

ACCP Report

American College of Clinical Pharmacy

Michael S. Maddux, Pharm.D., FCCP; Executive Director

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Register now for ACCP's Spring Academy Programming

Registration is now open for the ACCP Academy Programming offered in conjunction with ACCP's spring meeting, Updates in Therapeutics® 2012, from April 27 to May 1, in Reno, Nevada. Register by March 16 to take advantage of early registration discounts.



Early registration is only \$235 for ACCP full and associate members who plan to attend the Career Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning ACCP Academy tracks. Registration includes all sessions within the ACCP Academy track of your choice, available continuing pharmacy education credit, and program handouts for the ACCP Academy track sessions you attend. The four ACCP Academy program tracks will include both required modules and elective courses, according to preestablished course schedules. Each Academy will concentrate its programming over a 2-day period to enable Academy participants to minimize both travel expense and time away from their practice. An abbreviated schedule for each Academy track is summarized below. For a full programming schedule, consult the ACCP Web site at www.accp.com/ut.



ACCP Spring Meeting Academy Schedule

Academy Track	Courses	Schedule
Leadership and Management	Leadership Primer	April 27
	Interpersonal Leadership Development	April 28
	Case Studies in Ethical Leadership (elective)	April 28
	Leadership and Management Elective (TBD)	April 28
Research and Scholarship	Research Primer	April 27
	Statistical Issues	April 28
	Designing Survey Research (elective)	April 28
Career Advancement	Conducting Survey Research (elective)	April 28
	Extending Your Practice By Mentoring and Precepting	April 29
	Continued Professional Development: Becoming a Clinical Consultant and Providing Service Beyond Clinical Practice (elective)	April 29
	Developing a Business Practice Plan (elective)	April 29
Teaching and Learning	Establishing Interprofessional and Patient-Centered Roles	April 30
	Planning for Effective Teaching	April 29
	Active Learning (elective)	April 29
	Experiential Teaching: Transitioning from Books to Bedside Learning (elective)	April 29
	Assessing Student Learning	April 30

To learn more about Academy programming at ACCP Updates in Therapeutics® and to register online, please visit www.accp.com/ut.

Nominations Period for Parker Medal, “New” Awards, and FCCP Closes February 15

Nominations for the Paul F. Parker Award, New Clinical Practitioner Award, New Educator Award, New Investigator Award, and ACCP Fellows are **due February 15, 2012**. The online nominations portal specifies the required nominating materials. This portal is available at www.accp.com/membership/nominations.aspx.

2012 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, or Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2012.**

2012 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. *The award is not limited to pharmacists or ACCP members.* All nominations must consist of a letter to the Chair of the Selection Committee detailing the nominee’s qualifications for this award and his or her contributions to the profession of pharmacy; the nominee’s curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee’s current practice

locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

2012 New Clinical Practitioner Award: This award recognizes and honors a new clinical practitioner who has made outstanding contributions to clinical pharmacy practice and patient care. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Board certification in a specialty is not required but will be given favorable consideration. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s current curriculum vitae, and letters of support from two other ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

2012 New Educator Award: This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s current curriculum vitae, and letters of support from two other ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment.

Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

2012 New Investigator Award: This award's purpose is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6

years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's current curriculum vitae, and letters of support from two other ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

ACCP Offers All-Access Pass at ACCP Updates in Therapeutics® 2012



ACCP Updates in Therapeutics® 2012 All-Access Pass brings you a series of certification review resources at a discounted package price. Beginning with the review course in April 2012, participants will receive additional tools almost every other month as they prepare for the October Specialty certification examinations administration by BPS. Purchasing the All-Access Pass allows participants to save as much as 15% compared with purchasing the various components separately. The Updates in Therapeutics® All-Access Pass includes:

- Basic meeting registration for the live presentations of both the Pharmacotherapy and Ambulatory Care Pharmacy Preparatory Review and Recertification Courses in Reno, Nevada.
- Available continuing pharmacy education credit and your choice of either the Ambulatory Care Pharmacy or Pharmacotherapy Review and Recertification course workbooks.
- Your choice of either the Ambulatory Care Pharmacy or the Pharmacotherapy Review course for home study available June 2012.
- Registration for ACCP's webinar "Developing Effective Test-Taking Skills," to be presented in July 2012; and

- Registration for either ACCP's Last-Chance Pharmacotherapy Review webinar or ACCP's Last-Chance Ambulatory Care Pharmacy Review webinar—last minute study sessions to be presented in September 2012.

