44TH ESCP SYMPOSIUM ON CLINICAL PHARMACY
LISBON, PORTUGAL ◆ 28–30 OCTOBER 2015

MEDICINES INFORMATION
MAKING BETTER DECISIONS

ESCP
European Society of Clinical Pharmacy

TA DMC | Portugal

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SYMPOSIUM SECRETARIAT
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1990-083 Lisboa
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Tel: + 351 218 646 900
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SYMPOSIUM WEBSITE
information, registration, accommodation.
Please find on the website all updates of the program.
http://www.escpweb.org/cms/Lisbon

SYMPOSIUM COMMITTEES

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Markus Lampert (CH)

Symposium Presidency
Fernando Fernandez-Llimos (PT)

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Fernando Fernandez-Llimos (PT)
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Anne Leendertse (NL)
Daniela Scala (IT)

ESCP WOULD LIKE TO THANK FOLLOWING CONTRIBUTORS, SPONSORS AND PARTNERS FOR THEIR SUPPORT OF THE 44TH ESCP SYMPOSIUM ON CLINICAL PHARMACY IN LISBON

TOURIST OFFICE OF LISBON

BAYER HEALTHCARE

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

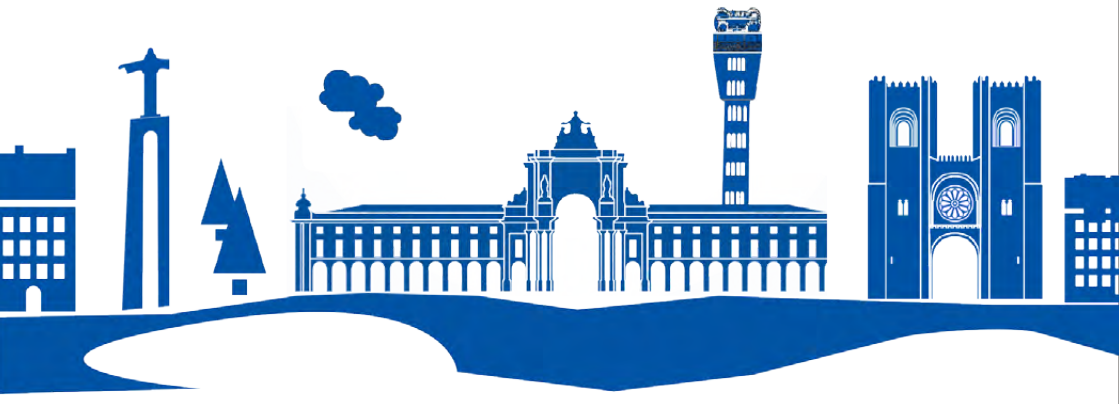
All the information on the scientific and social program, as outlined in this Preliminary Program, is subject to change in finalisation of the ESCP European Symposium Final Program.

Impressum

Graphic design and layout: white suitcase, Geneva http://www.white-suitcase.ch
Printed on 100% recycled paper by: Printissimo, Geneva, http://www.printissimo.ch

Important Dates And Deadlines

Extended abstract submission deadline:	6 July 2015
Early-bird registration deadline:	31 July 2015
Notification to Abstract Submitters:	28 August 2015
Early-bird registration deadline for abstract presenters:	15 September 2015



2 INVITATION BY THE PRESIDENTS OF ESCP & THE SYMPOSIUM

Dear Colleagues

The European Society of Clinical Pharmacy (ESCP) invites you to participate in the 44th ESCP symposium in Lisbon, Portugal, on October 28-30, 2015.
Portugal is very proud to once again welcome the ESCP to Lisbon for its annual symposium. As the focus of this year's symposium, the scientific committee has selected the traditional clinical pharmacy theme of 'Medicines Information'. Regardless of which definition of clinical pharmacy is used, clinical decision making is vital to improve the current drug therapy of patients and/or drug therapy outcomes. However, due to the rapid growth of the therapeutic portfolio, clinical pharmacists may not have sufficient knowledge to make some clinical decisions.
Medicines information is usually defined as knowledge that a healthcare professional lacks and has to access during the clinical decision-making process. It is essential to assess the quality of the information by considering its accessibility, reliability, completeness and applicability.
New technologies may improve access to medicines information, but are associated with new requirements related to their special characteristics. Finally, filtered evidence obtained through specific evidence-generating processes, rather than raw information, may be required in order to make the best possible decisions.
Let's discuss all these topics in Lisbon and let's learn from each other to make the best decisions that patients need.

Fernando Fernandez-Llimos, President of the Symposium
Markus Lampert, ESCP President

Fernando Fernandez-Llimos
Symposium Presidency

Markus Lampert
ESCP President

Illustration of the April 25th Bridge in Lisbon. It is known as the most beautiful bridge of Europe

Generalities

ESCP Poster Award and oral Communication Award 2015

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.

The deadline for submission of abstracts: 6 July 2015, midnight CET.
Abstracts submitted after the deadline will not be accepted.

Submission

All participants of the symposium are invited to make submissions for adjudication by the Scientific Committee of the Symposium. 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 28 August 2015. After acceptance, authors are entitled to register at the early-bird-fee for another 14 days: deadline 15 September 2015.

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: 6 July 2015, 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 28 October, 10 am to October 30, 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.

Poster Discussion Forums

In poster discussion forums authors will give 8-minute presentations on the content of their abstracts, including 3-minute discussions with questions and answers. The authors will also present posters in the poster area.

Oral Communications

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

FINANCIAL SUPPORT FOR SYMPOSIUM ATTENDEES

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 44th ESCP European Symposium on Clinical Pharmacy. The pharmacist who requests financial assistance should live and work in a developing country. Below you will find a listing of countries

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

not eligible, according to the World Bank list of economies July 2015.

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
- 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

Financial Support for symposium Attendees *(continued)*

- 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 info@escpweb.org. The deadline to submit financial support applications is 10 September, 2015.

***

INDUSTRY SPONSORSHIP AND 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:

Top Atlântico DMC

Av. Dom João II, Lote 1.16.1 - 1990-083 Lisboa, Portugal
Tel: + 351 218 646 900
Fax: + 351 214 252 381
E-mail: elizabete.oliveira@tacongress.com

Top Atlântico DMC *has been selected by ESCP as the Official Symposium Organiser for the 2015 Symposium to process registrations, hotel reservations and excursions. All correspondence should be sent to the Symposium Secretariat at:* elizabete.oliveira@tacongress.com, *tel: + 351 218 646 900*

Symposium Venue

Altis Grand Hotel
Rua Castilho, 11
1269-072 Lisboa - Portugal

How to get from Lisbon Airport to Altis Grand Hotel

Metro: Lisbon Airport is served by the metro network. Take the red line at the airport and change to the blue line at *São Sebastião* station. Exit at *Marquês de Pombal* station. The hotel is about 200m away. Metro Network operates from 6:30am until 1:00am

Aerobus: The Aerobus service provides regular transfer connection between Lisbon Airport and several central points of the city. It stops at *Marquês de Pombal square* and works daily from 7:00am to 11:00pm.

Taxi: There are plenty of taxis outside the arrival's hall of Lisbon Airport. Taxis are not expensive in Lisbon. *Altis Grand* is located at 8 km distance from the airport and a taxi ride costs aproximatly € 15,00.

Regular buses: Lisbon regular bus network is operated by "Carris". Carris has 2 lines passing by the airport and *Marquês de Pombal square*. Bus number *744* (daily from 6:30am to 9:00pm) and bus number *783* (daily from 6:45am until midnight). Exit at *Marquês de Pombal* bus stop. The hotel is about 200m away.

Luggage warning for Carris buses: Only small size luggage is permitted to transport (maximum dimensions: 55x40x20cm) and it shall be carried out in the appropriate places.

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.

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.

Social Programme

As an addition to the scientific program, a social program has been developed to give you the opportunity to explore the historical and natural beauties of Lisbon, providing you with the perfect environment for open debate and network.

Symposium Dinner

The Symposium Dinner will take place at restaurant Páteo de Alfama on Thursday evening, October 29, 2015.

Symposium dinner tickets can be booked and purchased (price 65 €, including transportation from/to venue) through the registration system at http://congress.tadmc.com/congressos/index.php?processo=18307&datapro=14.

Note that the number of places is limited to a maximum of 150 participants. Tickets will be sold on a first come, first served basis.

Welcome Reception

An informal Welcome Reception will take place on the first day of the Symposium, on Wednesday evening, 28 October 2015.

Excursions

Participants and accompanying persons may wish to take time out to enjoy Lisbon's attractions by joining a variety of excursions. Excursion tickets are available at https://congress.tadmc.com/congressos/index.php?processo=18307&datapro=14

For further information please contact Top Atlântico DMC.

