areas where MUE could be performed.
- Explain key criteria when setting up a MUE
- Define indicators to conceptualize the use of medicines

**Content and structure:**
Introduction and background on MUE: 20min
Case studies (Part 1): 30min
Case studies (Part 2): 30min
Feedback from different groups and case study presentation: 30min
Conclusions: 10min

**WS16**
“You Cannot Pour from an Empty Cup” – A Mindful Approach to Pharmacy Education
Moderator: Dr Laura J. Sahm, Senior Lecturer, Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, Cork, Ireland and Department of Pharmacy, Mercy University Hospital, Grenville Place, Cork, Ireland.

**Background:** Pharmacy students have demonstrated much higher stress levels than the general population, regardless of year of study (1, 2). Stress can have a negative impact on the physical and mental health, and academic performance of healthcare students (3, 4), with subsequent negative consequences for professional performance. Mindfulness may be a suitable way to help pharmacy students to cope with the stress associated with their current degree and future career.

**Aim:** To educate participants regarding mindfulness and the role that it may play in pharmacy education.

**Learning Objectives:** After the workshop, participants should be able to:
- Demonstrate an understanding of; the definition of mindfulness, the available scientific literature in relation to mindfulness in healthcare education, and the potential benefits that mindfulness may have in undergraduate education
- Describe the phenomenon of “autopilot,” and the impact that it can have on daily life and professional performance
- Discuss common sources of stress, and ways in which one can respond positively
- Describe current research in mindfulness in pharmacy education in Ireland and relate this to their own practice

**Content and Structure:** Introduction (20-30mins) - Self-care being taught as part of the pharmacy curriculum through mindfulness, covering in particular the following points:
- Evidence of students’ stress throughout the pharmacy degree
- Literature in relation to mindfulness – benefits it can produce, and scientific evidence of these benefits e.g. salivary cortisol levels, MRI scans.
- Overview of key findings of the Moderator’s literature review
- Messages and lessons from the moderator’s undergraduate pharmacy students research

**Interactive Session:** What is Mindfulness? (1hr)
- An experiential exploration of what mindfulness is, and is not! Based upon the clinical Mindfulness-Based Stress Reduction (MBSR) course (5).
- Participants will be invited to engage in a variety of reflections, watch short video clips
and take part in various group discussions regarding the role that mindfulness can play in relation to:

- the phenomenon of “autopilot” and its impact upon medication safety and patient counselling,
- the inner critic – recognising it and learning how to change it to improve performance and increase productivity
- our habitual reactivity to stress, and how our response can have a more positive outcome

-Mindfulness in Pharmacy – A National Study (30mins)

Mindfulness has been offered to all pharmacy undergraduate students on the island of Ireland for the 2016/2017 academic year - preliminary findings of this intervention are presented as well as room for discussion about ways in which this could be modified for other jurisdictions and practice settings.

References:

WS17

Inter-professional Training: The Importance of Clinical Rounds in Clinical Pharmacy Education

Moderators: Assoc. Prof. Dr. Mesut Sancar, Marmara Univ., Faculty of Pharmacy, Clinical Pharmacy Dept., Turkey, Coordinator of Clinical Clerkships of Pharmacy Students, Founder member of Society of Clinical Pharmacy in Turkey, Member of ESCP, sancarmesut@yahoo.com Tel: +90 216 346 40 60
Prof. Dr. Fikret Vehbi Izzetin, Marmara Univ., Faculty of Pharmacy, Clinical Pharmacy Dept., Turkey, Head of Clinical Pharmacy Department and Head of Society of Clinical Pharmacy in Turkey, Member of ETC in ESCP, FESCP, fvizsettin@hotmail.com
Assist.Prof. Dr. Betül Okuyan, Marmara Univ. Faculty of Pharmacy, Clinical Pharmacy Dept-Turkey, Coordinator of Clinical Clerkships of Pharmacy Students, Member of ESCP, betuluokuyan@yahoo.com, tel: +90 216 346 40 60.

