**WPRC & PSW Educational Conference Abstract Template/Guidelines**

Reminders: Check grammar, punctuation, and capitalization before final submission. Your abstract will be printed exactly as submitted in a supplement to the *Journal of the Pharmacy Society of Wisconsin* unless publication is not desired by indicating in the online form. The formatting in the template below is specific and REQUIRED.

For a successful submission of an abstract, you will prepare your abstract in this template, have your preceptors review it, and then upload this Word document to the online form.

**Title**

Title is limited to 2 lines of text (short, specific titles are preferred)

**Authors**

* Authors should be listed with the **FIRST NAME FIRST, MIDDLE INITIAL, AND THE LAST NAME LAST**
* Author credentials should be listed (PharmD, BCPS, etc.) exactly as you would like them to appear in publication
* All authors should be listed
* Place an asterisk by the presenter's name
* Provide name of practice site

**Contact** **Email:**

Provide the email of the best author to contact with follow-up questions related to your project

**Sections:**

* Purpose/Background
* Methodology
* Results (preliminary results are acceptable)
* Conclusion (reached to date)
* If Results/Conclusion not available, leave blank. “Details/Results will be discussed” or “To be presented” are not acceptable

There is a 500-word limit on this abstract.

**Failure to comply with abstract requirements may result in an abstract being rejected.**

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**Sample Abstract**

**Development and Implementation of a Medication Therapy Management Service in a Community Pharmacy**

Author #1, Author #2, Author #3, etc.

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**Background/Purpose**: Design a community pharmacy model for implementing and conducting a MTM service

**Methods:** Eligible participants are those >18 who take >3 medications a day. Patients scheduling an appointment completed a Patient Information Form. Participants’ primary care physician was contacted to obtain laboratory values. Issues identified and recommendations were documented. A survey was administered to patients after their session to determine satisfaction.

**Results**: Eight patients were included in the IRB-approved study. The mean daily medication use was 18 medications (range 12-25). Thirty-seven medications (25.9%) required interventions. The most common interventions involved improper dose or directions, need for improved monitoring, and/or addition of a new medication. Three of 8 patients completing surveys believed the pharmacist was helpful and knowledgeable and would recommend the service. An average of two hours was needed to schedule, prepare for, conduct, and document the MTM session.

**Conclusion:** We observed substantial improper use of over-the-counter products. Because of this we believe there is opportunity for pharmacists and significant need for greater physician referral. Greater efficiency (perhaps through greater use of auxiliary personnel or technology) is needed in coordination. A defined follow-up process will aid in fully evaluating benefit and cost-effectiveness of this service.