About Lisbon

Lisbon, the capital of Portugal, lies on seven low hills on the north bank of River Tagus Estuary, on the European Atlantic coast. It is the westernmost city in continental Europe. It is an illuminated city. The almost constant presence of sunshine and the River Tagus transforms the Portuguese capital into a mirror of a thousand colours - highlighting the city's unique architecture and beauty. Legend has it that Lisboa was founded by Ulysses. The name comes from "Olissipo", which has its origins in the Phoenician words "Allis Ubbo", meaning "enchanting port". Lisbon was occupied successively by Phoenicians around 1200 BC, followed by Greeks, Carthaginians, Romans, Visigoths, and Moors until the 12th century when was conquered by the 1st Portuguese King. As Portugal developed into the greatest maritime power in the 15th Century onwards, so Lisbon became a very important port, the world centre trade in spices and jewels from the East and gold from Brazil, and capital of the Portuguese Empire. Lisbon today is a lively international City, offering a fascinating combination of the old and the new, with an unmistakable character and a beauty all of its own. It is one of the world's most scenic cities. Beautiful unexpected views are found at every turn down its colourful, picturesque streets, and especially from strategically-placed viewpoints or

terraces at the top of each hill. The city has an unpolished, seductive appearance; an effortless beauty with captivating details such as cobbled designs, tiled façades, and pastel-coloured buildings blending together to give it a singular atmosphere. Among many traditions, Fado is, par excellence, the song of Lisboa. It is the Portuguese most traditional music genre and UNESCO's World's Intangible Cultural Heritage. The cradle of the city is the medieval castle of São Jorge, which stands with its ten towers on the hill where the original colony was in Phoenician times. Nearby is Alfama, the old Moorish quarter with its narrow winding streets and white washed houses and not far is Bairro Alto, the most traditional old quarter of Lisbon, quiet during the day, but transformed at night into the city's vibrant nightlife quarter. By the river we find the quarter of Belem - where the ships of Vasco da Gama and other famous explorers were launched from, with its famous Tower and the Monastery of Jeronimos, both among the finest examples of Manueline Architecture. Full of attractions, Lisbon provides a distinctive setting for unforgettable once-in-a-lifetime experiences. For more information, visit following websites: http://www.visitlisboa.com/ http://www.visitportugal.com/

SYMPOSIUM REGISTRATION

To register for the Symposium please complete the online form at :
https://congress.tadmc.com/congressos/index.php?processo=18307&datapro=14

Category	**Early Fee ***** (until 31 July 15)	**Normal Fee** (from 1 August to 19 October 15	**Late Fee** (as of 19 October 15 and on-site)
ESCP / Member*	510.00 €	630.00 €	750.00 €
Non-member	630.00 €	750.00 €	870.00 €
Students **	255.00 €	300.00 €	375.00 €
Accompanying Person	220.00 €	255.00 €	305.00 €
Symposium dinner	*65.00 €*	*65.00 €*	*65.00 €*

* Members and students will need to verify their registration status at the symposium sign-in. Registrants that cannot prove their registration status will be charged the onsite non-member fee of 870.00 € per person.

** Student fee is available only to those under-graduate students who do not yet have their pharmacy degree. 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 15 September 15.

Participant's registration fee includes

- Admission to the scientific sessions from Wednesday, 28 October to Friday, 30 October 2015, unless otherwise stated
- Evening lecture on Tuesday, 27 October 2015, and Welcome drinks
- Symposium documents, including badge and congress bag
- Final Program and Abstract Book
- Access to the commercial exhibition & posters
- Welcome Reception on Wednesday evening, 28 October 2015
- Lunches and Coffee breaks
- Farewell drinks after the Closing Ceremony
- Tourist documentation on Lisbon.

Accompanying person's fee includes

- Evening lecture. Tuesday, 27 October and Welcome drinks
- Reception on Wednesday evening, 28 October
- Access to the commercial exhibition & posters
- Lunches and Coffee breaks.
- Farewell Drinks after the Closing Ceremony
- Tourist documentation on Lisbon.

For detailed registration terms and conditions visit http://www.escpweb.org/cms/Lisbon.

Group Registrations

Groups with 10 or more participants could benefit from a Special Package. Please contact *Top Atlântico* for those special conditions: elizabete.oliveira@tacongress.com

Continuing Education Credits

Pharmacists from Belgium, Croatia, Czech Republic, Finland, France, Germany, Italy, Netherlands, Portugal, Switzerland, and the United Kingdom can obtain continuing education credits for attending ESCP courses and symposia. 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. The confirmation letter should be presented at the registration desk in order to receive the congress bag and badge.

Contact / Registration Cancellation / Modification terms and Conditions

Full payment is requested when registering (by credit card or by bank transfer). No confirmation will be sent until Top Atlântico has received the payment. All cancellations and changes to your original registration must be sent to Top Atlântico in writing (letter, or e-mail to elizabete.oliveira@tacongress.com).

Registration cancellation policy: ▸ For any cancellation received until 31st August 2015 a penalty of 50% will apply. ▸ For cancellations received between the 1st September 2015 and the 14th September 2015 a penalty of 75% will apply.

▸ From the 15th September 2015, we regret but no refunds will be made.

All cancellations are subject to an administrative charge of € 50,00 in addition to the penalties mentioned above.

"No-shows" are non-refundable and subject to full penalty.

Hotel booking: General information

Altis Grand Hotel is the ESCP Symposium headquarters. For your convenience there is a large block of guest rooms available for ESCP 2015 attendees.

Bookings for hotel rooms for the Altis Grand Hotel are made directly through the local agent, *Top Atlântico*.

Guest rooms are allocated on a first come, first served basis, and are subject to availability.

Accommodation is provided on a single, double or twin occupancy basis. Double occupancy means double bed for two people sharing. Twin occupancy means two separated beds for two people sharing.

If you should have requests for other dates than stated in the registration site, please contact TopAtlântico by e-mail: elizabete.oliveira@tacongress.com

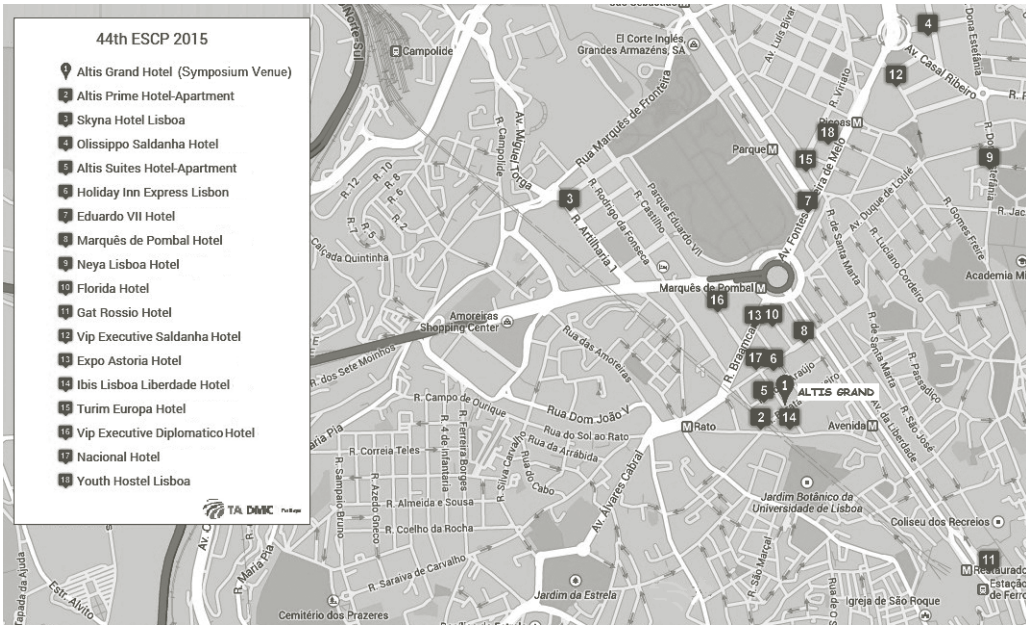
Hotel Cancellation / modification terms and Conditions

In order to verify Terms and Conditions please go to: https://congress.tadmc.com/congressos/index.php?processo=18307&datapro=14

Hotel	Category	Single room *(price per night)*	Double / Twin room *(price per night)*
Altis Grand *(Symposium venue)*	5*****	€ 125,00	€ 135,00
Altis Prime	4****	€ 115,00	€ 125,00
Skyna Lisboa	4****	€ 110,00	€ 125,00
Olissippo Saldanha	4****	€ 110,00	€ 120,00
Altis Suites	4****	€ 110,00	€ 120,00
Holiday Inn Express Lisboa	3***	€ 110,00	€ 110,00
Eduardo VII	3***	€ 109,00	€ 109,00
Marquês de Pombal	4 ****	€ 100,00	€ 115,00
Neya	4****	€ 95,00	€ 105,00
Flórida	4****	€ 90,00	€ 100,00
Gat Rossio	3***	€ 90,00	€ 95,00
Vip Executive Saldanha	4****	€ 85,00	€ 96,00
Expo Astória	3***	€ 85,00	€ 95,00
Ibis Lisboa Liberdade	2**	€ 80,00	€ 87,00
Turim Europa	4****	€ 75,00	€ 80,00
Vip Executive Diplomático	4****	€ 73,00	€ 79,00
Nacional	3***	€ 62,00	€ 72,00

Rates are in Euros (€) per room, per night, including breakfast, VAT and taxes. These special rates are available only if booking is made and paid through Top Atlântico DMC.

Lisbon City Center with hotel locations (*see hotel details on page 12*)



The First Attendance Meeting

Wednesday, 28 October, 12:00 – 12:30

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

Thursdaysday, 29 October, 12:00 – 12:30

Professor Steve Hudson passed away on November 21st, 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.

Scientific Programme

Tuesday, 27 October 2015

MASTERCLASS OF EXCELLENCE IN PHARMACY 09:00 – 17:30
by Professor Derek Stewart & Dr John McAnaw, Scotland

EVENING OPENING LECTURE 18:00 –18:45
José Aranda da Silva, Portugal, ESCP Past-President from 1985 to1987

WELCOME DRINKS AT ALTIS GRAND HOTEL 18:45 – 19:30

MASTERCLASS OF EXCELLENCE IN PHARMACY BY ESCP RESEARCH COMMITTEE

Practice Research:
Easing the Progress from Research Idea to Research Proposal

Moderators: Professor Derek Stewart, Scotland, Dr John McAnaw, Scotland

Developing a research idea into a research proposal can appear a daunting task, whether it relates to a project to be conducted as part of everyday clinical practice or an application to a grant awarding body for large sums of money.