All-Access Pass early rates apply through March 16, 2012, late registration rates apply March 16 to April 13, on-site apply after April 13. Complete Updates in Therapeutics® 2012 All-Access Pass pricing starts as low as \$550 for ACCP student, resident, and fellow members; and \$805 for full and associate members. Complete All-Access Pass pricing is available at www.accp.com/meetings/ut12/registrationRates.aspx.

Don't miss out on this opportunity to sign up for this unique and comprehensive certification review series. For more information on any of these resources, please visit the ACCP Web site at www.accp.com/ut.

Attention Students: Want to Maximize Your Ability to Secure a Residency Position? Register Today for Emerge from the Crowd: How to Become a Standout Residency Candidate



Are you planning to complete a residency after graduation? You probably know that of the 3277 PGY1 applicants that participated in the ASHP Resident Matching Program in 2011, approximately 40% did not match with a program.¹ As competition among residency

applicants continues to increase, it is important for students to know what kind of candidates residency programs look for and to learn the steps that can be taken now to distinguish oneself from the crowd.

Make plans now to join ACCP in Reno this April for an informative and interactive program titled “Emerge from the Crowd: How to Become a Standout Residency Candidate.” This unique program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation.

Students attending this exciting new program will receive twelve hours of interactive programming over two days. It will begin on Saturday, April 28 and conclude on Sunday, April 29, running alongside the Updates in Therapeutics®: The Ambulatory Care Review and Recertification Course and Pharmacotherapy Preparatory Review and Recertification Course at the Peppermill Resort in Reno, Nevada.

Students will learn from experts in the field of clinical pharmacy about the steps they can take now to rise above the competition when applying for a residency during their final academic year. Topics include: developing leadership skills, gaining valuable work and experiential opportunities, professional networking, engaging in scholarly activity, CV-writing, and achieving academic success. Attendees will also have the opportunity to sit down face-to-face with current residents and residency program directors to gain from their perspectives and advice during a special roundtable session.

Register today at www.accp.com/ec. Questions? Contact us at (913) 492-3311 or e-mail at accp@accp.com.

1. American Society of Health System Pharmacists. *ASHP Resident Matching Program, 2011*. Available from www.natmatch.com/ashprmp/. Accessed November 14, 2011.

ACCP Emphasizes Importance of Board Certification to Key Stakeholders



In keeping with ACCP’s strategic plan, the College has released three new memos to key clinical pharmacy stakeholders drawing attention to the recently published ACCP Position Statement on Board Certification (see www.accp.com/docs/positions/positionStatements/BoardCertiPosStatmnt.pdf). The memos are addressed to three important stakeholder

groups: (1) residency program directors, (2) deans of U.S. colleges and schools of pharmacy, and (3) academic pharmacy practice department chairs. Each memo, which can be found at www.accp.com/careers/specRecog.aspx, emphasizes elements of the position statement that pertain to practitioners who guide residency trainees in patient care roles, experiential program preceptors who oversee students during direct patient care experiences, or academic faculty who teach students pharmacotherapy-related subject matter. These communications, distributed in December and January either by U.S. mail or electronically, were accompanied by copies or links to both the ACCP Position Statement and the Board of Pharmacy Specialties (BPS) brochure, “... shouldn’t YOU get Board Certified?” available from BPS and online at www.accp.com/docs/careers/BPSbrochure.pdf.

ACCP members are encouraged to visit www.accp.com/careers/specRecog.aspx to review these communications and to engage in discussion of both the ACCP Position Statement and the memos with appropriate colleagues and/or supervisors.

Report Issued From the Office of the USPHS Chief Pharmacist



Calls for Recognition of Pharmacists as Health Care Providers

A recently released report from the Office of the Chief Pharmacist of the United States Public Health Service, “Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General, 2011” (see www.accp.com/improvingoutcomes), argues for increased utilization and recognition of clinical pharmacists. The report discusses (1) the current roles of pharmacists who have been integrated into primary care settings, (2) why pharmacists that deliver patient care services should be recognized as health care providers as defined in the Social Security Act and other health legislation/policy, (3) why compensation mechanisms for pharmacists in clinical roles need to be changed, and (4) how pharmacists deployed in clinical roles improve patient and health system outcomes. The report relies on an evidence-based approach in supporting its recommendations.

