

Guide to American Medical Association (AMA) Manual of Style, 10th Edition

General Notes about References (p40-41)¹

- Purposes of references: documentation, acknowledgement, & directing/linking the reader to more information
- ALL authors are responsible for ALL reference citations
- Always consult primary source and never cite a reference you yourself have not read
- Whatever reference style is used (e.g. AMA, NLM), consistency is imperative

Formatting Citations (p39-71)¹⁻³

- Each reference is separated into bibliographic groups by a period. Within each group, commas, semi-colons, or colons are used.
- **Authors:** Use authors' surname followed by their initials without periods. If there are ≤ 6 authors, all should be named. If there are > 6 authors, list the first 3 followed by "et al." Roman numerals and "Jr/Sr" follow the initials. Original spelling and capitalization of surnames with prefixes or particles (e.g. von, de, La, van) are retained.
- **Titles:** Retain the spelling, abbreviations, style (e.g. capitalization) of the original title (including numbers). Exception: numbers at the beginning of the title should be spelled out (except specific years (e.g. 1948)).
- **Journal:** Use NLM-abbreviated titles (e.g. N Engl J Med). Search titles here: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Information about abbreviated titles: <http://www.nlm.nih.gov/pubs/factsheets/constructitle.html>.

Citation Type	Format	Example
Journal article (print)	Author(s). Title. <i>Journal</i> . Year;Volume(Issue):Page number(s).	Rainer S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreoathetosis. <i>Arch Neurol</i> . 2004;61(7):1025-1029.
Journal article (online) 1. With URL 2. With DOI 3. Published ahead of print	Author(s). Title. <i>Journal</i> . Year;Volume(Issue):Page number(s). URL. Published date. Updated date. Accessed date. Author(s). Title. <i>Journal</i> . Year;Volume(Issue):Page number(s). DOI. Author(s). Title [published online ahead of print date]. <i>Journal</i> . Year;Volume(Issue):Page number(s). DOI.	Duchin JS. Can preparedness for biological terrorism save us from pertussis? <i>Arch Pediatr Adolesc Med</i> . 2004;158(2):106-107. http://archpedi.ama-assn.org/cgi/content/full/158/2/106 . Accessed June 1, 2004. Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. <i>Cochrane Database Syst Rev</i> . 2002;(2):CD001054. doi:10.1002/14651858.CD1001054. van der Hoek L, Pyrc K, Jebbink MF, et al. Identification of a new human coronavirus [published ahead of print March 21, 2004]. <i>Nat Med</i> . doi:10.1038.nm1024.
Book chapter (print)	Chapter author(s). Chapter title. In: Book author(s) or editor(s). <i>Book title</i> . Volume number and title. Edition number (do not indicate 1 st edition). Place of publication: Publisher; Year:Page number(s).	Solensky R. Drug allergy: desensitization and treatment of reactions to antibiotics and aspirin. In: Lockey P, ed. <i>Allergens and Allergen Immunotherapy</i> . 3 rd ed. New York, NY: Marcel Dekker; 2004:585-606.
Book chapter (online)	Chapter author(s). Chapter title. In: Book author(s) or editor(s). <i>Book title</i> . Volume number and title. Edition number (do not indicate 1 st edition). Place of publication: Publisher; Year:Page number(s). URL. Accessed date.	Resnik NM. Geriatric medicine. In: Braunwald E, Fauci AS, Isselbacher KJ, et al, eds. <i>Harrison's Online</i> . Based on: Braunwald E, Hauser SL, Fauci AS, Kasper DL, Longo DL, Jameson JL, eds. <i>Harrison's Principles of Internal Medicine</i> . 15 th ed. New York, NY: McGraw-Hill; 2001. http://www.hsls.pitt.edu/resources/documentation/harrisoninfo.html . Accessed December 6, 2005.
Book (print)	Book author(s) or editor(s). <i>Book title</i> . Volume number and title. Edition number (do not indicate 1 st edition). Place of publication: Publisher; Year.	Adkinson N, Yunginger J, Busse W, Bochner B, Holgate S, Middleton E, eds. <i>Middleton's Allergy: Principles and Practice</i> . 6 th ed. St Louis, MO: Mosby; 2003.