Building on previous successful editions, this Masterclass will provide an overview of the key stages of proposal development. Those attending will benefit from improving their knowledge, understanding and skills relating to research proposal development. Other great reasons to attend include:

- Getting practical advice on developing research protocols
- Increasing your confidence
- Networking with colleagues from other countries

The Masterclass will be delivered in an interactive format of plenary lectures, group work and discussions. It is aimed at anyone currently or wishing to be involved in practice research, irrespective of experience.

Time	Programme
09.00-09.45	Introduction and group work on experience of generating research ideas and developing research proposals
09.45-10.15	Plenary and discussion on proposal content and key points
10.15-11.00	Group work on criteria to review proposals
11.00-11.15	Coffee break
11.15-12.00	Group work on research team members
12.00-13.00	Plenary and discussion on the benefits of patient and public involvement
13.00-14.00	Lunch
14.00-15.00	Group work on planning and justifying resources
15.00-16.00	Group work on making the case for the research impact
16.00-16.30	Coffee break
16.30-17.15	Discussion of key issues
17.15-17.30	Feedback and summing up

MODERATOR PRESENTATION

**Professor Derek Stewart, Professor of Pharmacy Practice,
Robert Gordon University, Scotland**

Derek is an internationally renowned and widely published researcher. His current research strategy focuses on the area of the development, implementation and evaluation of novel models of pharmaceutical care, and medicines use, effectiveness and safety. He is the principal member for practice research at the Institute for Health and Wellbeing Research at RGU and is leading the development of practice research in the Faculty of Health and Social Care. Derek is an executive editor with the British Journal of Clinical Pharmacology and a member of the editorial panel for the International Journal of Pharmacy Practice. He is a regular reviewer of research papers and grant applications and presents at both national and international conferences.

Dr John McAnaw, Head of Pharmacy, NHS24, Scotland

John's main interest lies in the area of pharmaceutical care research, and in particular the development of novel methods to provide quality assurance of drug therapy use. His research has mainly focused on measuring the adherence of drug treatment plans to the evidence-base in cardiovascular disease, but he is also interested in the development of pharmaceutical care models and the role of telehealthcare in pharmaceutical care delivery. He has experience of supervising undergraduate and postgraduate research projects including PhD level, and has published and presented his research in the UK and overseas. John is Chair of the NHS 24 Research & Development Group and Vice-Chair of the Scottish Pharmacy Board of the Royal Pharmaceutical Society.

Separate registration:

Masterclass only, ESCP member	200€
Masterclass only, ESCP non-member	275€
Additional fee for registration with ESCP Symposium, ESCP member	150€
Additional fee for registration with ESCP Symposium, ESCP non-member	200€

18:00 –18:45 **EVENING OPENING LECTURE**


INDUSTRIA
COMMERCIO

Scientific Programme

Wednesday, 28 October 2015

OFFICIAL MEDICINES INFORMATION SOURCES

Time	Morning Programme
08:45–09:15	Opening Ceremony ESCP President *Markus Lampert*, Switzerland Symposium President *Fernando Fernandez-Llimos, Portugal*
09:15–12:30	**Morning Session** **Official medicines information sources** *Chairs:* TBA *Speakers:* **L 1.1:** Guido Rasi, Executive Director European Medicines Agency, U.K. **L 1.2:** Bruno Sepodes, Chair of the Committee for Orphan Medicinal Products, European Medicines Agency, London, U.K. *"Drug Information for Patients and Healthcare Professionals in the Crossroads of the Regulatory Decision Making Processes"*
10:30–11:00	Coffee Break– Poster viewing – Exhibition
11:00–12:30	**L 1.3:** Gerald K. McEvoy, Assistant Vice President, Drug Information, American Society of Health-System Pharmacists. *"Medicines information: the Unites States Perspective"* **Round table discussion**
12:30–13:15	**Bayer Sponsored Lecture**
12:30–13:00	**First Attendance Meeting**
12:30–14:00	Lunch – Poster viewing – Exhibition

THE FUTURE OF MEDICINES INFORMATION

Time	Afternoon Programme | Parallel Sessions
14:00–16:00	**Workshops** *(summaries on page 35–48)*
14:00–16:00	**Afternoon Session** **The future of medicines information** *Chairs: TBA* *Speakers:* **L 1.4:** Hanna Seidling, Head of Cooperation Unit Clinical Pharmacy, University Hospital Heidelberg, Germany. *"Clinical decision support systems – what help do they offer, what harm can they bring?"* **L 1.5:** Melinda Cuthbert, Lead Pharmacist Lothian Medicines Information Service, Edinburgh, Scotland. *"Medicines information education – equipping the next generation of pharmacists"* **L 1.6:** David Woods, Editorial Director, New Zealand Medicines Formulary, Dunedin, New Zealand. *"Creation of a national dataset of drug alert groups for clinical decision support - a focus on drug allergy".* **Round Table Discussion**
16:00–16:30	Coffee Break– Poster viewing – Exhibition
16:30–18:30	**Oral Communications I**
16:30–18:30	**Poster Discussion Forum I**
16:30–18:30	**Workshops** *(summaries on page 35–48)*
19:30–20:30	Welcome reception

Torre APL – Marine Traffic Control Tower (2001) for the Port of Lisbon Authority, by famous Portuguese architect, Gonçalo Byrne

Scientific Programme

Thursday, 29 October 2015

Tuesday, 27 October

Masterclass of excellence in Pharmacy
09:00–17:00
by Derek Stewart & John McAnaw, Scotland

Evening Lecture
J.Aranda da Silva, PT

Welcome Drinks at Altis Grand Hotel

Wednesday, 28 October

08:45 **Opening Ceremony: ESCP President *Markus Lampert, CH***
Symposium Presidents *Fernando Fernandez-Llimos, PT*

Morning Session: Official medicines information sources. *Chairs: TBA*

09:00 .
09:15 **L 1.1**: *Guido Rasi, U.K.*
09:45 **L 1.2:** *Bruno Sepodes, U.K.*, "Drug Information for Patients and Healthcare Professionals in the Crossroads of the Regulatory Decision Making Processes"
10:00
10:30 Coffee Break – Poster viewing – Exhibition
11:00 **L 1.3:** *Gerald K. McEvoy, USA,* "Medicines information: the Unites States Perspective"
11:30
11:45 Round Table Discussion
12:00
12:15
12:30 **Bayer Sponsored Lecture** | **First Attendance Meeting**
13:00
13.15 Lunch – Poster viewing – Exhibition
13:30

Afternoon Session: The future of medicines information. *Chairs: TBA*

14:00 **L 1.4:** *Hanna Seidling, Germany*, "Clinical decision support systems – what help do they offer, what harm can they bring?"
14:30 **L 1.5:** *Melinda Cuthbert, Scotland,* "Medicines information education – equipping the next generation of pharmacists."
15:00 **L 1.6:** *David Woods, New Zealand,* "Creation of a national dataset of drug alert groups for clinical decision support - a focus on drug allergy".
15:30 Round Table Discussion

Workshops *(p.35–46)*
WS01 WS04 WS05 WS10 WS11 WS12 WS13 WS16

16:00 Coffee Break – Poster viewing – Exhibition
16:30 **Oral Communications I** | **Poster Discussion Forum I**
17:00
17:30
18:00
18:30
18:45 **Welcome Reception**
19:30
20:30

Workshops *(p.35–46)*
WS03 WS06 WS07 WS08 WS09 WS10 WS11 WS19

Thursday, 29 October

Morning Session: Drug industry as medicines information provider. *Chairs: TBA*

09:00 **L 2.1:** *Helder Mota Filipe, Portugal* "Information and risk management"
09:45 **L 2.2:** *Ana M. Nogueira, Portugal* "From Science to Value, from Medicines to People"
10:30 Coffee Break – Poster viewing – Exhibition
11:00 **L 2.3:** *Tim Reed, The Netherlands,* "Fifty Shades of Grey: Where does information stop and advertising start?"
11:45 Round Table Discussion
12:00 **Steve Hudson Lecture**
12:30
13:00
13.15 Lunch – Poster viewing – Exhibition
13:30

Afternoon Session: Drug information centres. *Chairs: TBA*

14:00 **L 2.4:** *Robert Vander Stichele, Belgium,* "Explicit criteria and implicit human judgment in multidisciplinary medication chart review in older adults: a complex exercise in clinical decision making with physicians, pharmacists, and nurses"
14:30 **L 2.5:** *Sophie Sarre, Belgium* , "Translating official medicines information into practical tools for pharmacists"
15:00 **L 2.6:** *Rian Lelie-van der Zande, Netherlands,* "Medicines information services, traditional and modern: evidence/practise-based support for the pharmacist and the patient"
15:30 Round Table Discussion

Workshops *(p.35–46)*
WS02 WS05 WS06 WS07 WS08 WS14 WS15 WS18

16:00 Coffee Break – Poster viewing – Exhibition
16:30 **Oral Communications II** | **Poster Discussion Forum II**
17:00
17:30
18:00
18:30 **ESCP General Assembly**
18:45
19:30
20:30 **Symposium Dinner (separate registration)**

Workshops *(p.35–46)*
WS03 WS09 WS13 WS16 WS17 WS19 WS20

Friday, 30October

Morning Session: Evidence-based decision making *Chairs:TBA*

09:00 **L 3.1:** *Amanda Adler, U.K.,*"Interpreting the evidence; challenges when making decision about funding drugs"
09:45 **L 3.2:** *Barbara Claus, Belgium,* "Where health economics meet evidence-based decision making".
10:30 Coffee Break – Poster viewing – Exhibition
11:00 **L 3.3:** *Karen B. Farris, USA,* "Pharmacists in primary care: evidence-based practice is more than the outcomes"
11:45 Round Table Discussion
12:00 **Hot Topic Session I**
lecture by ESCP Special Interest Group
12:30
13:00
Lunch – Poster viewing – Exhibition

