⊜ESCP

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European Society of Clinical Pharmacy

GUIDELINES

for

SUCCESSFUL SCIENTIFIC PRESENTATIONS

INTRODUCTION to Version 6

The aim of any type of « communication », including scientific communication, is always to transmit a message. For communication to be effective, the message must be understood by all parties concerned.

The necessary precision of scientific communication requires clarity and rigour. Most learned societies, like ESCP, have their recommendations and guidelines for handling and presenting scientific contributions. It is essential to distribute these widely among the community.

Different chapters of these Guidelines are going direct the reader to through the process of drawing up a scientific communication and to help ensuring success in the scientific world. Additionally there is a description of the procedures adopted by the ESCP Scientific Committees and the ESCP Research and Education Committees to evaluate submitted abstracts and arrive at a final decision on their approval, review or rejection. This is intended to create an environment of maximum clarity and understanding.

In addition you will find a useful bibliography at the end.

We hope that these simple guidelines will facilitate your preparation and submission of abstracts. and in turn that ESCP will receive submissions and contributions of even greater quality

In this Guidelines you will find references to the International Journal of Clinical Pharmacy. This scholarly journal is the official journal of ESCP and used to be called Pharmacy World & Science. The official abbreviation is IJCP.

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The ESCP Communication Committee
April 2012 (V6.1)
April 2015 (V6.2)
May 2017 (V6.3)

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Chapter I

CALL FOR PRESENTATIONS

All members of the scientific community in the field of clinical pharmacy, who intend to participate in a ESCP conference are invited to prepare submissions for review by the scientific committee of the conference. This committee will accept or reject the work on the basis of the structured abstract. Abstracts can be submitted via the on-line procedure only. See www.escpweb.org for the deadline.

Accepted submissions can be presented as a poster. Selected submissions considered to have high quality 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 expected to present the work also as a poster. If an abstract has been accepted for a poster discussion forum, then a poster must be present too.
Any accepted abstract must be presented by one of the authors, who must be registered for the conference of symposium. Of none of the authors is registered for the conference, or if the registered author is not showing up at the conference and the submission cannot be presented, the abstract will not appear in the Final Programme & Abstract Book, and will not be published in the International Journal of Clinical Pharmacy.

All accepted submissions that have been presented during a conference will be published in the Final Programme & Abstract book. In addition the structured abstracts will be published in the IJCP. The proceedings will contain the abstracts of oral communications, posters and poster discussion forums. Abstracts of lectures and workshops will not be published in the journal.

The study underlying an abstract that has been accepted for oral communication, is also eligible to be submitted for publication as a short research article in the main section of IJCP.

ESCP offers financial support, consisting of free registration, to those abstract submitters who are coming from developing countries. Detailed eligibility criteria are available for review on the specific Conferences web sites at http://www.escpweb.org. Additionally, a free registration for the next conference will be offered to the principal author who wins the ESCP Poster Award or the ESCP Award for the best oral communication.

TYPES & CATEGORIES OF ABSTRACTS IN ESCP

ESCP knows **three types** of abstracts: research abstracts, descriptive abstracts and abstracts for encore presentation.

- Research abstract:	Submissions must describe **original research in outcomes, therapeutics, pharmacoepidemiology, pharmacokinetics or pharmacoeconomics**. In vitro and animal research will only **be** considered if there is relevance to clinical pharmacy practice. Submissions will be evaluated on originality and innovation, hypothesis and clarity of objectives and outcomes, study design, interpretation of results and conclusions.
- Descriptive abstract	Submissions must describe original, new or adapted methodologies in the field of clinical pharmacy or statistical evaluations *Or* the development of innovative clinical pharmacy practices, services or software *Or* the implementation of innovative educational (e.g. teaching/learning techniques, curricula) programmes in both the academic as well as practice setting. Presentation of results is desirable. data, including outcomes, can also be supplied to illustrate the methodology.
- Encore presentations	The abstracts of work that has been presented elsewhere, may be accepted for an ESCP conference if the reviewers deem the work of real importance to the clinical pharmacy community. Such submissions can be accepted for poster presentation only.
- Workshop abstracts	See Chapter V.