Book (online)	Book author(s) or editor(s). <i>Book title</i> . Volume number and title. Edition number (do not indicate 1 st edition). Place of publication: Publisher; Year. URL. Accessed date.	Lunney JR, Foley KM, Smith TJ, Gelband H, eds. Describing Death in America: What We Need to Know. Washington, DC: National Cancer Policy Board, Institute of Medicine; 2003. http://www.nap.edu/books/0309087252/html/ . Accessed December 6, 2005.
Website	Author(s). Title of item cited. Name of Web site. URL. Published date. Updated date. Accessed date.	Antimicrobial Resistance. Infectious Diseases Society of America. http://www.idsociety.org/Topic_Antimicrobial_Resistance/ . Accessed July 21, 2014.
Drug Information Database	Author(s). Title of entry. In: Title of database [database online]. Place of publication: Publisher; Year. URL. Updated date. Accessed date.	Acetaminophen poisoning. In: DynaMed [database online]. EBSCO Information Services. http://0-search.ebscohost.com/topcat.switchinc.org/login.aspx?direct=true&site=DynaMed&id=113862 . Updated March 09, 2010. Accessed March 23, 2010.
Monograph	Author(s). Monograph. In: Title of database [database online]. Place of publication: Publisher; Year. URL. Updated date. Accessed date.	Minoxidil. In: Lexicomp, Lexi-Drugs [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2005. http://0-online.lexi.com/topcat.switchinc.org/lco/action/doc/retrieve/docid/patch_f/1799123 . Updated July 8, 2014. Accessed July 24, 2014.
Government/ Organization Reports	Author(s). <i>Title</i> . Place of publication: Name of issuing organization; Year. Page(s)/ publication/ series numbers.	Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2000. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2000.
Government/ Organization Reports (online)	Author(s). <i>Title</i> . Place of publication: Name of issuing organization; Year. Page(s)/ publication/ series numbers. URL. Published date. Updated date. Accessed date.	World Health Organization. Equitable access to essential medicines: a framework for collective action. http://whqlibdoc.who.int/hq/2004/WHO_EDM_2004.4.pdf . Published March 2004. Accessed December 6, 2005.
Package inserts	Drug. [package insert]. Place of manufacturing: Manufacturer; Year.	Cialis [package insert]. Indianapolis, IN: Eli Lilly & Co; 2003.
Patents	Inventor(s), inventors; Company, assignee. Title. Patent number. Patent date.	Guiliano K, Kapur R, inventors; Cellomics Inc, assignee. System for cell-based screening. US patent 6,875,578. March 15, 2005.
Unpublished Material (accepted for publication)	Author(s). Title. Journal. In press.	Carrau RL, Khidr A, Crawley JA, Hillson EM, Davis JK, Pashos CL. The impact of laryngopharyngeal reflux on patient-reported quality of life. <i>Laryngoscope</i> . In press.
Unpublished Material (submitted for publication)	<i>In-text only (author(s), unpublished data, date)</i> <i>Do not include in reference list</i>	(H. E. Marman, MD, unpublished data, January 2005)
Conference Presentations	Author(s). Title. Poster/Paper presented at: Meeting name; Date(s); Location.	Weber KJ, Lee J, Decresce R, Subjasis M, Prinz R. Intraoperative PTH monitoring in parathyroid hyperplasia requires stricter criteria for success. Paper presented at: 25 th Annual American Association of Endocrine Surgeons Meeting; April 6, 2004; Charlottesville, VA.
Conference Presentations (online)	Author(s). Title. Poster/Paper presented at: Meeting name; Date(s); Location. URL. Accessed date.	Chu H, Rosenthal M. Search engines for the World Wide Web: a comparative study and evaluation methodology. Paper presented at: American Society for Information Science Annual Conference; October 19-24, 1996; Baltimore, MD. http://www.asis.org/annual-96/electronicproceedings/chu.html . Accessed February 26, 2004.