14:00 **Oral Communications III** | **Poster Discussion Forum III**
14:30
15:00
15:30

Workshops *(p.35–46)*
WS02 WS04 WS12 WS14 WS15 WS17 WS18 WS20

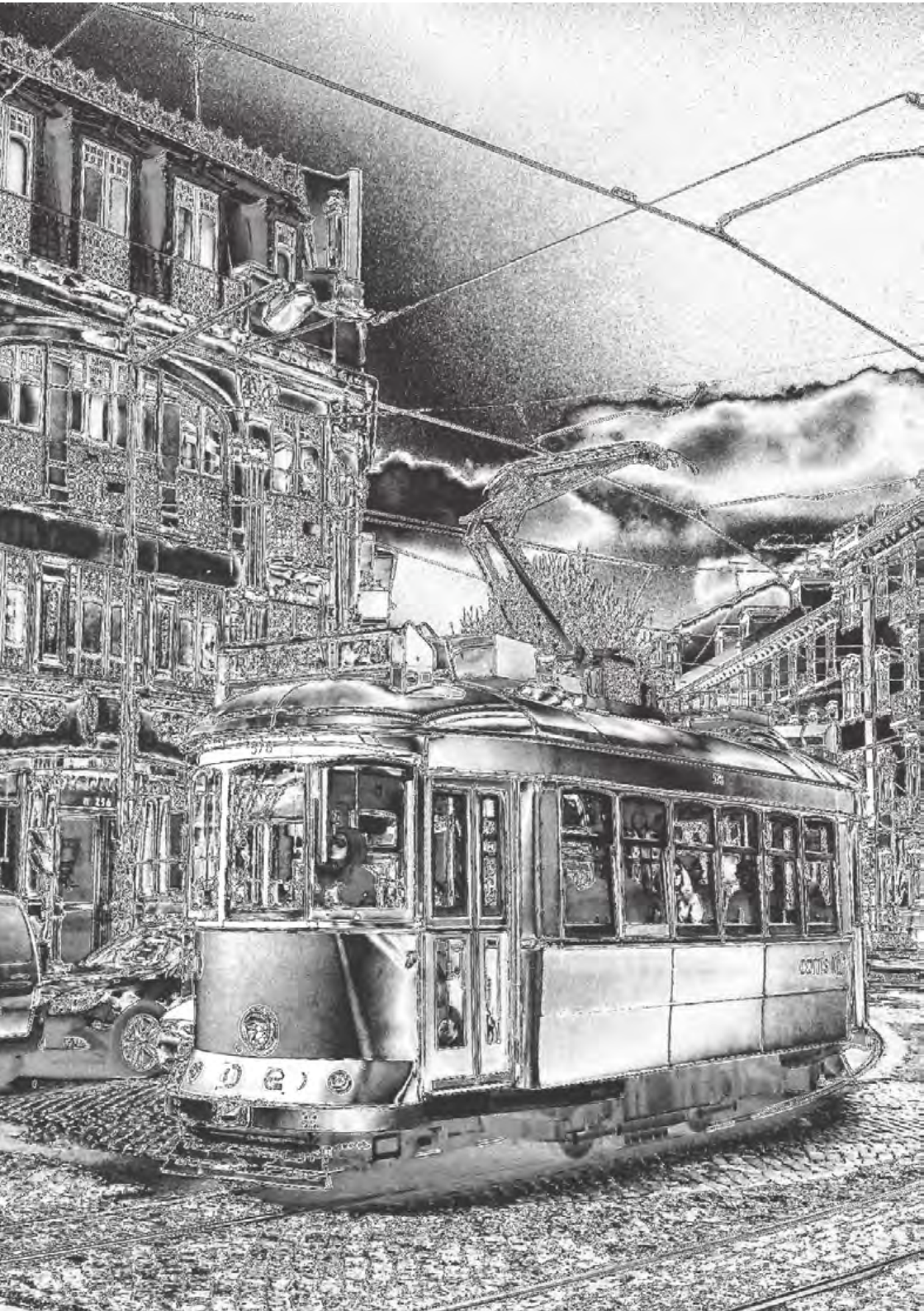
16:00 **Closing Ceremony & Award Winners**
16:30
17:00 **Farewell Drinks**
17:30
18:00
18:30
18:45
19:30
20:30

DRUG INDUSTRY AS MEDICINES INFORMATION PROVIDER

Time	Morning Programme
09:00–12:00	**Morning Session:** **Drug industry as medicines information provider** *Chairs:* TBA *Speakers:* **L 2.1:** Helder Mota Filipe, Vice-President of the Portuguese Medicines Agency. *"Information and risk management"* **L 2.2:** Ana M. Nogueira, Medical Director MSD Portugal. *"From Science to Value, from Medicines to People"*
10:30–11:00	Coffee Break– Poster viewing – Exhibition
11:00–12:00	**L2.3:** Tim Reed, Executive Director, Health Action International. *"Fifty Shades of Grey: Where does information stop and advertising start?"* **Round Table Discussion**
12:00–12:30	**Steve Hudson Lecture**
12:30–14:00	Lunch – Poster viewing – Exhibition

DRUG INFORMATION CENTRES

Time	Afternoon Programme | Parallel Sessions
14:00–16:00	**Workshops** *(summaries on page 35–48)*
14:00–16:00	**Afternoon Session:** **Drug information centres** *Chairs: TBA* *Speakers:* **L 2.4:** Robert Vander Stichele. General practitioner and Clinical Pharmacologists, Heymans Institute of Pharmacology, Ghent University, Belgium. *"Combining explicit criteria and implicit human judgment in multidisciplinary medication chart review in older adults: a complex exercise in clinical decision making with physicians, pharmacists, and nurses"* **L 2.5:** Sophie Sarre. Director Medicines Control Laboratory. Association of Belgian Pharmacists (APB), Brussels, Belgium. *"Translating official medicines information into practical tools for pharmacists"* **L 2.6:** Rian Lelie-van der Zande. Manager Medicines Information Centre, KNMP, The Hague, Netherlands. *"Medicines information services, traditional and modern: evidence/practise-based support for the pharmacist and the patient"* **Round Table Discussion**
16:00–16:30	Coffee Break– Poster viewing – Exhibition
16:30–18:30	**Oral Communication II**
16:30–18:30	**Poster Discussion Forum II**
16:30–18:30	**Workshops** *(summaries on page 35–48)*
18:30–19:30	**ESCP General Assembly**
20:30–22:30	Symposium dinner (separate registration): limited capacity



Scientific Programme

Friday, 30 October 2015

Theatro Thalia, Lisbon

EVIDENCE-BASED DECISION MAKING

Time	Morning Programme
09:00–12:00	**Morning Session:** **Evidence-based decision making** *Chairs:* TBA *Speakers:* **L 3.1:** Amanda Adler, Chair, Technology Appraisal Committee B, National Institute for Health and Care Excellence. *"Interpreting the evidence; challenges when making decision about funding drugs"* **L 3.2:** Barbara Claus, Ghent University, Faculty of Pharmaceutical Sciences, Ghent, Belgium. *"Where health economics meet evidence-based decision making".*
10:30–11:00	Coffee Break– Poster viewing – Exhibition
11:00–12:00	**L 3.3:** Karen B. Farris, Department of Clinical, Social, and Administrative Sciences, College of Pharmacy, U. Michigan, USA. *"Pharmacists in primary care: evidence-based practice is more than the outcomes"* **Round Table Discussion**
12:00–12:30	**Hot Topic Session I** lecture by ESCP Special Interest Group
12:30–14:00	Lunch – Poster viewing – Exhibition

Time	Afternoon Programme | Parallel Sessions
14:00–16:00	**Oral Communication III**
14:00–16:00	**Poster Discussion Forum III**
14:00–16:00	**Workshops** *(summaries on page 35–48)*
16:00–17:00	Closing Ceremony and Award Winners
17:00–17:30	Farewell Drinks

Workshops

Fernando Pessoa in front of the Café A Brasileira, one of the oldest and most famous cafés of Lisbon, located at chiado square

WEDNESDAY, 28 OCTOBER

14:00–16:00	**WS01:** Successful Scientific Writing: getting conference abstracts accepted
	WS04: Evaluating clinical pharmacy services - A research clinic workshop
	WS05: Identifying and improving adherence: a shared effort for patients and clinical pharmacists
	WS10: Making better decisions based on medicines information: how to find and critically appraise relevant literature
	WS11: Patient safety through advanced clinical decision support systems in your pharmacy
	WS12: Understanding and Evaluating Systematic Reviews and Meta-Analyses
	WS13: Making a difference to medication safety: understanding medication errors to develop local improvement strategies
	WS16: Cancer therapy in pregnant women: struggle for mother and child
16:30–18:30	**WS03:** Planning and running a workshop
	WS06: Probiotics supplements uses, safety and clinical effect
	WS07: "An App for ethics"; to recognize and solve ethical problems in pharmacy practice & research
	WS08: The active role of the Medicines Information pharmacist in Evidence Based Practice and Medicines Optimisation
	WS09: Implementation and quality control with the 'Model for Improvement'
	WS10: Making better decisions based on medicines information: how to find and critically appraise relevant literature
	WS11: Patient safety through advanced clinical decision support systems in your pharmacy
	WS19: How to select and implement clinical decision support systems