Submitted contributions will normally be considered for following categories:

Community Pharmacy
   Pharmaceutical care and medication safety........................... CPC
   Clinical education/training... CPE
Hospital Pharmacy
   Pharmaceutical Care and medication safety.......................... HPC
   Clinical education/training... HPE
Therapeutic Drug Monitoring and Pharmacokinetics/genomics....................... TDK
Drug Information... .... DIN
Pharmacoepidemiology .... PEP
Pharmacoeconomics .... PEC
Pharmacotherapy . ... PTH
Public Health......... .... PHE
Research development.. RED

GUIDELINES FOR WRITING A STRUCTURED ABSTRACT

A well written abstract will help present the quality of the work to reviewers and the audience. An abstract not well written may result in the work not being accepted for presentation.

- The abstract must convey the important information, which will eventually be contained in the full paper or presentation.

- The abstract must be intelligible and understandable when read (i.e. precision, clarity and rigour).

- The abstract must be written in proper and understandable English in the appropriate format.

- Before printing or typing the abstract make sure that you do not exceed the number of words permitted (350 words).

- A structured abstract should not include figures or tables.

- A possible conflict of interest (e.g. through involvement with a pharmaceutical company) should be clearly stated in the abstract and the poster or presentation.

- If the material was presented or published elsewhere prior to the meeting, this should be indicated clearly in the appropriate field in the submission, and later also mentioned on the poster.

III.I Structures for abstracts

III.1a A Research Abstract should be arranged in the following order:

Title   This should be specific, informative and brief (max. 80 characters).

Authors: The surname together with initials of those who have made a significant contribution to the work must be included.

Institute: The details of the institution for the principal researcher(s) should be presented (including city and country).

Background and Objective: The question or problem addressed by the study must be clear.

Setting and Method: Setting of the study and the basic design of the study, statistical methods.

Main outcome measures: The parameters used to judge the results in order to fulfil the study.

Results: The description of the results should be brief and precise.
                                Only representative data need to be provided. Avoid phrases like "Results will be shown".

Conclusions: The brief conclusion(s) should follow logically from the objective, main outcome measurers and results of the study and abstract.

III.1b A Descriptive Abstract (Research methodology, clinical pharmacy practice, software packages or clinical pharmacy education) should be arranged in the following order:

Title	This should be specific, informative and brief (max. 80 characters).
Authors:	The surname together with initials of those who have made a significant contribution to the work must be included.
Institute:	The details of the institution for the principal researchers should be presented (including city and country).
Background and Objective:	The reason for presenting the description, or problem addressed by the abstract must be clear.
Design	The description of the clinical pharmacy program(s) or the situation that has been analysed.
Results	If the program has been implemented already, results can be provided under this header, including the level of implementation.
Conclusion	The brief conclusion(s) should give an idea if the program or situation is (potentially) beneficial for clinical pharmacy.

III.2 Troubleshooting:

The authors should avoid some of the common mistakes made when writing an abstract, such as:
- drugs should be referred to by their approved (not proprietary/brand) name (INN);
- undefined abbreviations should not be used;
- scientific measurements should be in SI units (except blood pressure in mm Hg);
- statistical methods should be defined and referenced if not in common use;
- the number of patients or subjects studied should be clearly stated.

The following are some of the common reasons why abstracts are referred for rejected by a scientific committee:
- inappropriate title;
- lacking in rigorous study design and/or methodology in a research abstract;
- the objectives and conclusions are not clear;
- conclusions do not follow from the objectives and results;
- questionable statistical analysis;
- inadequate information which does not permit the abstract to be understood;
- inadequate data which does not permit the abstract to be evaluated;
- study or description not relevant to clinical pharmacy;
- lacking in novelty and originality or having predictable results;
- the submission does not conform to requirements for the layout and presentation of abstracts;
- bad use of the English language or language not appropriate, leading to misunderstandings.