Background: The clinical and practice-based education has a major role in the pharmacy education. Introducing clinical rotations (rounds) to pharmacy education will help the pharmacist for a better professional life in the future. By increasing the exposure of pharmacist or pharmacy students to patients and medical team in their education, it will help for better understanding of patients, their diseases and drug therapy and will enhance communication skills. Clinical rounds are ideal opportunities for the students to learn and apply these patient oriented services. Clinical rounds in patients with common diseases that frequently cause hospital readmissions can be of equal importance and relevance to those with community pharmacy and those with hospital pharmacy orientation.
Aim: To show the importance of clinical practice based education within medical team for clinical pharmacists

Content and Structure:
The outline of this workshop has been planned as:

15 minutes: Introduction
- Introduction of workshop tutors
- Explanation of the aim of workshop
- Brief information on role of the clinical pharmacist
  - How can we introduce clinical pharmacist into the medical team?

10 minutes: A case presentation
- Presentation of medical history of patient with chronic diseases.

25 minutes: Interactive session
- Interactive discussion to show roles of the physician, clinical pharmacist, nurses and students for better understanding the following subjects:
  - signs and symptoms,
  - treatment plan,
  - management of complications,
  - drug information and patient counselling,
  - monitoring of laboratory values.

30 minutes: Group study
- Different cases will be studied by small groups to identify expected benefits from the clinical rounds
- Presentation of group recommendations for case scenarios.

10 minutes: Evaluation of workshop

WS18
Computer-based virtual humans for training self-medication consultation skills*

Moderators: Mara P Guerreiro, Unidade de Investigação e Desenvolvimento em Enfermagem, Escola Superior de Enfermagem de Lisboa & Centro de Investigação Interdisciplinar Egas Moniz, ISCSEM, Monte de Caparica, Portugal
Afonso M Cavaco, Faculty of Pharmacy, University of Lisboa & iMed.ULisboa, Portugal
Ana Paula Cláudio, Faculty of Sciences, BioISI-Biosystems & Integrative Sciences Institute, University of Lisboa, Portugal
Maria Beatriz Carmo, Faculty of Sciences, BioISI-Biosystems & Integrative Sciences Institute, University of Lisboa, Portugal

Background: Computer-based virtual humans have been used since the 1990’s in pharmacy education for teaching and assessment of clinical and communication skills(1). Although far from widespread, they allow students’ engagement in true-to-life situations in a safe environment. Virtual Pharmacy, a prototype of an interactive application with virtual humans (VHs) was developed at the University of Lisbon, for training and assessment of self-medication consultation skills (2–4). VHs are depicted in a community pharmacy environment and have natural body movements. Users, playing the role of a pharmacist, communicate with a VH in a chosen self-medication scenario by selecting textual options in the application interface. Each set of three options involves questions on patient assessment, or alternatively, recommendations in the form of information provision, patient referral or others. Options are scored according to their level of correctness; the goal is to obtain the highest score by selecting the options that are more correct at that point. The VH communicates verbally, by a synthetic voice synchronised with lips movement, and non-verbally, by emulating facial expressions - discontent, satisfaction or neutral feelings - as a response to the options chosen by the user. When the consultation is completed, users receive feedback on their overall score and on their test score in different consultation stages (e.g. patient assessment and counselling).
**Aim:** To discuss the use of virtual humans for training self-medication consultation skills and to promote opportunities for transnational collaboration.

**Learning Objectives:** By the end of the workshop participants should be able to:
- Define “simulation” and “virtual humans”;
- Identify key references on the effect of simulation with virtual humans on learners’ satisfaction and learning outcomes;
- List features in the application considered important for training self-medication consultation skills;
- Discuss advantages and limitations of using virtual humans for this purpose.

**Content and structure:** After an “ice-breaker” activity the workshop will provide an overview on the use of simulation in pharmacy education and on the development of the Virtual Pharmacy project. Then a demo of the application (English version) will be used to simulate self-medication consultations. Based on this experience participants will be asked to debate the use of simulation, including preferred features and advantages/limitations.

* The project has been partly funded by UID/MULTI/04046/2013 FCT/MCTES/PIDDAC and by BINOV 2015, a scholarship for innovation awarded by “Secção Regional do Sul e Regiões Autónomas da Ordem dos Farmacêuticos”. We thank Microsoft Portugal for the license of the TTS voice.