THURSDAY, 29 OCTOBER

14:00–16:00	**WS 02:** Successful Scientific Writing: original research papers
	WS 05: Identifying and improving adherence: a shared effort for patients and clinical pharmacists
	WS 06: Probiotics supplements uses, safety and clinical effect
	WS 07: "An App for ethics" ; To recognize and solve ethical problems in pharmacy practice & research
	WS 08: The active role of the Medicines Information pharmacist in Evidence Based Practice and Medicines Optimisation
	WS 14: Information Pharmacist – do you fulfil your role?
	WS 15: Herb-drug interactions as one of the possible causes of chemo-therapy failure
	WS 18: How providing an accurate answer to a clinical question within 10 minutes
16:30–18:30	**WS 03:** Planning and running a workshop
	WS 09: Implementation and quality control with the 'Model for Improvement'
	WS 13: Making a difference to medication safety: understanding medication errors to develop local improvement strategies
	WS 16: Cancer therapy in pregnant women: struggle for mother and child
	WS 17: Best practices to improve self-management of oral oncolytics
	WS 19: How to select and implement clinical decision support systems
	WS 20: From adherence to concordance: role of the clinical pharmacist

FRIDAY, 30 OCTOBER

14:00–16:00	**WS 02:** Successful Scientific Writing: original research papers
	WS 04: Evaluating clinical pharmacy services - A research clinic workshop
	WS 12: Understanding and Evaluating Systematic Reviews and Meta-Analyses
	WS 14: Information Pharmacist – do you fulfil your role?
	WS 15: Herb-drug interactions as one of the possible causes of chemo-therapy failure
	WS 17: Best practices to improve self-management of oral oncolytics
	WS 18: How providing an accurate answer to a clinical question within10 minutes
	WS 20: From adherence to concordance: role of the clinical pharmacist

WS01

Successful Scientific Writing: getting conference abstracts accepted

ESCP Communication Committee workshop

Moderators: *Dr. J.W.Foppe van Mil, member of the ESCP Communication Committee, member of the ESCP SIG-MI, Editor-in-Chief of the International Journal of Clinical Pharmacy (previously PWS), The Netherlands.*

Dr. Anne Gerd Granås, Department of Pharmacy and Biomedical Laboratory Sciences, Oslo and Akershus University College, Oslo, Norway. Member of the ESCP General Committee and member of the ESCP Communication Committee.

Background: There are several possible formats for written scientific information such as abstracts or scientific articles. Writing a good conference abstract is important because it may lead to having an (oral) presentation at a conference.

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.

This workshop will focus on abstracts, such as expected by ESCP. But participants will also discuss more general and ethical considerations about submitting abstracts, such as authorships and responsibilities. After an introduction, the participants will study and discuss examples of the different stages of abstracts in smaller groups.

Learning objectives:

After the workshop, the participant should be able to:

- Understand the structure and elements of a quality conference abstract;
- Select an appropriate conference and presenter for the study
- Understand the differences between the different scientific presentation platforms.

WS02

Successful Scientific Writing: original research papers

ESCP Communication Committee workshop

Moderators: *Dr. J.W.Foppe van Mil, member of the ESCP Communication Committee, member of the ESCP SIG-MI, Editor-in-Chief of the International Journal of Clinical Pharmacy (previously PWS), The Netherlands.*

Dr. Elena Galfrascoli, Italy. Ospedale Fatebenefratelli e Oftalmico, Pharmacy Service and Oncology Department, Milano, Italy.

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. The reason behind the different sections of articles will be explained.

This 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.

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;

WS03

Planning and running a workshop

ESCP Education Committee workshop

Moderators: *Moira Kinnear, Head of Pharmacy Education, Research & Development NHS Lothian, Edinburgh, Scotland, Honorary senior lecturer University of Strathclyde, Glasgow, Scotland. Member ESCP Education Committee, and co-ordinator of ESCP SIG Education & Training.*

Vera Jordan-von Gunten, Hôpital du Vallais, Sion, Switzerland, chair 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

Evaluating clinical pharmacy services - A research clinic workshop

ESCP Research Committee workshop

Moderators: *Dr Tobias Dreischulte, Lead Pharmacist Research and Development, NHS Tayside, Scotland. Member of the ESCP General Committee.*
Professor Derek Stewart, Professor of Pharmacy Practice, Robert Gordon University, Aberdeen, Scotland
Background: Society and policy makers increasingly demand that the delivery of health care services is evidence based. In the majority of settings, innovative clinical pharmacy services will therefore need to demonstrate benefit to health care processes and/or patient outcomes before they are implemented more widely. However, running a rigorous evaluation of the service can be a daunting task. This interactive workshop will give participants the opportunity to work together on designing a research strategy to evaluate a clinical pharmacy service, drawing on established frameworks for the development and testing of complex interventions.
Aim: The aim of this workshop is to take attendees through the key stages of evaluating a clinical pharmacy service, enabling them to develop a research strategy to drive the implementation of such services in their own settings.
Learning Objectives:
By the end of the session, attendees will be able to:
-Outline the stages for the evaluation of a clinical pharmacy service
-Describe the process of identifying suitable outcome measures (health care processes/clinical, economic and/or humanistic outcomes) to be targeted by a clinical pharmacy service
-Describe potential study designs to identify and address key uncertainties (including barriers and facilitators) in the delivery of a clinical pharmacy service
-Describe potential study designs to evaluate the impact of a clinical pharmacy service.
Content and Structure: The moderators will give a short introduction to a widely used framework for the development and evaluation of complex interventions, drawing on their own experience of applying it in pharmaceutical contexts. An overview of potential outcome measures and study designs used in previous evaluations of pharmaceutical care services will be provided. Workshop participants will be invited to share their ideas for a clinical pharmacy service that requires evaluation, drawing on their experience as practitioners or researchers in primary and secondary care settings. Two to three ideas (depending on the number of participants) will be selected and participants will break into groups to develop a research strategy to further develop and test the new clinical pharmacy service, supported by a moderator. Each group presents their work and receives feedback from the wider group. Participants will be encouraged to reflect on and share with the wider group ways of putting the research strategy into action in their own setting. A summary of key learning points by the moderators will end the workshop.

WS05

Identifying and improving adherence: a shared effort for patients and clinical pharmacists

ESCP SIG Adherence workshop

Moderators: *Isabelle Arnet, PharmD/PhD, University of Basel, Basel, Switzerland (Isabelle.Arnet@unibas.ch)*
Marie Paule Schneider, PharmD/PhD, University of Lausanne & Geneva, Switzerland (Marie-Paule.Schneider@hospvd.ch)
Bart van den Bemt, PharmD/PhD, Sint Maartenskliniek, The Netherlands (b.vandenbemt@maartenskliniek.nl), Chair ESCP SIG Adherence.

Background: It is estimated that 20-70% of prescribed medication in chronic conditions is not taken as directed. If the prescription was appropriate, then this represents a lost opportunity for health gain and a waste of resources. Improving adherence to therapy could therefore improve the efficacy of medical treatments.

In order to be able to improve adherence, non-adherent individuals have to be identified, reasons for non-adherence should be assessed and interventions to improve adherence should be performed. All these issues can be best addressed when patients and clinical pharmacists have a shared process leading to the agreement of the overall aims of any prescribed drug treatment and how they are to be achieved.

Aim: This practical workshop aims to increase interactively participant's knowledge and competencies to identify non-adherent patients and the underlying reasons for patient's non-adherence. Furthermore, strategies to improve patient's adherence in a concordant process with the patient will be discussed.

Learning objectives:

After the workshop, participants will have: -An increased knowledge how to identify non-adherent patient
-Practiced to explore patient's reasons for non-adherence
-An increased knowledge on adherence improving techniques
-Practiced to apply these techniques in a concordant process with the patient.

Content and structure of the workshop: The workshop will have the following structure: *Moderators:* Introduction of the rationale of this workshop (5 mins)
Complete Group: Short introduction of each participant of the workshop. Each participant will be asked about his experience with of adherence (improving interventions) (10 mins)
Moderator: Short summary of the dimensions of adherence, the terminology, patient empowerment and shared decision-making (15 mins)
4 subgroups/plenary feedback: 3 case studies (on hypertension, psoriasis and asthma) will be discussed in groups. During each case study the following things will be addressed:
-How to identify non-adherence/reasons for non-adherence
-How to improve adherence together with the patient
-How to create a concordant process with the patient. (75 mins). Summary, evaluation and closing (15 mins)

WS06

Probiotics supplements uses, safety and clinical effect

ESCP SIG Nutrition workshop

Moderators: *Dr. Maria Skouroliakou, mskour@hua.gr*
Panos Papandreou, papandreou.panos@gmail.com

Background: Live cultures of lactic acid bacteria in foods are termed «Probiotics», Greek; pro=for and biotic=life. Probiotics beneficially affect the host by improving and regulating intestinal microbial balance.

Prebiotics are non-digestible bioactive substances, which act on the intestinal microflora of the host.

Probiotics and Prebiotics = Synbiotics Greek; (Synbiotics = to live together)

Aim: To identify health benefits of probiotics and understand the appropriateness of correct administration and use in specific populations.

Learning Objectives:

-Identify the clinical significance of probiotics
-Compare and contrast among types of probiotics, prebiotics, synbiotics
-Differentiate between outpatient and inpatient use of probiotics
-Analyse clinical uses, adverse effect profile, drug interaction potential
-Identify appropriate counselling points and supplementary patient education

Content and Structure: There is a growing interest in the use of probiotics and prebiotics to modulate barrier function and intestinal inflammation. Probiotics usually contain lactobacilli, bifidobacteria, and streptococci. Some of the most known prebiotics are inulin, fructooligosaccharides (FOS), galactooligosaccharides (GOS) and lactulose. In addition to the proposed mechanisms of physical and immunologic barrier function, effect on

mucus production, and improving intestinal motility, probiotics also have a "postbiotic" effect; as the by-products of the metabolic reactions of these bacteria exercise the much researched immunomodulatory effects.
Different protocols and doses for probiotic use exist according to clinical cases. Physicians are in favour of trying to use probiotics in selected clinical conditions (selected bacterial strains can have immune-enhancing effects and can reduce oxidative stress and neutrophil infiltration). There is considerable interest in including probiotics in dietetic products. Pharmacist dispense theme over the counter and they are also sold as food supplements. Literature discusses the use of probiotics for infants also. Available information exists on the effects of adding probiotic bacteria to infant formulas, follow-on formulas, and special medical foods.
Since probiotics come in many forms the safety of these products and the appropriate conditions for their use, is very important.
Exercises carried out: The audience through this workshop should be able to identify the difference among probiotics, prebiotics, synbiotics and get better knowledge on the latest scientific information on the subject and exchange information.