III.3 Example of structured research abstract:

Title:	The development of prescribing guidelines for prophylaxis of gastroduodenal mucosal damage

Authors:	Heidel B, Muir A, Watson A.
Institute:	Southern General Hospital, and Department of Pharmaceutical Sciences, University of Strathclyde, Glasgow, United Kingdom
Background and Objective:	To design and evaluate a risk factor analysis tool and prescribing guidelines for the prophylaxis of gastroduodenal damage due to NSAIDs.
Setting and Method:	Literature review; design and validation of risk factor analysis tool and prescribing guidelines; 4 week prospective study in a large teaching hospital in Scotland.
Main outcome measures:	Categorisation into high, intermediate or low risk of gastroduodenal complications; sensitivity/specificity of risk factor analysis tool; adherence to DUE criteria
Results:	Of 50 patients (21 male, 18 £ 60 years) 19 (38%) were categorised high risk, 5 (10%) intermediate risk, 25(50%) low risk and 1 (2%) patient unclassified on application of the risk factor analysis tool. Independent assessment of 10 patients produced 90% agreement (sensitivity 100%, specificity 75%). Adherence to the main DUE criteria: high risk patients (primary prophylaxis, n= 11) 3 (27%) were prescribed misoprostol; high risk patients (secondary prophylaxis, n = 4) no patients received omeprazole; NSAID discontinued in all patients with gastrointestinal symptoms or bleed (n =12), adherence 7 (58% ; discharged on prophylaxis (high risk) or no prophylaxis (low risk) and no gastrointestinal symptoms (n= 34), adherence 12 (35%).
Conclusion:	The risk factor analysis tool has produced good agreement with a senior clinician and should therefore support junior staff in providing high quality patient care. The low adherence to DUE criteria highlights the need for guidance and provides the baseline data to measure the impact of the documentation after minor modification and formal implementation.

III.4 How to submit:

Visit the symposium website on the internet through www.escpweb.org and carefully fill in the on-line form, providing all requested information as follows: Title, Authors, Establishment, Objective, Design, Setting, Main outcome measures, Results, Conclusions.
All fields must be filled in (References-field only if any should be mentioned). Do not exceed 350 words.
Abstracts submitted after the deadline will not be accepted.

III.5 Short research paper

Authors who have an abstract accepted for oral communication will be invited to submit a short research article for publication in the International Journal of Clinical Pharmacy.
The headings which are recommended for the IJCP should therefore be used. The ESCP communication committee is available to provide advice on submission of papers to the IJCP. The instructions for authors can be found at http://www.editorialmanager.com/ijcp/.

PHILOSOPHY OF PRESENTING A POSTER

The presentation of a poster allows for a study to be presented and discussed extensively. The presentation of a poster has certain advantages over the oral communication:

- it allows readers to consider material at their own speed;
- it is available for viewing over an extended period of time;
- it enables participants to engage in more detailed discussion with the presenter than is usually possible after an oral communication;
- it permits the presenter to make contact with others interested in the field of study; and
- it relieves the anxiety often associated with having to stand up and present in front of an audience, particularly if English is not the presenter's first language.

During all ESCP meetings, at assigned moments, presenters are expected to stand next to their poster and answer questions on their poster to interested participants. The members of the award committee for the poster award, will also walk around between the posters and invite presenters for discussions.

During the meetings, and often running concurrently with a poster session, there can be a session called 'Learning Resource Centre', which permits the demonstration of video or software programmes. However, it must not be assumed that because a meeting has a poster session that facilities will be available for a demonstration.

IV.1 Components of a poster

A poster is a static means of presenting information on paper.

The following components should be included in a poster and used as headings where appropriate:

- Title;
- Name and address of author(s);
- Introduction or background;
- Objectives;
- Methods or study design;
- Results;
- Discussion;
- Conclusion(s) ; and
- Acknowledgements and conflicts of interest
- Statement when the study has been presented elsewhere already

The headings which are recommended for a structured abstract may also be used.

IV.2 Additional material

Various materials that might be considered to support a poster could be included, such as:

- Illustrations;
- Photographs;
- Diagrams, pie charts, histograms;
- Hand-outs;
- Exhibits and objects.

As a poster presenter it is often useful to have a blank notepad to record the name(s) and address(es) of people interested in your work and whom you may want to contact at a future date. An abundance of A4 copies of the poster (arranged beside it) are also very useful when the presenter is not in attendance of the poster so that interested readers can take one and eventually leave comments or a contact address for follow-up. A special envelope can be put on the poster board where interested parties can leave their address cards.