In her letter of response to the report (see www.accp.com/supportletter), U.S. Surgeon General Regina Benjamin provides her public support for its recommendations, including recognition of pharmacists as health care providers “given the level of care they provide in many health care settings.”

President’s Column

Lawrence J. Cohen,
Pharm.D., FCCP, BCPP



What is Clinical Pharmacy Anyway?

Maybe it’s just me, but when I talk with friends and colleagues around the country, there seems to be a lot of confusion about how we define what makes a pharmacist a clinical pharmacist and specifically, what clinical pharmacists do! As we look to the future where there will be dramatic changes in health care delivery in the USA, our time is short to demonstrate the value and potential impact of clinical pharmacists’ role in improving patient outcomes. As an organization that takes pride in being keenly “focused” on representing and meeting the needs of clinical pharmacists, one would think that we are well positioned to provide commentary on the subject. In fact, our members have a long history of contributing evidence to support the impact of clinical pharmacists on patient outcomes. However, we must continue to help our professional colleagues, patients, and society to recognize our contributions.

Let me update you on a few of our current initiatives that relate to the current ACCP Strategic Plan (see www.accp.com/docs/about/ACCP_Strategic_Plan.pdf). The plan lists as one of its priorities that “ACCP will position clinical pharmacists by: 1) Communicating with external constituencies to foster recognition of clinical pharmacists’ collaborative contributions to patient care, 2) Working with external constituencies to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute unique value to patient care, and 3) Develop joint interprofessional communications that recognize clinical pharmacists’ essential collaborative roles in ensuring quality patient care.” Consistent with our plan, I have asked the 2012 ACCP Public and Professional Relations Committee to address the somewhat rhetorical question, “Should organized clinical pharmacy promote a consistent, standardized

process of patient care provided by clinical pharmacists that could apply to any clinical practice setting?” The committee has been asked to prepare a variety of communication pieces to place this issue before ACCP members, calling upon previously published and otherwise accepted care processes used by clinical pharmacist that have been described in the literature. You will be hearing more about this in future issues of the ACCP Report. On a related front, the 2012 Publications Committee is charged with looking at how clinical pharmacy is defined (including inaccurate and/or incomplete descriptions) on the internet and through social networking sites.

At the combined meeting of the boards of the College, *Pharmacotherapy*, and the Research Institute during last October’s ACCP Annual meeting in Pittsburgh, Ed Webb challenged the group by stating there is a need to be able to define more precisely “what clinical pharmacists do.” (In a future issue of the *ACCP Report* we will also discuss ACCP’s beliefs regarding “who” can do this by focusing on the recommended credentialing pathway for clinical pharmacists.) The challenge facing us is that if we are going to assertively promote the value of the clinical pharmacist, we must be able to articulate to our colleagues and other health professionals exactly “what” the clinical pharmacist does to improve treatment outcomes and quality of care in a cost-efficient manner. The description must be consistent and easily understood; it must also be embraced by the clinical pharmacy discipline to the extent that virtually any clinical pharmacist can articulate what these activities are and exactly what consumers and professionals can expect from their clinical pharmacist.

In the November 2011 issue of the *ACCP Report*, Daniel Touchette, PRBN Network Director, explained that although there is plenty of evidence supporting the impact of clinical pharmacists on health care teams, most of the research does not address the specifics regarding efficiencies and what specific activities result in overall cost savings. There’s also a paucity of adequately powered randomized controlled studies to support the value of clinical pharmacists’ direct patient care activities. A new direction in the research agenda of the PBRN will seek to delineate the differences in various clinical pharmacists’ practices in an effort to identify sustainable practices that result in positive outcomes and more efficient utilization of resources.

Finally, you may also recall the commentary by Terry McInnis, MD, MPH in the October 2011 issue

of the *ACCP Report*. She co-leads the Patient-Centered Primary Care Collaborative (PCPCC) Medication Management task force along with ACCP Associate Executive Director C. Edwin Webb and Dr. Linda Strand. Dr. McInnis noted in her commentary,

Comprehensive medication management involves optimizing the medications in an attempt to achieve the clinical goals of therapy for each disease state in a patient-centric approach. This practice must be orderly and fully understood by the profession and is essential to the successful discovery and resolution of drug therapy problems that are preventing patients from reaching these goals. The practice must be documented, communicated, evidence-based, and reiterative—in short, the practice requires a systematic approach.