WS07

"An App for ethics"; to recognize and solve ethical problems in pharmacy practice & research

Moderator: *Dr. Rudolf Dessing, community pharmacist (retired), Noordwijk, The Netherlands.*
Background: Today, the art of medicine including pharmacotherapy is supported by many sophisticated technological processes. In fact pharmacotherapy itself can be considered as an expression of applied technology. In general, the application of technology in relation to the human existence induces many moral discussions. Advances in the development and applications of new and existing medicines can be considered to feed the ongoing bioethics discussion.
Where do clinical pharmacists meet such situations? An increasing number of practitioners will find themselves on the cutting edge of related legal and ethical problems. Think about new applications for sex and grow hormones; the use of EPO, drugs in palliative care, applications of drugs like Ritalin and Prozac ('Sociopharmacology'), the application of genetics information in relation to polymorphism in metabolism or the sensitivity to ADR's. Other problems are caused by budgetary constraints which induce specific difficult and painful dilemmas.
Learning objective: "Making better decisions".
The clinical pharmacist cannot ignore these responsibilities. The responsibility question is a complicated one. To make out a good case for a future defence of a specific decision, one has to base arguments on a solid long standing fundament. The workshop will develop a framework for responsible decisions based on the work of western philosophers.
Aim: to learn practitioners to: 1-recognize dilemma's that one might confront in practice.
2-to frame a possible dilemma and formulate options for action.
3-identify important values that are recognized by philosophers in (western-)society
-4- a method to construct a defence for a responsible decision
Content and structure: After an introduction we start an interactive session about personal values in (professional) life. Values determine your behaviour. Values shape your personality. Values are part of your culture. These results are used to approach the first practice cases. In small groups we discuss the basic question: Does this case contain an ethical dilemma? If so, could you suggest how to act and make your personal values recognizable in your decision?
In part 2 a presentation is given about important values or 'principles' which are recognized by philosophers in western society today. The value-method is presented to apply this approach to practice problems. New dilemmas are presented to the groups and discussed. After that, each group will report on their problem, defend and justify their choices through schematic comparison of the defences.
As a conclusion, the moderator will put attention to cultural differences which can influence the perception of a specific reasoning.
Note: The moderator would like to give participants the opportunity to send in practice dilemmas in advance. Please forward those to: dessingruud@ziggo.nl
Literature:
Dessing,RP: Ethics applied to pharmacy practice. Pharmacy World Sci 2000,22:16-16
Dessing,RP ; Flameling,J : Ethics in pharmacy: a new definition of responsibility. Pharmacy World Sci 2003,25 3-10
Dessing,RP: Ethical rationalism applied to pharmaceuticals. In 'Pharmaceutical Ethics' , Salek and Edgar, eds. 2002, John Wiley&Sons, Chicester, UK

Fukuyama, Francis: Our Posthuman Future; 2002
Ben Goldacre: Bad Pharma; 2012 HarperCollins publishers, London UK
Peter Paul Verbeek : Beyond the human eye: Moralizing Technology. 2011. Chicago and London University Press
Universal declaration on bioethics and human rights: http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

WS08

The active role of the Medicines Information pharmacist in Evidence Based Practice and Medicines Optimisation

Moderators: *David J Woods; Senior Practice Fellow, School of Pharmacy, University of Otago and Editorial Director, New Zealand Medicines Formulary, Dunedin, New Zealand.*
Marta Maria Fonteles, Professor of Clinical Pharmacy; Department of Pharmacy, University of Ceara, Fortaleza, Brasil
Background: There has been a considerable shift in the role of Medicine Information (MI) from answering questions to a more active role to support medicines optimisation and safe and effective medicines use in the individual patient. This includes the assessment of the potential benefits and harms of drug treatment and being able to communicate this information to health professionals and if appropriate, to the patient. So a relevant question might be " I have a patient with raised Liver Function Tests, a cardiovascular risk of 15% over 5 years and family history of diabetes, what are the benefits and harms of giving a statin ?" The challenge for MI is to access the appropriate information (mainly population based) and then apply it to an individual patient. In addition to the MI pharmacist providing this advice directly, they have a role in teaching and supporting others to do the same.
Aim: To explore and demonstrate the active role of MI in optimising individual patient management
Learning objectives:
At the end of this workshop participants will be: -familiar with resources used to apply evidence based medicine
-aware of the skills and resources required to assess benefits and harms of drug treatment in an individual patient
-able to demonstrate application of the above using actual patient scenarios
-familiar with teaching techniques that can be used to support and educate other practitioners
Content and structure: -Brief overview and introduction of the background and learning objectives (15 mins)
-Didactic presentation of case exemplars (15 mins)
-Group exercises – cases for discussion (45 mins)
-Interactive discussion of the cases and summary of main learning and discussion points

WS09

Implementation and quality control with the 'Model for Improvement'

ESCP SIG-to-be workshop

Moderators: *M.Sc. Pharm. Dorthe Vilstrup Tomsen (dorthe.vilstrup.tomsen@regionh.dk)*
M.Sc. Public Health Signe Kristensen (signe.kristensen.02@regionh.dk)
Background: The Model for Improvement is developed by IHI (Institute for Healthcare Improvement) in Cambridge, MA. The Model is used in different health care settings and can address different levels of improvement work, from developing new working methods and services to setting organizational improvement efforts into an effective framework.
Aim: The aim of the workshop is to gain knowledge on the "Model for Improvement" and to get known with the tools used in the development, implementation and how to gain sustainability in pharmaceutical care services.
Learning objectives:
-To get to know the Model of Improvement
-To be able to define and carry out PDSA's (Improvement cycles)
-To understand the basics of Statistical Process Control
Activities in the workshop: During the workshop, the model will be introduced, and participants will be encouraged to approach their own project idea with the tools offered. New tools and concept will be introduced based on examples from real life.

WS10

Making better decisions based on medicines information: how to find and critically appraise relevant literature

Moderators: *Dr Katie MacLure, PhD, MSc, BSc (Hons), DipSysPrac, PgCert, MBCS, SRPharmS, AFHEA*
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Background: Professor Archibald Cochrane stated that, 'current best evidence is up-to-date information from relevant, valid research about the effects of different forms of health care.'[1] Evidence based practice is fundamental to the development and delivery of good quality health care underpinned by cumulative science to inform better decision making based on medicines information.[2-4] Systematic reviews (SR) refer to the systematic approach to reducing bias and errors by systematic identification and critical appraisal prior to synthesis of relevant studies on a specific topic. Pharmacists can benefit from gaining experience of search strategies for locating evidence and critically appraising quality of evidence.[5-10]

Aim: The aim of this workshop is to provide pharmacy practitioners with the skills for locating and critically appraising medicines information to inform better decision making. It provides extended learning for those who may have previously attended our systematic review workshops (ESCP 2013 & 2014) but will be equally valuable to those without prior learning.

Learning Objectives:

On completion of the workshop, the participants will be able to:

-Evaluate and reflect on the role of evidence based medicines information for better decision making

-Design effective search strategies to identify evidence based medicines information

-Critically appraise identified medicines information using a broad range of tools from the evidence industry

Content and Structure: The moderators will draw on their experience and expertise to encourage interaction and participation through small group based activities using a range of well-developed and tailored workshop and take home materials.

Introductions including an: Overview of the workshop and brief presentation on the role of systematic reviews in evidence based practice focusing on

-Activities (facilitated in small groups):

-Search strategies: what to look for, how to look for and where to look for studies relevant to medicines information

-Critical appraisal: choosing and applying tools relevant to the type of studies identified

-Presentations and feedback:

Each group presents their search strategy

Each group presents the results of their critical appraisal

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WS11

Patient safety through advanced clinical decision support systems in your pharmacy

Moderators: *Annemieke Floor-Schreudering, PharmD, PhD, SIR Institute for Pharmacy Practice and Policy, Leiden, The Netherlands; Departments of Clinical Pharmacy and IQ Healthcare, University Medical Centre St Radboud, Nijmegen, The Netherlands; Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, The Netherlands. (a.floor@stevenshof.nl)*
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Background: Preventable drug therapy related problems are common and cause considerable health damage. Clinical decision support systems (CDSS) are a tool to prevent, detect and solve 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, to benefit from CDSS, a well-thought-out design of the clinical decision rules and implementation strategy are crucial and preconditions should be met.

Aim: To educate participants on the use, design and implementation of advanced CDSS including lab values.

Learning Objectives:

At the end of the workshop, the participants will: -be 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;

-be aware of preconditions for implementing advanced CDSS in daily practice;

-have increased pharmacotherapeutic knowledge on the used examples, including weighing risk factors and assessing laboratory test results.

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

-General introduction on the use and potential added value of advanced CDSS.

-Presentation of an example, and discussion on the design of a clinical decision rule.

-Exercise A: designing two concrete rules from provided building blocks representing the elements of the rule.

-Exercise B: testing the designed rule with patient cases.

-Plenary discussion on the outcomes to enlighten the pitfalls in rule design.

-Exercise C: identifying the requirements for implementing rules for advanced CDSS in your pharmacy.