IV.3 Designing the poster

Before attempting to design the poster make sure you are aware of the required size and dimensions for display. The size of the poster differs from meeting to meeting and is normally announced in the provisional programme or in the acceptance letter for the presenter. Refer to the document printing department of the institute for the software that should be used for the lay-out. Usually MS PowerPoint is a good choice.
The following points should be borne in mind when designing the poster.

- The poster should communicate the message as simply as possible within the scientific structure;
- Do not allow the poster to become filled with too much detail;
- The materials used should be restricted to items that can be mounted on the poster board plus hand-out material;
- With a poster display it is usually not possible to use projection facilities or demonstrate equipment or software;
- For ease of reading at 1-2 m distance, the title of the presentation should be in lettering not less than 2.5 cm high with normal text letters not less than 8 mm high and at least 0.7 mm thick for the headers;
- Design the poster to read from left to right and from top to bottom;
- Use bullet lists where possible;
- Use headings and subheadings in boldface ;
- Choose a readable typeface and avoid poor quality dot matrix printers;
- Keep poster material simple and clear and the text short;
- Wherever possible use photographs, pictures, diagrams, arts or histograms;
- Use colour effectively in diagrams, histograms etc.;
- Charts, graphs, diagrams, photographs need to be easily understood;
- The poster should enable the reader to understand its meaning without need of explanation form the presenter;
- The email of the submitting author(s) should be indicated somewhere on the poster.

IV.4 Troubleshooting

The following are some of the common problems which occur with a poster presentation:

- Poster not designed for actual space available;
- Poster not assembled/organised before the meeting;
- Poor/inadequate use of headers – header letters too small;
- Print size of poster too small to be readable at distance;
- Too much information on the poster;
- Not bringing a supply of velcro /pins to mount the poster;
- Poster not displayed at the correct time, or poster taken down before the correct time;
- Poster not attended at the required time; and
- Poster damaged during transport.

Chapter V

PRESENTING AN ORAL COMMUNICATION
OR
AT A POSTER DISCUSSION FORUM

The presentation of an oral communication at a conference is normally restricted to 10-15 minutes including questions. The presentation during a poster discussion forum is even shorter, normally restricted to 5-8 minutes including questions. Presenters will, in general, have much to say, and usually far more than can be delivered in the short time allocated.

In addition to the time constraints there is the additional dilemma that many in the audience will be unfamiliar with aspects of the work whilst others will have in-depth knowledge.

Presentations should be held in the English language, and this also may present an important hurdle for non-native speakers.

These aspects, together with other factors, increase the pressure on the presenter. However, with careful planning, attention to technique and several rehearsals of the presentation before peers, problems can be avoided.

During the preparation of the oral presentation or a presentation for a poster discussion forum three distinct stages can be identified:

- Collection, organisation and selection of data;
- Organization of the talk and preparation of slides; and
- Writing out the talk, performing, polishing and rehearsing.

V.1 Collection, organisation and selection of data

The audience is primarily interested in hearing a short, concise account of the research. It is generally not possible to present all research data. The presentation will probably have to be restricted to one aspect of the work. This will necessitate a very selective approach.

Select and formulate the question that is going to be answered on one of the first slides. Identify the main message of the presentation and select three or four pieces of evidence that will support the message. Simplify the results into a format which can be easily understood by the audience. This could, for instance, involve the presentation of complex tables as histograms.

The elements of the collection, organisation, data selection and arrangement of the talk equally apply to the preparation of a poster presentation. But during a poster presentation the content should be in line with the content of the poster.

V.2 Organize the talk

Determine the basic structure of the presentation which should fall into the following components:

Introduction:	This must set the context of the work and excite the interest of the audience. It must be simple, precise and free from jargon. Presenters also should mention if elements of the same study have already been presented elsewhere.
Aims and objectives:	The aims of the work undertaken must clearly set out the purpose of the study. They should be a logical development of the introduction.

Method: The details of the method used will normally be presented in an abbreviated form. If a new methodological approach has been used or developed as part of the study more information will inevitably be required.

Results: The results are normally the most important part of the paper. Present them in a comprehensive and legible format. Spend time describing all aspects of each slide including their layout and organisation. Do not quickly present and dismiss aside. If one has the time available, a short discussion of the findings could be appropriate.