**References:**

**WS19**

**To tweet or not to tweet: exploring e-professionalism guidance and the use of social media**

*Moderators: Mrs Alyson Brown, Lecturer in Pharmacy Practice, Robert Gordon University, Scotland alyson.brown@rgu.ac.uk Dr Katie MacLure, Senior Research Fellow & Lecturer, Robert Gordon University, Scotland*

**Background:** Of the limited number of studies reporting the use of social media (SoMe) by healthcare professionals, many have concluded there is a need for professional guidance on appropriate online behaviours, increasingly referred to as e-professionalism. Findings indicate particular concerns relating to fitness to practise, framed by high profile cases of registered healthcare professionals being subject to investigation and potentially disciplinary procedures, due to their social media behaviour. Although e-professionalism has been defined as ‘the attitudes and behaviours (some of which may occur in private settings) reflecting traditional professionalism paradigms that are manifested through digital media’ (Cain 2009), the reality of this in the context of healthcare is under-researched. There is a need to describe clearly what appropriate social media online behaviour looks like within the pharmacy con-
text in order to establish whether social media has a role within pharmacy practice. This workshop has been informed by a systematic review of professional body and regulatory organisation guidance carried out by the moderators (Brown et al 2016) and a series of prior workshops exploring the definitions of eprofessionalism and ‘characteristics’ of appropriate online behaviour.

**Aim:** The aim of this workshop is to explore the definition of ‘appropriate’ online behaviour in pharmacy practice and to consider those behaviours which may be judged to be ‘inappropriate’. Participants will suggest a shared understanding of eprofessionalism in the context of registered pharmacists and recommend content and delivery of professional guidance to support the use of social media in the profession.

**Learning Objectives:** By the end of the session, attendees will be able to:
- Describe eprofessionalism and ‘appropriate’ professional behaviour
- Debate issues around achieving eprofessionalism in pharmacy practice
- Describe the desired content of professional guidance and create illustrative case studies of pharmacy practice behaviours to support the appropriate use, or e-professionalism, in social media

**Content and Structure:** The moderators will encourage interaction and participation through small group based activities using a range of well-developed and tailored workshop materials. Workshop content will be based on a systematic review carried out by the moderators on SoMe professional guidance (Brown et al 2016) and case studies developed from evidence collated in prior pharmacy related workshops. Findings from this workshop will inform ongoing research surrounding the use of SoMe in pharmacy practice.

- **Introduction (10 minutes)**
  An overview of the structure of the workshop, including a brief presentation of the key systematic review and previous workshop findings.
- **Activities (facilitated in small groups)**
  - **Icebreaker (5 minutes)**
    Participants will consider what SoMe platforms they use and the frequency and purpose for which they primarily use the platforms.
  - **Testing e-professionalism (30 minutes)**
    Using case studies described above participants will explore how these might support eprofessionalism, particularly considerations of ‘appropriateness’.
  - **Road Map (30 minutes)**
    Participants will explore the key elements of the content of professional guidance which they feel will support eprofessionalism in the form of appropriate SoMe use.
- **Summary and feedback (15 minutes)**
  A brief summary of the key findings from the workshop.
European Society of Clinical Pharmacy (ESCP)
The European Society of Clinical Pharmacy (ESCP) was founded in October 1979 during the 8th European Symposium on Clinical Pharmacy in Lyon, France. The objective of the Society is to develop and promote the rational and appropriate use of drugs and medical devices for the benefit of individuals and of society. Each year the Society organises an Annual Symposium, usually held in October. At this Symposium, papers in the field of pharmacotherapy, pharmacokinetics, clinical practice and various other subjects related to the aims of ESCP are presented.

Disclaimer
All the information on the scientific and social program, as outlined in this Preliminary Program, is subject to change in finalisation of the ESCP European Symposium Final Program.

Impressum
Graphic design and layout: white suitcase, Geneva http://www.white-suitcase.ch
Important Dates And Deadlines

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symposium on-line registration open</td>
<td>1 April, 2017</td>
</tr>
<tr>
<td>Abstract submission open</td>
<td>2 May, 2017</td>
</tr>
<tr>
<td>Abstract submission deadline</td>
<td>1 July, 2017</td>
</tr>
<tr>
<td>Early-bird registration deadline</td>
<td>31 July, 2017</td>
</tr>
<tr>
<td>Notification to abstract submitter</td>
<td>25 August 2017</td>
</tr>
<tr>
<td>Early-bird registration deadline for accepted abstract presenters</td>
<td>13 September 2017</td>
</tr>
</tbody>
</table>