Dr. McInnis, a physician, believes that two elements are equally critical to the pharmacy profession's success: (1) a professional, standardized practice, and 2) the evolution of the pharmacist as a practitioner "taking care of patients" as part of the patient-centered medical home or accountable care organization (ACO) team. She went on to say that,

This systematic approach embodied in a common professional practice of pharmacy will unleash the full power of the appropriate use of the phenomenal medications that we have to improve health for patients and simultaneously lower our total health-care costs in collaboration with physicians and other team members! Then we as a society will realize the true value that pharmacists can play by applying the full-force of their pharmacology knowledge in this clinical role.

Dr. McInnis ended her commentary with a challenge to us all:

Will you take your knowledge of pharmacology to the level of applying it to practice by making the more difficult recommendations such as suggesting based on the evidence, an additional drug be added, a change of dosage, or a different drug prescribed which resolves a drug therapy problem that you have systematically found and documented, based on the evidence and your professional knowledge, to actually improve patient outcomes and safety? Are you prepared to consistently practice at the absolute top level of your license and scope of practice?"

While I completely agree with and endorse the statements from Dr. McInnis related to "standardized practice," perhaps (for those of us concerned about the broad implications of establishing such activities as practice "standards") a more successful tact would be to establish a set of "guidelines" that articulate a "consistent set of practice activities" that a patient or health professional could expect to experience when interacting with a clinical pharmacist. For more information regarding PCPCC and comments from Dr. McInnis see www.pcpcc.net/files/medmanagement.pdf.

In keeping with Dr. Bill Kehoe's 2011 Presidential Theme "A Look Back to the Future," I will close by referring you to two historical documents from ACCP. In the August 2000 issue of *Pharmacotherapy*, ACCP published a White Paper titled, "A Vision of Pharmacy's Future Roles, Responsibilities, and Manpower Needs in the United States" (see www.accp.com/docs/positions/whitePapers/pos26.pdf). Written by the 1997–1999 ACCP Clinical Practice Affairs Subcommittee A and approved by the Board of Regents in May 2000, I highly recommend re-reading this paper. Although the paper was written more than a decade ago, a few key points made by the authors deserve to be revisited today:

- The process of evolving to future roles will probably eventually result in the emergence of a single practice model, although one that may be actualized differently within a variety of settings. Additionally, as practice models evolve, different segments of the profession will progress at different rates and perhaps along different paths.
- Each sector of the profession should participate collaboratively to plan both strategically and realistically to promote the evolution of practice models that consistently support a philosophy of practice that clearly identifies the patient as the primary beneficiary of the profession.
- Pharmacy's leadership may be confronted by the challenge of valuing the initial differences among approaches necessary to implement patient-centered care in diverse practice settings, while simultaneously seeking to achieve solidarity through a shared philosophy of practice.
- Professionals must work together patiently, honestly, and meaningfully to revise pharmacy's practice systems to support a level of patient care that genuinely affects patients' drug therapy outcomes.

Last, I refer you to “The Definition of Clinical Pharmacy,” written and approved by the ACCP Board of Regents in April 2005 (see www.accp.com/docs/positions/commentaries/Clinpharmdefnfinal.pdf). This paper offers an abridged definition of clinical pharmacy (“That area of pharmacy concerned with the science and practice of rational medication use”). But more important, for those who take the time to more closely review the paper, is the unabridged definition, including its references to clinical pharmacy as a discipline, its description of the clinical pharmacist, and its account of the roles of the clinical pharmacist in the health care system. These final two documents, included here for both historical interest and contemporary relevance, demonstrate that ACCP and its members have been actively promoting the role of the clinical pharmacist for many years. But I think we continue to have much work ahead of us. If we are successful in articulating a consistent approach to practice and gaining acceptance of this approach across the clinical pharmacy discipline, our next steps should include:

- educating and training students and residents in accord with this practice;
- promoting the practice to other health professionals as “the what” that clinical pharmacists can and will contribute to patient care; and
- employing these practice activities as the basis for research on how the clinical pharmacist affects patient outcomes and the cost of care

It was remarkable to me to see that ACCP’s perspective and vision have remained constant over time. I believe that it’s quite likely that we were just a decade or two ahead of our time – in a sense, we were seeking to embrace the future before its time. Well, I think that future has now arrived!