Conclusion: The conclusions should be a logical development of the results. Aim to make one or two clear statements. Beware of the pitfalls of extrapolating findings beyond their limitations.

V.3 Visual Aids

In most circumstances the presentation will involve the use of a presentation program like PowerPoint, Keynote, Impress or Corel Presentations. Old-fashioned slides or overhead foils can no longer be used anymore. The impact and quality of the visual aids may make or break the presentation.

A rough outline of the presentation should be prepared to help the presenter determine where an illustration is needed. Avoid the use of complex tables, figures, diagrams or pictures crammed with information. Check all pictures to ensure they are readable and correct when projected.

A common error with the use of either medium is to assume that a table or diagram from a book will be legible as a slide.
Avoid the temptation to put too much information on a slide, good presentation programs like PowerPoint warn you for this trap. Too much detail and information does not lend itself to satisfactory projection. Limit each slide to one main idea and ensure tables and diagrams etc are reduced to essential data. Slides which are reproduced from, or represent the work of others should acknowledge this. Do also reference quotes or ideas from other articles.

Take computerised presentations with you on a USB stick. Make sure it is put on the computer in the presentation room or slides room, well before the start of the session and check if the presentation works.

V.4 Writing, performing and polishing the talk

Having decided on the content of the presentation, write the text of the talk in full and take the potential audience into account. Write in a conversational style and avoid too much jargon. Identify the correct place for slides in the presentation. Match slides with the presentation and make sure that you actually use all slides. Use each slide to prompt your presentation. If there is no slide to illustrate a point, avoid leaving the previous side on but insert a blank slide as this will not distract the audience. Present the talk to colleagues, check the timing and discuss the content. Edit the presentation and rehearse it until you have confidence in the timing and content of the talk and do not have to look continuously at the full text of the presentation. Finally, when responding to questions at the end of a presentation make sure that those in the audience hear and understand the question posed. Repeating the question before giving an answer is a good ploy to ensure that both yourself and the audience are clear about the question.

V.5 Troubleshooting

The following are some of the common problems which occur when presenting an oral communication or at a poster discussion forum:

- Presentation not respecting the allocated time;

- Presentation not audible or understandable (language);
- Reading the presentation from a manuscript and not looking at the audience;
- Reading the presentation form projected slides and not looking at the audience;
- Slides too full or badly organised and;
- Content of slides e.g. diagrams, graphs not explained.

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Chapter VI

ORGANISING A WORKSHOP

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VI.1 The aim of a workshop

The aim of a workshop is to encourage and promote group participation to solve problems and develop skills related to the education or practice of clinical pharmacy.

A factor to consider: the workshop organiser must select a format that ensure that the objectives of the session can be achieved. If not, an alternative format should be utilised.

ESCP workshops should definitely not be mini-lectures as sometimes is customary in the Unites States.

VI.2 Workshop abstracts

People who wish to organise a workshop during an ESCP conference must apply for it. An abstract should be prepared for the scientific committee of the conference. The headers of the abstract should be: Title, Background, Aim of the workshop, Learning objectives, Workshop facilitator(s).Abstracts of approved workshops will appear in the final Program.

The Learning objectives should be formatted as: 'After the workshop, participants should be able to ………….. ', so that the scientific committee, potential participants and eventual accreditation bureaus know what to expect.

VI.3 Structure

The structure and organisation of a workshop may take one of several formats.

The following is a typical example in which the workshop is composed of three parts:

a.   After the introduction of the workshop leader(s), the objectives of the workshop are identified for participants at the start of the session. Thereafter information is presented by a workshop leader using of visual aids and hand-outs. The time spent on this section should not exceed 20 % of that allocated to the workshop.

b.   The main body of the workshop is designed to allow participants to share their knowledge and interact in a learning situation. Exercises are undertaken in small subgroups on specific topics defined by the workshop leader. The exercises undertaken by each group need not be the same. Participants in each group are required to prepare a report or produce a set of answers or recommendations. A nominated individual within each subgroup makes notes of the group's discussion and with the aid of overhead acetates or a flip chart prepares a report of the findings for presentation to the main workshop group. The time spent on this section of the workshop should be approximately 50 % of the time allocated to the workshop.

c.   In the final section of the workshop each subgroup reports back on the outcome of their discussions. In order to use time effectively it might be convenient for one subgroup to report back whilst others merely contribute their comments or alternative ideas. The report back is often facilitated by use of acetates/overheads or flip charts. The latter allow outcomes to be displayed as a mini-poster which can be read by other members of the group. At the end of the session the workshop leader should present a brief summary.