WS12

Understanding and Evaluating Systematic Reviews and Meta-Analyses

Moderator: *Katherine Lyseng-Williamson, editor of the Adis journal Drugs & Therapy Perspectives. (katherine.williamson@springer.com)*

Background: The practice of evidence-based health care relies on careful interpretation of the available clinical data. Systematic reviews and meta-analyses of clinical evidence are becoming increasing common in the medical literature. However, a lack of knowledge of the meaning of the terms and types of figures used in these reviews and how to determine the strengths and weaknesses of such reviews may limit their appropriate interpretation.

Aim: To enable participates to understand and critically appraise systematic reviews and meta-analyses of clinical evidence as an aid in making clinical decisions

Learning objectives:

-To understand the principles and methodology of systematic reviews and meta-analyses

-To recognize the key factors that should be included in these types of reviews, and the key differences between systematic reviews and meta-analyses

-To be able to appraise the quality of systemic reviews and meta-analyses

-To be able to understand and interpret the various components of forest plots as presented in meta-analyses (e.g. I2 scores, weight, 95 % confidence intervals)

Content and Structure: The workshop will define the basic terms and methodology used in systematic analyses and meta-analyses, including the key differences between these two types of reviews. The key factors necessary for a quality systematic review and/or meta-analysis (based on

the PRISMA statement) will be presented, and then used to assess the relative quality of a published systematic review and meta-analysis.

WS13

Making a difference to medication safety: understanding medication errors to develop local improvement strategies

Moderators: *Richard N Keers MPharm PGDip PhD, Clinical Pharmacy Lecturer, Manchester Pharmacy School, The University of Manchester, Manchester, United Kingdom, and NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre, The University of Manchester, United Kingdom. (richard.keers@manchester.ac.uk)*
Katja Taxis MPharm MSc PhD, Professor of Pharmacotherapy and Clinical Pharmacy, Faculty of Mathematics and Natural Sciences, Pharmacotherapy and Pharmaceutical Care – Groningen Research Institute of Pharmacy, University of Groningen, Groningen, The Netherlands. (k.taxis@rug.nl)

Background: Medication errors are an inescapable part of human nature, and occur frequently across different health care settings. The reality for complex health care organisations it that systems factors present in the working environment may promote human error and weaken barriers against accidents. It is therefore vital to understand the burden of medication errors in practice and what underpins the effectiveness of existing interventions to help inform the design and implementation of future improvement strategies. Clinical pharmacists could have key roles in medication error reduction as they work across health care settings and possess expertise in the safe and effective use of medicines.

Aim: To understand the burden of medication errors across primary and secondary care, and to identify and develop feasible interventions which could reduce these errors in clinical practice.

Learning Objectives:

After the presentation and group work participants should be able to:

• Describe the burden (types, frequencies and causes) of medication errors across care settings;
• Discuss evidence-based interventions designed to reduce medication errors across primary and secondary care,
• Determine which factors influence how effective/sustainable improvement initiatives are in practice, and
• Critically evaluate potential medication safety problems in their own workplace, including making feasible recommendations for the effective design and implementation of improvement interventions.

Content and Structure:

Content:

• Define the main types of medication errors, describe their respective frequencies and important causes across primary and secondary care using the published literature;
• Critique evidence-based interventions to improve medication safety in part using participant experiences,
• Utilise evidence from the field of improvement science to determine which factors underpin successful/sustainable interventions to improve safety, and
• Explore ways to improve medication safety in local working environments of participants, including designing and implementing feasible and sustainable interventions

Structure (2 hour workshop): -Welcome/introductions (5 mins) -Introductory interactive presentation: Briefly, the frequencies and causes of prescribing, dispensing and medication administration errors in primary and secondary care, and (15 mins) -An overview of evidence-based strategies to improve medication safety, supported by participants own experience and evidence of which factors underpin successful planning and implementation of such strategies (15 mins).

-Group activity: groups of ~5-8 participants discuss examples of medication safety problems from their own practice, before choosing one problem to discuss in detail, including:

-Types of error(s) involved,
-Likely causes,
-Identifying a suitable strategy of how to improve medication safety which draws on principles from the earlier presentation. This strategy should consist of an implementation plan, consideration of potential barriers and an evaluation of effectiveness, (45 minutes)
-Each group then delivers a short overview of their medication safety problem and their strategy for improvement. (35 mins)
-Close (5 mins)

WS14

Information Pharmacist – do you fulfil your role?

Moderators: *M.Sc. Pharm. Caroline Pontoppidan (caroline.pontoppidan@regionh.dk)*
M.Sc. Pharm. Lene Colberg (lene.colberg@regionh.dk)
M.Sc. Pharm. Allan Schrøder (allan.mikael.schroeder@regionh.dk)
M.Sc. Pharm. Helle Byg Armandi (helle.byg.armandi@regionh.dk)

The Capital Region of Denmark, The Hospital Pharmacy, Medicines Information Centre, Copenhagen

Background: MedicinInfo was established in 2009 in the Capital Region of Denmark. Our main task is to answer enquires concerning medicine related questions; the service is aimed at healthcare professionals in the Capital Region.

The unit is operated by hospital pharmacists, pharmaconomists* and clinical pharmacologists in joint cooperation. The main objective is to benefit from the unique synergism of the interdisciplinary competences in order to secure the best possible decisions are made according to the principles of rational pharmacotherapy.

Over time it has become increasingly clear that our role as information pharmacists has altered. In addition to pharmaceutical competences we need skills in communication, analytical ability and sometimes to be able to deliver a politically correct response when required. The appearance of more national and regional guidelines and pre-digested sources of evidence make new demands to our working methods and to the answers we are able to provide.

Aim: The aim of the workshop is to reflect and discuss the role, skills and standards of future medicines information. We want to illustrate our particular set-up, and discuss different ways to operate medicines information to optimize our service toward the enquirers. The participants should reflect on, identify with and collect in-put to the best possible medicines information in their future work.

Learning objectives:

We want to raise questions and discuss issues as follows:

-How can we develop our professional skills to support our enquiries even better?

-Which actions can we take to develop our role?

-What should be standards of future medicines information?

-Should medicines information staff have experiences from practical clinical work?

-Should medicines information staff be generalists within drug counselling or more specialized in particular therapeutic areas?

-Inter alia with the use of examples from our daily work.

Content and Structure: The workshop will be organized to take place through the combination of presentation in a plenary session, group discussion and plenary discussion. The workshop appeals to pharmacists who provide medicines information to other healthcare professionals either in hospital or in community pharmacy.

**Pharmaconomists are a pharmaceutical professional group in Denmark with a 3 year education*

WS15

Herb-drug interactions as one of the possible causes of chemotherapy failure

Moderators: *Professor Maria da Graça Campos, MD, PhD, Head of Observatory of Herb-Drug Interactions (OIPM/FFUC) Faculty of Pharmacy, University of Coimbra, Portugal;*
Professor Isabel Vitória Figueiredo, MD, PhD, Group of Pharmacology & Pharmaceutical Care, Faculty of Pharmacy, University of Coimbra, Portugal;
Professor Maria Margarida Caramona, MD, PhD, Group of Department of Pharmacology & Pharmaceutical Care, Faculty of Pharmacy, University of Coimbra, Portugal.

Background: The exponential increase of the number of people with cancer in the next 20 years can leads to a collapse of the National Health System in Portugal. All the help is welcome to implement some sustainability. Data from the Portuguese Medicines Authority (INFARMED) in 2011, indicates that cancer treatments are in the third position in Health costs with 21% for the antineoplasics drugs in the Hospital care. The same situation is installing in other countries. It is crucial establish the cause of the unsuccessful treatments, to make them more effective and to reduce the costs in health and economy. One unexplored cause is the problematic about herb-drug interaction. These situations, especially in oncologic patients, have a high fee at human's life and consume resources that aren't certainly counted. If we could in some cases scrutinized before the failure of treatment, using inexpensive screening methods would be helpful to reduce costs.

The goal of our workshop is to help to understand herb-drug interactions resulting from concomitant oncologic regimens and the intake of herbs and herbal extracts used in self-medication by patients. It is also intended to provide tables with these interactions to Clinicians and all Healthcare Professional's in order to prevent that chemotherapy cycle fails due to the concomitant use of natural products during the treatment. Depending of different interactions the toxicity can also occur and cause important damage to patients. These natural products are available everywhere, easy to take as self-medication, hidden from Clinicians knowledge.

Aim: Highlighting these situations and increasing their awareness is crucial to help avoiding further chemo-

therapy failures and give the tools to these professional that will allowed a better intervention to improve Health on these oncological patients.
Learning objectives: Healthcare professionals will learn how to detect possible herb–drug interactions that compromise antineoplasic treatments and the kind of information that they can provide for a better and successful treatment.
Content and structure: Interactive session with short plenary lectures that provide tools to analyse clinical cases and group wise discussion that include real situations and problems to solve from case scenarios.