Reference List (p41-42)^{1,4}

List references in numerical order (i.e. consecutively as they appear in the document/presentation; NOT alphabetical order)

1. Hall JE, Brands MW. Intrarenal and circulating angiotensin II and renal function. In: Robertson JIS, Nicholls MG, eds. *The Renin-Angiotensin System*. London: Gower Medical, 1993.
2. Weber KT, Brilla CG. Pathological hypertrophy and cardiac interstitium: fibrosis and renin-angiotensin-aldosterone system. *Circulation*. 1991;83:1849-1865.
3. Weber KT, Villarreal D. Aldosterone and antialdosterone therapy in congestive heart failure. *Am J Cardiol*. 1993;71:3A-11A
4. Barr CS, Lang CC, Hanson J, Arnott M, Kennedy N, Struthers AD. Effects of adding spironolactone to an angiotensin-converting enzyme inhibitor in chronic congestive heart failure secondary to coronary artery disease. *Am J Cardiol*. 1995;76:1259-1265.
5. Staessen J, Lijnen P, Fagard R, Verschueren LJ, Amery A. Rise in plasma concentration of aldosterone during long-term angiotensin II suppression. *J Endocrinol*. 1981;91:457-465.

During the draft phase of your document, it is often easiest to use parenthetical citations with the author's last name as place-holders until the document/presentation is complete; then put the citations in numerical order on the final version

DRAFT

FINAL

Aldosterone is known to be important in the pathophysiology of heart failure.(Hall; Weber (1991); Weber (1993); Barr) Many clinicians have assumed that angiotensin-converting enzyme (ACE) inhibitors, by inhibiting the conversion of angiotensin I to angiotensin II, inhibit the production of aldosterone. Increasing evidence, however, suggests that currently recommended and usual doses of ACE inhibitors do not completely suppress aldosterone production.(Staessen)



Aldosterone is known to be important in the pathophysiology of heart failure.¹⁻⁴ Many clinicians have assumed that angiotensin-converting enzyme (ACE) inhibitors, by inhibiting the conversion of angiotensin I to angiotensin II, inhibit the production of aldosterone. Increasing evidence, however, suggests that currently recommended and usual doses of ACE inhibitors do not completely suppress aldosterone production.⁵

Numbering (p42-44)^{1,4}

Number references consecutively with superscript Arabic numerals, including text, tables, or figures

Aldosterone is known to be important in the pathophysiology of heart failure.¹⁻⁴ Many clinicians have assumed that angiotensin-converting enzyme (ACE) inhibitors, by inhibiting the conversion of angiotensin I to angiotensin II, inhibit the production of aldosterone. Increasing evidence, however, suggests that currently recommended and usual doses of ACE inhibitors do not completely suppress aldosterone production.⁵

Place superscript numerals outside periods and commas, inside colons and semicolons

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|--------------------------|--------------------------|---------------------------|---------------------------|
| Citation. ^{1,2} | Citation, ^{1,2} | Citation ^{1,2} : | Citation ^{1,2} ; |
|--------------------------|--------------------------|---------------------------|---------------------------|

Do NOT place a superscript reference immediately after a number or abbreviated unit of measure

Table 1³; 50 m²

For 2 or more references cited at a given place:

- Use hyphens to join the first and last numbers of a closed series

Citation¹⁻⁴

- Use commas without a space to separate other parts of a multiple citation

Citation^{1-2,4}

- If a multiple citation involves many references and creates the appearance of a hole (usually 20-25 characters or more), use an asterisk in the text and give the citation in a footnote

Citation^{1,3,5-7,10-13,15,18,19,21} → Citation*

You may cite page numbers within superscript reference

Citation^{2(p67),3}

Be sure to cite often enough throughout the document/presentation so that the reader can know where you got the information, but be careful not to cite too often (i.e. do not only include your list of references and not cite throughout; if several *consecutive* sentences are from the same reference, you may only cite the first sentence)

In-Text Citations (p41)¹

Citations for references not yet accepted for publication or personal communications (oral, written, and electronic) should NOT be included in the reference list, but should be included parenthetically in the text

- As described in recent literature (H. E. Marman, MD, unpublished data, January 2005)...
- In a conversation with Dr. Smith (October 2009)...
- According to Dr. Kostrzewa (Introduction to Tertiary References lecture, September 2013, Concordia University Wisconsin, School of Pharmacy)...

Other in-text citations for references that should be included in a reference list are not common in most professional documents (except presentations, see below) and should be reserved for circumstances where reference lists are not used (e.g. news articles)

PowerPoint Presentations^{1,5}

AMA does not provide official guidance on PowerPoint presentations. However, just like any other piece of work, it is important to give credit to your sources.