VI.4 Workshop moderators

Normally each workshop will have one or possibly two principal moderators with others perhaps involved as facilitators when needed. Please note that ESCP will only reimburse the costs for two moderators per (repeated) workshop. The role of the workshop moderator is to:

- Define the tasks and objectives for the session;
- Produce a summary and outline of the workshop for distributions before the meeting;
- Produce a list of audio-visual requirements before the meeting for the meeting's organiser;
- Prepare hand-outs for the workshop (photocopies of acetates used by the workshop leader often suffice);
- Determine the time-plan for the session and ensure it is adhered to;
- Prepare and provide information and tasks for participants to problem solve;
- At the end of the workshop summarise the findings and;
- Write-up the main findings/outcome of the workshop.

Generally workshop moderators are individuals with a blend of knowledge, teaching and practice skills in the subject of the workshop.

VI.5 The size of a workshop

The maximum size of a workshop group must not exceed 30 participants in order to allow for maximum group participation. Workshop moderators should prepare a workshop with this maximum number of participants in mind. In many circumstances a smaller group may be more appropriate. However, since ESCP will be remunerating the workshop moderators, preparations should be such that a maximum of 30 participants can be served.

VI.6 The duration of a workshop

Depending on the programme for the meeting and the subject to be tackled, the time allocated for a workshop should normally not be less than 90 minutes. A workshop session should not exceed 150 minutes. The duration of a workshop is decided by the scientific committee of the conference and is announced to the workshop moderators in advance.
Workshops may be repeated during conferences.

VI.7 Troubleshooting

The following are some of the common mistakes made in the organisation, planning or operation of a workshop:

- Allowing too many people into the workshop;
- Inadequate planning and preparation of the workshop;
- Not having hand-outs and/or lists with references about the subject;
- Using the session to present lengthy, formal lectures;
- Not setting clear objectives for each workshop subgroup;
- Not using visual aids, or not using them properly;
- Inappropriate allocation of time to the different parts of the workshop;
- Not allocating enough time for group work and;
- Not summarising the findings/outcome of the workshop.

ABSTRACT REVIEW AND SELECTION GUIDELINES

Abstract that have been submitted for presentation at an ESCP symposium or spring-workshop will be judged by invited ESCP members, who have known expertise in certain fields of clinical pharmacy and pharmaceutical care. These members will be invited for each conference. The invited members make up for the Abstract Review Committee. The chair of the Research Committee of ESCP is also the chair of the abstract review committee, and coordinates the process.

The quality of the three official types of Abstracts, each will be assessed according to the criteria described in this chapter.

VII.1 Abstract types:

- Research abstract:	Submissions must describe original research in outcomes, therapeutics, pharmacoepidemiology, pharmacokinetics or pharmacoeconomics. In vitro and animal research will only be considered if there is relevance to clinical pharmacy practice. Submissions will be evaluated on originality and innovation, hypothesis and clarity of objectives and outcomes, study design, interpretation of results and conclusions.
- Descriptive abstract	Submissions must describe original, new or adapted methodologies in the field of clinical pharmacy or statistical evaluations *Or* the development of innovative clinical pharmacy practices, services or software *Or* the implementation of innovative educational (e.g. teaching/learning techniques, curricula) programmes in both the academic as well as practice setting. Presentation of results is not necessary, although data, including outcomes, can be supplied to illustrate the methodology.
- Encore presentations	The abstracts of work that has been presented elsewhere, may be accepted for a ESCP conference if the reviewers deem the work of real importance to the clinical pharmacy community. Such submissions can be accepted for poster presentation only.

