accp Report

American College of Clinical Pharmacy

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

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Premeeting Symposia in Phoenix

During this year's ACCP Spring meeting, take advantage of one of the three premeeting symposia in Phoenix, Arizona, on Saturday, April 5, 2008. Offered as a prelude to the 2008 Spring Practice and Research Forum/Pharmacotherapy Preparatory Course, these presymposia deliver tailored programming on leadership and management, teaching and learning, and professional opportunities for student pharmacists.

"The Leadership Primer," a full-day presymposium, begins at 8:00 a.m. Saturday morning and will be led by Robert S. Beardsley, R.Ph., Ph.D.; Peter Hurd, Ph.D.; and Robert E. Smith, Pharm.D. This program has been developed as the foundational course in the ACCP Academy Leadership and Management Certificate Program; however, you need not be enrolled in the Academy to participate in this program. Attendees will engage in discussions surrounding the concepts and theories of organizational behavior and will learn to apply situational leadership concepts to their own professional settings. Faculty will examine the motivations and stages of change in various pharmacy practice environments, as well as the use of principle-centered power in the professional setting.

On Saturday afternoon, "Planning for Effective Teaching" begins at 1:00 p.m. and will be led by Brenda L. Gleason, Pharm.D.; Sheldon G. Holstad, Pharm.D.; S. Dee Melnyk, Pharm.D.; and Thomas D. Zlatic, Ph.D. This group of experienced faculty will guide participants through the purposes and strategies for planning a didactic course or clinical practice experience. Designed to be highly interactive, this presymposium will look at how participants can devise strategies for creating a learning environment conducive to achieving the predefined learning outcomes and professional abilities. This program is a part of the ACCP Academy Teaching and Learning Certificate Program curriculum; however, you need not be enrolled in the Academy to attend.

Also beginning at 1:00 p.m. on Saturday is a half-day presymposium developed specifically for student pharmacists. "The Professional and Personal Rewards Associated with Research: Why It's Worth a Closer Look" will be moderated by Marie A. Chisholm-Burns, Pharm.D., M.P.H., FCCP, FASHP, Professor and Head of the Department of Pharmacy Practice and Science at the University of Arizona College of Pharmacy. A team of faculty will deliver a series of presentations on topics such as the many types of research available, the impact of research

on the pharmacy profession, and the ways to become involved with research. After these presentations, students will hear from a panel of faculty members involved in a wide variety of research activities, who will explore the different pathways that can lead to a research career. A panel of residents and fellows will also provide insight into the personal and professional rewards involved with pursuing research. The presymposium will wrap up with roundtable discussions that will address the following topics: building your CV, gleaning "pearls" of wisdom for residencies, preparing for board certification, and successful interviewing. Attendance at this session is included with paid student meeting registration. Institutions that wish to register groups of five or more students can take advantage of special Spring Forum student group discounts.

For more information on all of the presymposia, visit http://www.accp.com/meetings/sf08/. With the exception of the student session, separate registration is required for each premeeting symposium, and seating is limited. Register by February 22 to take advantage of early bird registration rates!

Congratulations to ACCP Members on Achieving Board Certification

We offer our sincerest congratulations to the ACCP members listed below who passed specialty certification examinations offered by the Board of Pharmaceutical Specialties (BPS) in October 2007. Of the 1075 people certified in Pharmacotherapy, Oncology, Psychiatric Pharmacy, Nutrition Support Pharmacy, or Nuclear Pharmacy, 617 are members of ACCP.

When an Associate Member of ACCP achieves specialty board certification, he or she qualifies to become a Full Member in the College. As a result of the 2007 examinations, 510 former Associate Members are now Full Members. In addition, 107 Full Members passed their examinations.

For more information on the 2008 specialty examinations, contact BPS at (202) 429-7591, or visit their Web site at http://www.bpsweb.org.