At a minimum, all presentations should include a reference slide at the end AMA formatted citations (may or may not be numbered).

REFERENCES

1. American Geriatrics Society. *Five Things Physicians and Patients Should Question. Choosing Wisely: An initiative of the ABIM Foundation*. 2013.
2. Chapter 1. Clinical Implications of the Aging Process. In: Kane RL, Ouslander JG, Abrass IB, Resnick B, Kane R.L., Ouslander J.G., Abrass I.B., Resnick B eds. *Essentials of Clinical Geriatrics, 7e*. New York, NY: McGraw-Hill; 2013. <http://accessmedicine.mhmedical.com/content.aspx?bookid=676&Sectionid=44833876>. Accessed April 23, 2014.
3. Cauffman J. Chapter 9. General Psychiatry. In: Dugan J, El-lbiary S, Foote EF, et al. *Updates in Therapeutics 2014: Pharmacotherapy Preparatory Review and Recertification Course*, 2014 ed. Lenexa, KS: American College of Clinical Pharmacy, 2014.1-39-78.
4. Cremans MC. Chapter 70. Geriatric Psychiatry. In: Stern TA, Rosenbaum JF, Eava M et al. *Massachusetts General Hospital Comprehensive Clinical Psychiatry*. 1st ed. Maryland Heights, MO: Mosby, Inc.; 2008.
5. Downing LJ, Caprio TV, Lyness JM. Geriatric Psychiatry Review: Differential Diagnosis and Treatment of the 3 D's - Delirium, Dementia, and Depression. *Current Psychiatry Reports*. 2013;15:365.

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6. Hutchison LC, Sleeper RB. *Fundamentals of Geriatric Pharmacotherapy: An Evidence-Based Approach*. Bethesda, MD: American Society of Health-System Pharmacists, Inc.; 2010.
7. Marhusoodanan S, Ibrahim FA, Malik A. Primary prevention in geriatric psychiatry. *Annals of Clinical Psychiatry*. 2010;22(4): 249-61.
8. Singer CM, Luxenberg J, Eckstrom E. Chapter 11. Older Patients. In: Feldman MD, Christensen JF, eds. *Behavioral Medicine: A Guide for Clinical Practice*, 3rd ed. New York: McGraw-Hill; 2008. <http://www.accessmedicine.com/content.aspx?aid=6440096>. Accessed December 20, 2013.
9. Trombetta DP. Chapter 2. Geriatrics. In: Dugan J, El-lbiary S, Foote EF, et al. *Updates in Therapeutics 2014: Pharmacotherapy Preparatory Review and Recertification Course*. 2014 ed. Lenexa, KS: American College of Clinical Pharmacy, 2014.1-39-78.
10. Williams K. *The Influence of Communication on Older Adults with Dementia*. [PowerPoint]. Iowa City, IA: University of Iowa College of Nursing; 2014.

(Kostrzewa, Geriatric Psychiatry, April 2014, Concordia University Wisconsin, School of Pharmacy)

Ideally, you should also cite individual slides. There are several ways to do this. Make sure to ask your instructor what they prefer before formatting your citations. Two possible examples are given here:

Superscript

(in numerical order; much correspond with reference list)

In-text

(Bottom of slide; in parentheses; may be smaller font)

AGE-RELATED PSYCHOLOGICAL CHANGES^{6,8}

Consistent/Improves with Age	Worsens/Declines with Age
<ul style="list-style-type: none"> ■ Temperament ■ Personality ■ Judgment ■ Knowledge ■ Verbal skills 	<ul style="list-style-type: none"> ■ Memory ■ Processing speed ■ Problem solving ■ Efficiency of sleep

AGE-RELATED PSYCHOLOGICAL CHANGES

Consistent/Improves with Age	Worsens/Declines with Age
<ul style="list-style-type: none"> ■ Temperament ■ Personality ■ Judgment ■ Knowledge ■ Verbal skills 	<ul style="list-style-type: none"> ■ Memory ■ Processing speed ■ Problem solving ■ Efficiency of sleep

(Hutchison and Sleeper, 2010; Singer et al, 2008)

Book: (Author*, Year, Page(s))

*Surname only; if 2, list both; if > 2, list first + "et al"

Journal: (Journal [abbreviated]. Year;Volume(Issue):Page(s))

Follow AMA rules above. Typically, there is a reference section in the bottom left or right corner of the poster and the font size is often smaller than the rest of the poster text.