Strategic Plan Update

Request for Member Comment and Input on ACCP Direction

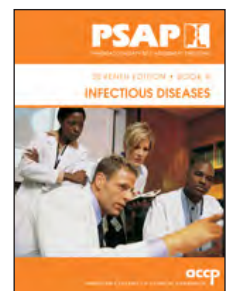


The College’s 2010 strategic plan (see www.accp.com/docs/about/ACCP_Strategic_Plan.pdf) is now entering its second year. At the October 2011 ACCP Board of Regents meeting, board members tracked the College’s progress in implementing the plan across the three major priority areas: *developing*,

advancing, and *positioning* clinical pharmacists. Although it’s relatively early in the plan’s execution, the board noted that the objectives of the plan are being implemented on schedule. Because the College has now initiated a continuous strategic planning process, the board welcomes input on the plan itself and also on any new or “emerging” issues that members feel to be of importance to future clinical pharmacy practice, research, or education. Therefore, all ACCP members are invited to log-in to the ACCP electronic feedback site (www.accp.com/feedback/index.aspx?i=strategic) anytime, 24/7. After logging-in to the site, members can provide comment on (1) current components of the ACCP strategic plan, (2) new issues that ACCP leadership should consider now, and (3) emerging topics that may merit the College leadership’s thought and analysis in the future.

The Board of Regents reviews this input at its quarterly meetings and identifies issues that require further staff analysis, board discussion, and/or selection as forthcoming committee or task force initiatives. In addition to ACCP’s existing methods of gaining member input (e.g., the annual member survey requesting priority areas for future consideration, annual Town Hall Meetings, other calls for member comment on specific issues), it is hoped that this continuous planning process will increase opportunities for all members to provide input and feedback regarding the College’s direction. If you’ve not already done so, please read the [ACCP Strategic Plan](#) and visit the [College’s feedback site](#) whenever you wish to submit comments on the College’s direction.

Infectious Diseases Is the Latest PSAP-VII Release



The higher incidence of resistant organisms and the increased need for proper stewardship of treatments require clinical pharmacists to maintain competency in the area of infectious disease.

This practice area serves as the focus of the ninth book in the Pharmacotherapy Self-Assessment Program, seventh edition (PSAP-VII). *Infectious Diseases* provides evidence-based information on the prevention and treatment of common infections.

Infectious Diseases will be released January 17 and has three learning modules offering a total of 19.0 continuing pharmacy education credits. The first

module covers HIV Infection, Primary Care in HIV, and Tuberculosis. The second module focuses on Antimicrobial Stewardship, Ophthalmic and Otic Infections, Central Nervous System Infections, and Methicillin-resistant *Staphylococcus aureus* Infections. The third module covers Bone and Joint Infections, Intra-abdominal Infections, *Clostridium difficile* Infections, and Influenza. Each chapter provides an update on the topic and includes an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist.

Infectious Diseases is designed to assist pharmacists who want to:

- Use current guidelines to determine the appropriateness of patient-specific HIV screening and devise an appropriate plan for antiretroviral therapy for the treatment-naïve patient.
- Recommend appropriate methods for evaluating and managing diabetes, kidney disease, and bone disorders in patients with HIV infection.
- Design an appropriate therapeutic plan for active TB in immunocompetent, immunocompromised, and special populations.
- Evaluate different strategies of antimicrobial stewardship and justify resource use.
- Develop a comprehensive empiric treatment plan, including pharmacologic and nonpharmacologic therapies for various ophthalmic and otic infections.
- Formulate a treatment regimen for patients who present to the hospital with signs and symptoms of bacterial, viral, or fungal meningitis.
- Develop a pharmacotherapeutic plan for the empiric treatment of MRSA infections.
- Given a patient's clinical symptoms, physical examination, microbiology, and imaging studies, design therapeutic regimens and monitoring plans for bone and joint infections.
- Develop an appropriate empiric antimicrobial regimen for the patient with intra-abdominal infection.
- Design a pharmacologic treatment plan for a patient with *Clostridium difficile* infection.
- Determine whether antiviral therapy is indicated for an individual with confirmed or suspected influenza infection, and devise an appropriate treatment regimen.

All PSAP-VII books are available in both print and online formats and as either single books or the full series (11 books). Other books in the series are *Cardiology*; *Critical and Urgent Care*; *Women's and Men's Health*; *Pediatrics*; *Chronic Illnesses*; *Oncology*; *Geriatrics*; *Science and Practice of Pharmacotherapy*; *Neurology/Psychiatry*; and *Gastroenterology/Nutrition*.