WS16

Cancer therapy in pregnant women: struggle for mother and child

Moderators: *Kristel Van Calsteren, University Hospital KU Leuven, Leuven, Belgium.*
Gert Laekeman, Faculty of Pharmaceutical Sciences KU Leuven, Leuven, Belgium.
Marc Dooms, Faculty of Pharmaceutical Sciences KU Leuven, Leuven, Belgium
Aim of the workshop and learning objectives:
Following the workshop must enable the participants to answer following questions:
-To what extent is it possible to treat pregnant women with cancer without interrupting the pregnancy?
-What kind of data should be available for an optimal therapeutic approach?
-How to construct and use sources to support treatment with clinical data?
-How to dress a feasible pathway to maximize a positive output?
Content of the workshop: The incidence of cancer during pregnancy can range from 17 to 100 per 100,000. Whether or not to treat with antitumor agents must be based on acceptable information with regard to the risks versus the benefits. The majority of information available consists of case reports and case series. This type of information is accepted as a weak type of epidemiological evidence far away from strong guidelines.
Nevertheless clinical centres focus upon a multidisciplinary approach in order to make progress and create perspectives. When decisions are carefully made, treatment of the mother with antitumor agents does not lead to more risk of malformations in the new-born (e.g. doxorubicin). The report by the National Toxicology Program experts presents data on 56 agents used during 1,261 pregnancies(1). This is an example of information that can be translated into accessible tools for clinicians. Clinical reporting and networking must further enable the updating of knowledge of such tools.
The workshop will focus on these aspects and on decision making. Depending upon the attendance, it will be investigated to what extent clinical pharmacists and ESCP can structurally contribute to this domain of clinical practice for the safety and well-being of mother, unborn and new-born.
Structure of the workshop: -Presentation of facilitators.
-Who is on board? Presentation of all participants.
-Current practices in different countries and hospitals and structurally archiving outcomes.
-Discussion on clinical cases: analysis, defining interventions, evaluating outcomes.
-Construction of databases and translating the content in daily clinical practice.
-Willingness for networking.
Reference: (1)National Toxicology Program. NTP Monograph: Developmental Effects and Pregnancy Outcomes Associated With Cancer Chemotherapy Use During Pregnancy. US Department of Health and Human Services, May 2013, 234 pages.

WS17

Best practices to improve self-management of oral oncolytics

Moderators: *Karen B. Farris & Teresa M. Salgado, Department of Clinical, Social and Administrative Sciences, University of Michigan College of Pharmacy, Michigan, US.*
Co-workers: Emily Mackler & Jane Severson, Michigan Oncology Quality Consortium, Ann Arbor, Michigan, US.
Background: The use of oral oncolytics is prevalent in oncology treatment, and with this move from intravenous to oral chemotherapy, patients' responsibility for self-managing their oral oncolytic therapy and the resulting side-effects is relevant. Medication nonadherence with oral oncolytics has been reported as high as 42%. As well, symptom burden associated with oral oncolytics is significant, ranging from mild in 81% of patients to severe in 6% of patients in a sample of 537 oncology patients around Michigan. Oncology practices around the world face these issues, and strategies to address oncology patients' complex needs, including

patient education, and monitoring of adherence and toxicity have been developed. The Michigan Oncology Quality Consortium (MOQC) was founded in July 2009 with the ultimate goal of improving the care provided by Oncology practices across the State of Michigan.

Aim: The overall aim is to identify effective practices used among patients being treated with oral oncolytics to improve practice and, ultimately, patient outcomes.

Learning Objectives:

The learning objectives for this workshop are to:

1. Describe the quality initiative launched by MOQC to improve adherence and self-management of side effects in patients being treated with oral oncolytics.
2. Outline what pharmacists currently do and can do to improve adherence and self-management of side effects in patients being treated with oral oncolytics.
3. Identify effective practices across Europe and the United States that may be translated into other practices, citing specific strategies. .

Content and Structure: The workshop will be divided in three parts. *First,* we will present the MOQC initiative and what has been done to help Oncology practices across the State of Michigan improve adherence and self-management of side-effects by patients on oral oncolytics. Data collected from several practices across Michigan will be presented, namely patient self-reported adherence to oral oncolytics, patient-experienced side-effects and perceived patient ability to manage these side effects. *Second,* we will ask participants to form heterogeneous groups according to their nationality in order to foster discussion and sharing of their different Oncology practices' patterns. Materials used to improve adherence to oral oncolytics in the United States will be provided as a means of helping generate debate. In addition, participants will be asked to brainstorm about what pharmacists can do to improve the use of oral oncolytics among cancer patients. *Finally,* a representative of each group will be asked to present the result of their group work to the other participants in the workshop, and moderators will also engage participants in a discussion to help identify effective practices that could be translated into practices across Europe and the United States.

WS18

How providing an accurate answer to a clinical question within 10 minutes

ESCP SIG Medicine Information workshop

Moderators: *Yolande Hanssens, Clinical Pharmacist Surgical Intensive Care & Liver Transplant Team; Pharmacy Supervisor, Hamad General Hospital, Pharmacy Department, Doha, Qatar*
Barbara Claus, Hospital Pharmacist, Ghent University Hospital & Professor at Ghent University, Faculty of Pharmaceutical Sciences, Ghent, Belgium.

Background: Finding the best evidence in a short time can be quite challenging. This workshop will help attendees in improving search and interpretation skills to answer most clinical and patient related questions within10 minutes.

Aim: -To provide search strategies to find a high quality and relevant answer on daily practice research questions in a minimum of time. -To show the participants that by efficient searching an appropriate answer can be found within 5 minutes. *The first step* is to formulate an appropriate clinical research question (e.g. using PICO) and to enter this question in an efficient way into a (free access) database (Medline, Cochrane, NICE…). *Secondly* some examples of selected answers to questions are picked out and analysed regarding their internal validity (NNT, RRR, ARR, number of patients included…). Another item is to confront the audience with the fact that the best evidence in literature always needs to be matched with the patient's needs (evidence based medicine).

The workshop will be concluded with "Tips & Tricks" for a "quick" appraisal and take home messages.

Learning Objectives:

-To dissect the different elements of a clinical question regarding patient's pharmacotherapy and quickly transform this into a good clinical research question

-To use some worldwide (free access) databases to find a quick answer (without obtaining more than 20 hits)

-To screen the answer for internal validity

-To adopt the principle: "if the answer does not meet the criteria of workload, validity and relevance, then the effort to explore further is not worth it".

Content and Structure: The content is brought to the audience by means of interactive exercises (interactive audience voting system Turning point) if possible) and other mind games.

Introduction providing standard definitions of evidence based practice and related terminology (Number Needed

to Treat, Number Needed to Harm, Absolute Risk Reduction, Relative Risk Reduction etc.). (10 mins)
Examples and a demonstration of how to find the most appropriate references for any given clinical question. (10 mins)
Critical evaluation and appraisal of different short articles in small groups (Part 1). (30 mins)
Feedback part 1: the different exercises will be brought together in a plenary overview. Some final (correct and incorrect) statements will be brought on the screen and the audience can choose the correct statement. Results of the voting will directly be visible on the screen (30 mins)
Validating the articles found in Part 1.
Some validity answers will be further discussed and highlighted by means of small exercises and mind games (ideally also by means of interactive voting after discussion in small groups). (30 mins)
Summary of the information presented and take home messages (10 mins)
Voting system will be brought by the moderators.

WS19
How to select and implement clinical decision support systems

Moderators: *Dr. Hanna M. Seidling, University Hospital Heidelberg, Department of Clinical Pharmacology and Pharmacoepidemiology, Cooperation Unit Clinical Pharmacy, Heidelberg, Germany.*
TBA.
Background: Given the increasing complexity of drug treatment, clinical decision support systems are appreciated as effective tools to warn against potential drug-related risks. However, inundation with irrelevant and non-specific alerts tires the user and leads to non-acceptance of the majority of the alerts in clinical routine. Typically, up to 90% of the presented warnings in commercial systems are overridden because they are not tailored to the patient, the setting or the user. Acceptance increases if alerts are adapted or implemented right away very restrictively.
Clinical pharmacists may play a major role in selecting, adapting and monitoring clinical decision support systems for a respective setting.
Aim: Providing with the participants help a toolkit for clinical pharmacists to guide the selection, potential adaption, implementation, and monitoring of clinical decision support systems into clinical routine.
Learning Objectives:
How to select, judge, implement and monitor clinical decision support systems.
Content and Structure: Introduction of the advantages and pitfalls of clinical decision support systems and presentation of known factors for successful implementation (presentation by the moderators, 15 min)
Development of checklist of crucial aspects and questions one should consider with regard to clinical decision support system. Participant will be split into four groups, each working on one topic:
-Which functionalities should the system have (e.g. drug-drug interaction alerts, drug-allergy alerts, drug-pregnancy alerts) depending on the type of use
-How can one judge whether the decision support is "good"
-How should the implementation be prepared and run?
-How should the system's effects be monitored? (group work, 40 min)
Presentation and discussion of the group work (group discussion, 35 min)

WS20
From adherence to concordance: role of the clinical pharmacist

Moderators: *Isabelle De Wulf, Head of Scientific projects, Association of Belgian Pharmacists (APB), Brussels, Belgium. (isabelle.dewulf@apb.be)*
Sophie Sarrre, Director Medicines Control Laboratory, Association of Belgian Pharmacists (APB), Brussel, Belgium (Sophie.Sarre@apb.be)
Background: Poor adherence is an important cause of therapy failure, drug-related problems and even hospital admission.
Non-adherence can be related to the therapy itself but also to several issues the patient may have. However, the healthcare provider(s) may also influence the success rate of a therapy and the adherence to it.
The clinical pharmacist may play an important role in improving adherence and there are several tools to support this role. When health outcomes can be achieved by good use of medicines that is compatible with the patient's desiderata and possibilities, concordance can be achieved which is even stronger than adherence.
Aim: This WS will provide the participants with practical

tools and useful information to improve adherence for (chronic) care patients.
It will also allow participants to share their experiences with the challenges around adherence with their colleagues.

Learning objectives:

-To understand the definitions of adherence, persistence and concordance and to know the different types of non-adherence.
-To gain insights into the consequences of non-adherence and poor adherence for the patient and the society.
-To understand the different reasons of non-adherence.
-To become familiar with tools for measuring adherence as well as tools for improving adherence.

Content & structure of the workshop:

-Introduction and background (15 mins)
-Practical guidelines and tips & tricks to improve adherence (20 mins)
-Case studies in small groups (50 mins)
-Feedback from the groups (25 mins)
-Conclusion & take home messages (10 mins)

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