Optimizing Medication Reconciliation Communication Between Hospital and Nursing Home Upon Discharge

Audrey Kostrzewa, PharmD, MPH; Erika Smith, PharmD, BCPS; Anne Daniels, PharmD, BCPS; Joanne Antonopoulos, PharmD, BCPS; Carla Karczewski, RPh; Katie Kotz; Froedtert Hospital, Milwaukee, WI

Background

- Miscommunication during transitions of care can contribute to medication errors, adverse drug events (ADEs), and readmissions.
- Nursing home (NH) residents are more frail and take more medications than their community counterparts.
- Quality communication can reduce medication errors and ADEs.
- The purpose of this study is to optimize communication between the hospital and nursing home, as it pertains to medication reconciliation.
- 2011 hospital and readmissions from Froedtert Hospital (FH).

Voice of the customer:

- Physician: "I need more information about the patient's medication history."
- Pharmacist: "I need more information about the patient's medication history."
- Nurse: "I need more information about the patient's medication history."
- Physician: "I need more information about the patient's medication history."
- Pharmacist: "I need more information about the patient's medication history."
- Nurse: "I need more information about the patient's medication history."

Objectives

- Primary objective:** Evaluate the number and type of discrepancies found among the medication lists sent to NHs.
- Secondary objective:** Evaluate whether communication between the hospital and NH is documented.

Methods

DESIGN: Retrospective, single-center, cohort study comparing pre- and post-intervention on discharge process to NHs.

POPULATION: 85 discharges, 72 patients. Average length of stay 6.45 days.

INCLUSION CRITERIA: Patients discharged from FH to one of two NHs between July and September 2012. Patients with at least one medication upon discharge.

EXCLUSION CRITERIA: Emergency department visits without admission to hospital. Patients who were admitted to the hospital but did not have medication reconciliation performed.

Retrospective reconciliation will be performed comparing:

- Physician's discharge summary (DHs use for orders)
- Pharmacist's discharge medication list (often completed after physician's summary)

Methods continued

- The following information will be collected:
 - Number and type of medication lists being sent for each patient
- Medication list reconciliation

- Number of calls and contacts to and from NHs that are documented
- Following this initial review, a plan for improvement will be developed and carried out, followed by a second retrospective review pending IRB approval
- Possible plans for improvement:**
 - ONE medication list
 - Contact information for exactly who to contact at hospital and NH

References

Superscript citation

Effect of an inter-professional project on pharmacy and physical therapy student's readiness for inter-professional learning

Katie Valdovinos, PharmD, BCPS; Audrey Kostrzewa, PharmD, MPH; Lois Harrison, PT, DPT, MEd; Elizabeth Paly, PT, DPT, CCS

Background

There is an increasing emphasis on collaborative, coordinated care among healthcare professionals to optimize patient outcomes. It is imperative that we train our future workforce for this inter-professional care and have a method for assessing the effectiveness of inter-professional learning (IPL) activities in our curricula.

The Readiness for Inter-professional Learning Scale (RIFLS) is a 16-item questionnaire developed in 1999 by Parson & Digh to assess the readiness of health-care students for planned learning activities. For each item, the respondent is asked to identify their degree of agreement using a 5-point Likert scale ranging from "strongly agree" to "strongly disagree". Since its development, RIFLS has been used extensively and modified for use in many universities and disciplines.

The 16 items were originally categorized into three sub-scales, which were criticized as having low reliability. McAlpine et al. tested and revised a modified four sub-scale model (three of four with demonstrated satisfactory reliability), which is used in this study.

Objective: To assess the effect of an inter-professional project on second and third year student physical therapists' (SPT) readiness for IPL using a modified RIFLS questionnaire.

Methods

Pre-intervention:

- All students completed a modified RIFLS questionnaire (RIFLS) to assess their inter-professional readiness to prepare for the activity.
- SPTs have completed a pharmaceutical care placement with a community setting before our inter-professional project. SPTs share first case encounters with pharmacy peers and faculty.