VII.2 Abstract fields

Abstracts can be submitted for the following research fields/categories

Community Pharmacy
      Pharmaceutical care and medication safety........................... CPC
      Clinical education/training... CPE
Hospital Pharmacy
      Pharmaceutical Care and medication safety.......................... HPC
      Clinical education/training... HPE
Therapeutic Drug Monitoring and Pharmacokinetics/genomics...................... TDK
Drug Information... .... DIN
Pharmacoepidemiology .... PEP
Pharmacoeconomics .... PEC
Pharmacotherapy . ... PTH
Public Health........ .... PHE
Research development... RED

VII.3 Procedure for abstract review

a. The chair of the abstract review committee roughly checks the correct format of submitted abstracts, and then assigns each abstract to a minimum of two reviewers, who have indicated a certain expertise in the field.

b. Reviewers should check if the content of the abstract has a relation with clinical pharmacy, and look at the originality of the study; Innovative methods, if valid, are valued over more routine methods; new findings are valued over a confirmation of old findings, unless controversial.

c. Reviewers should rate different elements of the quality of the abstract. The first five criteria are answered on a 'yes/no' basis. To proceed to scoring, all five criteria must be rated 'yes'. These are:
> 1. Is the topic within the field of clinical pharmacy?
> 2. Is the abstract understandable?
> 3. Is there a clear aim in the abstract?
> 4. Are the results clearly described?
> 5. Are all fields for the required headers filled and properly completed?

If the answer to any of these is 'no' then the abstract is rejected and not scored.

If yes, the following scoring criteria are applied on a scale of strongly disagree (1), disagree (2), undecided (3), agree (4), strongly agree (5):
> 1. The described project/study is original
> 2. The described project/study is relevant for an international audience
> 3. The described project/study is likely to improve patient care, directly or indirectly
> 4. The described project/study is likely to generate debate or further study

The maximum score from these four criteria is 20, with a further 5 being added from the five screening criteria giving an overall abstract score of 25.

Reviewers must also add some comments to clarify their score, which may then help the abstract submitter understand the scoring and the total score.

VII.4a Further description of the Criteria for a Research Abstract

Background/Objectives: Is it clear what the authors wanted to study and why

Design: The description of the methodology should be clear, including the difference with other methodologies. Is the method appropriate for the research question

Results: Are the results clearly explained, and probable. Is the statistical background correct?

Conclusions: Is the conclusion clear, and does it logically follow from the research question, method and results?

Completeness: Are all required elements present, and can you get a good impression of what the authors have done and want to present?

Language: Is the abstract written in understandable English

Level of innovation: Has the study been innovative or is it more of the same?

Comment: Reviewers should give some additional comments explaining their score, especially when low.

VII.4b Further criteria for a descriptive abstract

Background/Objectives: It should be clear why the presented program or practice offers a new point of view or approach.

Design: The description of what has been done should be clear, including the difference with similar existing processes. It must be clear what is new or different.

Results: Are the outcomes of the new process/practice clearly explained, and are they probable?

Conclusions: Is the conclusion clear, and has it been compared to the older method(s)?

Completeness: Are all required elements present, and can you get a good impression of what the authors have done and want to present?

Language: Is the abstract written in understandable English?

Level of innovation: Has the topic/practice been innovative or is it more of the same?

Comment: Reviewers should give some additional comments explaining their score, especially when low.

VII.4c Further criteria for Encore Presentations

Background/Objectives: It should be clear why the presented program or practice offers a new point of view or approach that will most probably alter the way that clinical pharmacists work

Design: The description of what has been done should be clear, including the difference with similar existing processes. It must be clear what is new or different.

Results: Have the outcomes or accomplishments of the new process/practice clearly been explained, and are they probable?

Conclusions: Is the conclusion clear, and has it been compared to the older method(s)?

Completeness: Are all required elements present, and can you get a good impression of what the authors have done and want to present? It should be clear where and when the same work has been presented before.

Language: Is the abstract written in understandable English

Level of innovation: Has the topic/practice been innovative or is it more of the same? Does the encore presentation merit a poster?

Comment: Reviewers should give some additional comments explaining their score, especially when low.

VII.5 The scoring process

A minimum of 2 reviewers will assign marks, and based on those marks the first rating of abstracts will be made.
The total scores of both reviewers will be added up, and divided to obtain a mean. If the SD of two scores is relatively high (usually above 5), then the chair of the Reviewing Committee may decide to ask a new reviewer for his opinion and scores.

