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European Society of Clinical Pharmacy

GUIDELINES
for
WRITING ABSTRACTS- V2 (Lyon)

INTRODUCTION

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. These guidelines are intended to direct you through the process of drawing up an abstract for an ESCP symposium or Spring-Workshop. A badly written abstract will distract from the quality of the work and this may result in the work not being accepted for presentation.

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

The ESCP Communication Committee
May 2010

Review and Topics for the Lyon ESCP-Conference

All submissions will be evaluated by reviewers on originality and innovation, hypothesis and clarity of objectives and outcomes, study design, interpretation of results and conclusions. Do not forget that ESCP is a society for Clinical Pharmacy, i.e. the patient is our first concern. We expect in the abstract fits in the role and function of clinical pharmacy.

Submitted abstracts will be considered in the following broad topics:

Clinical case report (CCR): Descriptions of a case, or series of cases that highlight new adverse events, or new aspects of known ADEs for medicines and medical devices.

Clinical pharmacogenomics/pharmacogenetics (CPG): Submissions must describe original research in pharmacogenomics or pharmacogenetics, or new aspects of its practical applications.

Clinical pharmacokinetics/pharmacodynamics (CPK): Submissions must describe original research in pharmacokinetics or pharmacodynamics, or new aspects of its practical applications.

Clinical pharmacy education/training (CET): Submissions must describe the development or implementation of innovative educational (e.g. teaching/learning techniques, curricula) programmes/software in the field of clinical pharmacy in the academic or practice setting.

Medicine/drug information (MI): Submissions must describe the implementation of innovative methods of medicine-information or methods for assessing the quality of medicine information or medicine-information centres.

Medication safety (MS): Submissions must describe original research into aspects of medication safety, in hospital pharmacy as well as community pharmacy. Submissions can also describe the innovative implementation of methods, software, and protocols to improve medication safety.

Nutritional Support and Intravenous Therapy (NUV): Submissions must describe original research in nutritional support or in methods of intravenous therapy, including new aspects of applications in patients.

Patient related services (PRS): Submissions must describe original research in direct patient related clinical pharmacy services, pharmaceutical care, and care modules, including new aspects of implementation of such services.

Therapeutic drug monitoring (TDM): Submissions must describe original research in therapeutic drug monitoring or TDM services including new aspects of implementation of such services. In vitro and animal research will only be considered if there is relevance to clinical pharmacy practice.

Pharmacoeconomics (PEC): Original research in pharmacoeconomics, describing therapy costs or comparing costs of therapies with at least one drug or medical device involved. Both methodological as well as practice descriptions will be considered.

Pharmacoepidemiology and Public Health (PPH): Original research in pharmacoepidemiology and public health, describing the impact of pharmacotherapy of consumer behaviour with at least a drug involved. Both methodological as well as practice descriptions will be considered.

Therapeutic evaluations (PTE): Original research in therapeutics, including population based studies and the effects of medical devices. The focus should especially be on effects and side-effects in humans. In vitro and animal research will only be considered if there is relevance to clinical pharmacy practice.

Encore presentations

The abstracts of work, that has already 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.

Selecting a presentation platform

Authors may indicate what kind of presentation platform they prefer. Reviewers will also indicate which platform they deem suitable for the paper. The end-decision lies with the chair of the review committee. Please note that it would be wise only to ask for an oral presentation, if the English language skills of the presenter are sufficient. Do not present more than 10 slides in an oral presentation, and test the timing of the presentation before delivering it in the conference.

GUIDELINES FOR WRITING A STRUCTURED ABSTRACT

- 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.
- If the material was presented or published elsewhere prior to the meeting, this should be indicated clearly in the submission, and later also mentioned on the poster.
- Before entering your abstract on the website, make sure that its length is a minimum of 2000 characters (letters) and not more than 3100.
- 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.

Content of the abstract

The different elements of the pre-formatted abstract template have the following meaning:

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.
Working group:	The details of the department for the principal researcher(s) should be presented (including city and country).
Introduction	The question or problem addressed by the abstract, in view of existing knowledge
Materials & Methods	Description of the study-method, or the method that a situation that has been analysed, including the setting.
Results	Results of the study or analysis.
Discussion/Conclusion	Description of the findings in comparison with existing evidence or knowledge. The brief conclusion(s) should give an idea if the program or situation is beneficial for clinical pharmacy.
References	A maximum of 2 references that support the study or put the study in perspective,

TROUBESHOOTING

Adherence to the following points should avoid some of the common mistakes made when writing an abstract:

- drugs should be referred to by their approved (not proprietary) name;
- 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 correction or 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;
- not relevant to clinical pharmacy;
- not dealing with patients or medicines or medical devices; in vitro study
- 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, leading to misunderstandings.

Some useful books, general recommendations:

Janice R Matthews, J Bowen, R Matthews.
Successful scientific writing: a step-by-step guide for biomedical scientists.
Cambridge University Press, 2nd edition, 2000. ISBN

Tim Albert.
Winning the publications game.: How to write a scientific paper without neglecting your patients
Oxford: Radcliffe Medical Press, 2nd edition, 2000. ISBN: 1857754719

George M Hall (ed).
How to write a paper.
London: BMJ Publishing Group, 3rd Edition, 2003. ISBN 0727912348

Trisha Greenhalgh
How to Read a Paper
London: BMJ Publishing group, 3rd Edition 2006. ISBN 0727915789

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.