Post-intervention:

- SPTs have completed a full 16-item assessment with the inter-professional learning activity.
- All SPTs complete a modified RIFLS questionnaire to assess their inter-professional readiness to prepare for the activity.
- All SPTs complete a modified RIFLS questionnaire to assess their inter-professional readiness to prepare for the activity.

Results

9% of students (19/204) completed surveys both pre and post-intervention. Individual cohorts are as follows:

Year	Pharmacy	Physical Therapy
1	PT1: 100% (20/20)	PT1: 20% (3/15)
2	PT2: 100% (3/3)	PT2: 20% (3/15)
3	PT3: 50% (3/6)	PT3: 20% (3/15)

Four analyses were completed using SPSS (Statistical Package for Windows):

- PT1 vs PT2:** Comparison of responses pre and post intervention (RIFLS) (paired sample t-test)
- PT1 vs PT3:** Change in responses pre and post intervention (RIFLS) (independent sample t-test)
- PT2 vs PT3:** Number of correct responses (agrees to strongly agree) in responses pre and post intervention (RIFLS) (independent sample t-test)
- PT1 vs PT2 vs PT3:** Number of correct responses (agrees to strongly agree) in responses pre and post intervention (RIFLS) (independent sample t-test)

The fourth analysis was then performed on the modified RIFLS questionnaire.

Statistical significance:

- PT1 vs PT2: No statistically significant differences.
- PT2 vs PT3: No statistically significant differences.
- PT1 vs PT2 vs PT3: No statistically significant differences.

Statistically Significant Findings:

- PT1 vs PT2: Change in responses pre and post intervention (RIFLS) (paired sample t-test) was statistically significant ($p < 0.02$).
- PT2 vs PT3: Change in responses pre and post intervention (RIFLS) (independent sample t-test) was statistically significant ($p < 0.02$).
- PT1 vs PT2 vs PT3: Change in responses pre and post intervention (RIFLS) (independent sample t-test) was statistically significant ($p < 0.02$).

Strengths and limitations include:

- Strength: readiness large sample size (204) completed previous studies (15) and (16) (17% and 18% respectively).
- Limitations: use of an untested modified version of the questionnaire; application of the tool originally developed for undergraduate students on a graduate student population.

Results indicate that the RIFLS may not be the appropriate assessment tool to measure change as a result of participation in an IPL experience.

IPL should be incorporated into healthcare curricula to prepare graduates for collaborative, coordinated care and meet accreditation standards.

Future studies should continue to determine the most effective assessment method for IPL in health-care professional education.

References

Reference list

References

- Iverson C. References. In: Iverson C et al. *AMA Manual of Style: A Guide for Authors and Editors*. 10th ed. New York, NY: Oxford University Press, Inc.; 2007:39-79.
- NLM Catalog: Journals referenced in the NCBI Databases. National Center for Biotechnology Information, U.S. National Library of Medicine. <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Accessed July 25, 2014.
- Fact Sheet: Construction of the National Library of Medicine Title Abbreviations. National Institutes of Health, U.S. National Library of Medicine. <http://www.nlm.nih.gov/pubs/factsheets/constructitile.html>. Published May 23, 2007. Updated March 10, 2014. Accessed July 25, 2014.
- Pitt B, Pierard LA, Bilge A, et al. Effectiveness of *Spiroolactone* Added to an Angiotensin-Converting Enzyme Inhibitor and a Loop Diuretic for Severe Chronic Congestive Heart Failure (The Randomized Aldactone Evaluation Study [RALES]). *Am J Cardiol*. 1996;78:902-907.
- Kostrzewa A, Smith E, Daniels A, Antonopoulos J, Karczewski C, Kotz K. Optimizing Medication Reconciliation Communication between Hospital and Nursing Home Upon Discharge. Poster presented at: University HealthSystem Consortium Conference; December 2012; Las Vegas, NV.
- Valdovinos K, Kostrzewa A, Harrison L, Paly E. Effect of an inter-professional project on pharmacy and physical therapy student's readiness for inter-professional learning. Poster presented at: AACP Annual Meeting; July 26-30, 2014. Grapevine, TX.

If you have any questions about referencing or the AMA format, please contact your course coordinator or Audrey Kostrzewa, PharmD, MPH at audrey.kostrzewa@cuw.edu or 262-243-2750