After this final scores are clear, the chair of the reviewing committee together with the chairperson of the Scientific Committee of the conference and the chair of the Communication Committee will establish a cut-off point for the mean, below which an abstract will be rejected.

Also based on the scores they then will determine if the abstract is suitable for a Poster, Poster Discussion Forum (PDF) or Oral Communication (OR). These judgements will also be based on the impressions of the reviewers as follows

Oral Communication: Abstracts can be accepted for oral communication if 2 reviewers recommend oral communication.

Poster Discussion Forum: Abstracts can be accepted for Poster Discussion Forum if 1 reviewer recommends Oral Communication and 1 reviewer recommends Poster Discussion Forum or if 2 reviewers recommend Poster Discussion Forum.

Poster: Abstracts can be accepted for Poster and abstract publication if 1 reviewer recommends Poster and abstract publication and 1 reviewer recommends Oral Communication or Poster Discussion Forum or if 2 reviewers recommend Poster and abstract publication.

VII.6 After the conference

All accepted abstracts for Poster, Poster Discussion Forum, and Oral Communication that have been accepted will be published in the Final Programme & Abstract Book, unless it is clear that none of the authors will come to the conference.
All accepted abstracts for Poster, Poster Discussion Forum, and Oral Communications that have been presented will be published in the International Journal of Clinical Pharmacy. The representative of the ESCP International Office will check if a poster and an author have been present on the first and last day of the conference.

ESSENTIAL CHANGES COMPARED TO PREVIOUS VERSIONS

January 2012: A number of essential changes have been made to this document, in comparison with V5.
- The types of abstracts have been limited to three, with each a distinct format;
- The types of abstracts have now been clearly separated from the fields of clinical pharmacy that the abstract deals with;
- Abstract submitters have no longer influence on the type of presentation that will be assigned to them;
- The Chair of the Scientific committee of a conference may have more influence on the acceptance or rejection of abstracts as poster, poster discussion forum or oral communication within the boundaries of the scoring.

April 2012: Minor changes have been made in comparison with V 6.0

April 2015: Minor changes have been made in comparison with V 6.1
- The format for Descriptive abstracts has been slightly adapted, now including a result section.
- The exact scoring criteria have been added under VII-3-d

May 2017: Minor changes have been made in comparison with V 6.2
- Format for descriptive abstracts
- Scoring criteria
- The Scoring process

BIBLIOGRAPHY

Some useful books, general recommendations:

Tim Albert.
Winning the publications game.: How to write a scientific paper without neglecting your patients
Oxford: Radcliffe Medical Press, 2nd edition, 2000. ISBN: 1846192471

George M Hall (ed).
How to write a paper.
London: BMJ Publishing Group, 4th Edition, 2008. ISBN 1405167734

Trisha Greenhalgh
How to Read a Paper
London: BMJ Publishing group, 3rd Edition 2010. ISBN 1444334360

Brian Stephen Budell
Writing a biomedical research paper, a guide to structure and style
Tokyo, Berlin, Heidelberg, New York: Springer, 2009. ISBN 978443188036

Pierson D.J.
How to write an abstract that will be accepted for presentation at a national meeting.
Respir Care. 2004 Oct;49(10):1206-12.

Style and grammar:

- Merriam-Webster's Collegiate Dictionary (US).

- Oxford English Dictionary (UK).

- Stedman's Medical Dictionary (Williams & Wilkins).

- The Merck Manual/Manuel Merck (Merck Research Laboratories/Sidem).

- The Elements of Style (4th edition) Strunck and White, Massachusetts: Alyn and Bacon; 2000.

- The Cambridge Grammar of the English Language. Edinburgh, 2002,

- Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers. http://www.nlm.nih.gov/pubs/formats/recommendedformats.html. Last viewed 10-01-2012.

- Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication. On: http://www.icmje.org/, Last viewed 10-2-2012

The following internet resources could also be of interest, although they are older:

- http://library.buffalo.edu/libraries/asl/guides/bio/posters.html
- http://www.ncsu.edu/project/posters/NewSite/CreatePosterFocus.html
- http://www.kumc.edu/SAH/OTEd/jradel/Poster_Presentations/PstrStart.html
- http://www.fip.org/files/ypg/Project%20Documents/career%20development/CareerDevelopment-PosterPresentations.pdf