Each PSAP-VII book offers the most up-to-date and comprehensive information available on recent drug therapy advances and will expand your knowledge in the therapeutic area covered. For specific information on the release date, continuing pharmacy education credits, and program numbers for each book, or to place your online order, visit www.accp.com/bookstore/psap7.aspx. Books are priced as follows; shipping and handling charges apply to print books only.

	Member Price	Nonmember Price
Single Books		
Print	\$75.00	\$100.00
Online	\$65.00	\$90.00
Print and online	\$105.00	\$130.00
Full Series (11 books)		
Print	\$435.00	\$635.00
Online	\$385.00	\$570.00
Print and online	\$635.00	\$820.00



ACCP is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The Board of Pharmacy Specialties (BPS) has approved PSAP-VII for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification.

PSAP Audio Companion Available for *Infectious Diseases*



Infectious Diseases, the current release in the PSAP-VII series, provides evidence-based information on the prevention and treatment of common infections.

The PSAP Audio Companion is a studio recording of the *Infectious Diseases* chapter text and learning objectives. Made available in the MP3 format, the audio files can be downloaded to a listening device or burned onto a CD. Because it does not include tables, figures, or the self-assessment questions, no continuing pharmacy education (CPE) hours are associated with the Audio Companion.

The *Infectious Diseases* Audio Companion contains the following chapters:

- “HIV Infection and AIDS”
- “Primary Care in HIV”
- “Tuberculosis”
- “Antimicrobial Stewardship”
- “Ophthalmic and Otic Infection”
- “Central Nervous System Infections”
- “Methicillin-Resistant *S. aureus* Infections”
- “Bone and Joint Infections”
- “Intra-abdominal Infections”
- “*C. difficile* Infection”
- “Influenza”

Audio Companions are also available for PSAP-VII Book 1 (*Cardiology*), Book 2 (*Critical/Urgent Care*), and Book 6 (*Oncology*). Priced at just \$25 for ACCP members, the Audio Companion is also available at a discount price when purchased as a package with the matching online book. To order, [click here](#).

PSAP-VII Book 9 <i>Infectious Diseases</i>	ACCP Member	ACCP Nonmember
<i>Infectious Diseases</i> Audio Companion (MP3 Format)	\$25	\$40
<i>Infectious Diseases</i> Audio Companion plus Online Book	\$75	\$115

ACCP Research Institute Recognizes 2011 Donors



The ACCP Research Institute (RI) would like to thank all of its 2011 Frontiers Fund donors. It is because of your generosity that the Frontiers Fund is able to:

- Develop researchers
- Build a research network
- Generate evidence

...to further document the value of clinical pharmacy services and advance pharmacy research.

Diamond Donors (\$1000 or more)

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Education and Training PRN	Raylene Rospond
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Geriatrics PRN	Barbara and Richard Wells
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A Thank-you to the 2011 Frontiers Fund Campaign Committee and Volunteers



A thank-you goes to the volunteers of the Frontiers Fund Committee for their efforts in orchestrating the 2011 "Generating Bright Ideas" campaign.

2011 Frontiers Fund Campaign Committee Members:

- Chair, Susan Fagan, Pharm.D., FCCP, BCPS
- Stuart T. Haines, Pharm.D., FCCP, BCPS
- Ronald P. Evens, Pharm.D., FCCP
- Ralph H. Raasch, Pharm.D., FCCP, BCPS
- Jimmi Hatton, Pharm.D., FCCP, FCCM, BCNSP

Thanks to the members who staffed the ACCP Research Institute booth in Pittsburgh for our "Generating Bright Ideas" campaign during the 2011 ACCP Annual Meeting.

2012 ACCP Clinical Pharmacy Challenge: Are You Ready?

ACCP's national pharmacy student team competition returns in 2012. Now in its third year, the Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to four on-line rounds in September, with the top eight teams advancing to the live quarterfinal competition at the 2012 ACCP Annual Meeting in Hollywood, Florida, this October. Click here for the [2012 Clinical Pharmacy Challenge Competition Schedule](#).



Plan now to participate this fall. Team Registration opens April 2, 2012.

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a "quiz bowl"-type format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a [local competition](#). ACCP provides a written examination that institutions may use as a basis for their local competition, if they so desire. This examination will be available on or after April 2, 2012, and may be requested by the ACCP Faculty Liaison or registering faculty member via e-mail. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Hollywood, Florida, October 20-22, 2012.

Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive three complimentary student full meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition to the above, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a \$750 cash award (\$250 to each member) and a commemorative team plaque. The winning team will receive a \$1500 cash award (\$500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested

in forming a team should contact their ACCP [faculty liaison](#). If no ACCP Faculty Liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. **The deadline to complete team registration and confirm eligibility is September 4, 2012.**

For more information on the 2012 Clinical Pharmacy Challenge or to view sample test items and frequently asked questions [click here](#).

ACCP Academy Acknowledgments



A special thank you to all who have served as a mentor to an ACCP Academy participant in the last year:

Prasad Abraham	Michael Cawley
Norberto Albert	Steven Chen
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Interested in serving as an Academy mentor? E-mail Zangi Miti at zmiti@accp.com.

ACCP to Debut Member Spotlight Initiative

ACCP is pleased to announce the launching of a new member initiative entitled, "ACCP Member Spotlight", which serves to highlight and provide visibility to ACCP members with regards to their career path, contributions, and experience with ACCP. If you would like to nominate someone to be featured, ACCP has created a section on the College's Web site where members are invited to submit their information, or nominate other members to be profiled. Nominations are accepted on a continuous basis. Members who are selected will be asked to complete a bio and brief questionnaire which will be used to create a member spotlight summary. The "ACCP Member Spotlight" will be a bimonthly feature in the ACCP Report.

For further information, or to submit a member for consideration, visit the Web site at www.accp.com/membership/spotlight.aspx.

The Member Spotlight Series was developed by the 2011 Credentials: Membership Committee: Rachel Couchenour (Chair), Michael Peeters (Vice Chair), Amy Franks, Elias Chahine, Thomas Majerus, Pramodini Kale-Pradhan, Bryan Love, Melissa Johnson, Emilie Karpiuk, Barbara Wiggins, and Jon Poynter (Staff Liaison).

Call for Notification of Awards, Promotions, Grants, Etc.



Have you or a colleague recently been honored with an important award? Have you or a colleague received a major grant or key promotion? ACCP periodically publishes a feature in the *ACCP Report* citing such member accomplishments. To gather a "critical mass" of such honors that warrant publishing such a feature, even on an irregular basis, we need to hear from *you*. So, please forward this information to us at accp@accp.com, and we will seek to include it in a forthcoming issue of the *ACCP Report*.

New Members

Hani Abdelaziz	Regine Beliard
Morgan Adams	Stephanie Bennett
Tolulope Akinbo	Jennifer Bhuiyan
Bernice Akyaa-Appiah	Lisa Blanchette
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Link Almogela	Beth Boyce
Salem Almohammadi	Alison Brown
Matthew Ambury	Carol Brown
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Jennifer Andres	Dane Brubaker
Wirin Anlamlert	Denver Buchanan
Lisa Anzisi	Yen Bui
Elliott Asarch	Clinton Bullock
Julie Ausborn	Andrew Bundeff
Anna Avolio	Nick Burge
Mahshid Azimi	Jared Butler
Alaa Bagalagel	Alexa Carlson
Delaram Bahmandar	Robin Carney
Mirza Baig	Ashley Castleberry
Stacey Bailey	Lyndsey Caudel
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Noha Banjar	Cody Chan
Carly Bates	Zung Chan

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Cassie Barton
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Sarah Boardman
Monica Bowen
Aimon Chantara
Marsha Daniel
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Teresa Tan
Deanna Urasek
Theresa Urban
Mina Willis
Nancy Yunker

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Many thanks to the following individuals for recruiting colleagues to join them as ACCP members:

David Ackiss
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Robin Carney
Veronica Chik
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Sharon Dickey
Elizabeth Dodds Ashley
Francine Farnsworth
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Important Dates

Abstract submission deadline: **31 January 2012** | Early bird registration deadline: **31 March 2012**

Topics

Keynote Lecture

- ▶ Development of Clinical Pharmacy - East Meets West

Plenary Lectures

- ▶ Nurturing Eminent Practice - Strategies to Success
- ▶ Appraising Clinical Excellence - What Have We Achieved and How Do We Measure It?

Symposia

- ▶ Ambulatory Care
- ▶ Cardiology
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