Pharmacotherapy

Roshanak Aazami
Daniel Abazia
Gregory Abbott
Elizabeth Abiola
Soad Aboulhosn
Haley Addis
Mona Ali
Lisa Allen
Carlos Alvarez
Jarrett Amsden
Christopher Anderson
Teresa Anderson
Bradley Atkinson
Laura Aykroyd
Amy Bain
Anastasia Balducci
Farooq Bandali
Susanne Barnett
Tanya Barnhart
Peter Bauer
Jennifer Bean
Anne Beauchamp
Sabrina Beck
Nicholas Bellman
David Benedict
Kellie Bennett
Marina Bergman
Scott Bergman
Elizabeth Bergsrud
Allison Bernknopf
Evangelina Berrios-Colon
Raymond Black
Amie Blaszczyk
Abigail Bockholt
Jennifer Bolduc
Rita Bonnett
Jaime Borkowski
Eliza Borzadek
Michelle Bottenberg
Carin Bouchard
Rebecca Boustani
Lyndsey Bowman
Julianne Boylan
Rebecca Brady
Heidi Brainerd
Amy Braun
Theresa Breithaupt
Lisa Brennan
Stephanie Brian
Benjamin Brielmaier
Jamie Brown
Kristen Brown
Sarah-Ann Brown
Sherrill Brown
Gretchen Brummel
Melissa Buchanan
Nicole Buchanan
Lisa Bunker
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Elizabeth Burkey
Amanda Bushman
Brandy Butcher
Kayleen Butcher
Simona Butler
William Cahoon
Joanne Caluori
Timothy Candy
Julia Carder
Beth Cariera
Jessica Carney
Jody Carswell
Caroline Chalverus
Amy Chan
Irene Chan
Suzanna Chan
Jessica Chang
May Chang
Amy Chapman
Lisa Chastain
Jeanne Chattaway
Lita Chew
Loretta Chiu
Christie Choo
Agnes Chou
Erin Christensen
Frank Chu
Amanda Chuk
Mariann Churchwell
Christine Cicci
Bernard Cino
Sarah Clark
Jennifer Clayton
Jennifer Clemente
Daniel Cleveland
Timothy Clifford
John Cloud
Charles Nicholas Coe
Jennifer Cole
Morgan Cole
Dean Collier
Richard Conley
Amy Cooke
Jennifer Costello
Elizabeth Coyle
Melanie Crain
Shane Cross
Melvin Crumby
Melannie Cummings
Erin Dale
Michael Daly
Kristin Daniel
George Davis
Joshua Davis
Jeremy Dear
Amanda DeBruin
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Kathleen Deering
James DeFoe
Davina Dell-Steinbeck
Christina DeRemer
Chaitali Desai
Kelli DeVore
Lucy DiMase
Dave Dixon
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Rachel Doering
Ashley Dollar
Bryan Dotson
Kathleen Doyle
Rebecca Drake
Heather Draper
Sherleen Drawdy
Sanaa Dredar
Kristin Duffey
Jessie Dunne
Lindsay Dunnum
Susan Duquaine
Jennifer Durham
Leah Durham
Antoinette Duronio
Dana Dutcher
Elayne Dworek
Lisa Edgerton
Christine Edie
Leigh Efird
Amy Ehlers
Kimberly Elliot
Matthew Ellis
Alisa Escano
Gregory Eschenauer
Matthew Everly
Tanya Ezekiel
Bonnie Falcione
Jennifer Falvey
Lydia Fancher
Linda Farho
Sarah Jane Faro
Denise Farolino
Helen Feinstein
Ashley Feist
Kevin Ferguson
Julianna Fernandez
Danielle Field
Christine Fitzgerald
Sloan Fleming
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Renée Ford
Noel Forrett
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Christen Freeman
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M. Paige Fuller
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Stephanie Gibson
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Oscar Guzman
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Franklin Huggins
Marcia Hunt
Bridget Hurd
Nigel Isaacs
Heather Jackson
Alicia Jahnke
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Jennifer Javier
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Jeanette Jiang
Humberto Jimenez
Tomasz Jodlowski
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Peter Johnson
Sarah Johnson
Tami Johnson
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Chelsea Landgraf
Alissa Langley
Sarah Langridge
Scott Larson
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Yuen Ting (Cathy) Lau
Jennifer Le
Bernard Lee
Christine Lee
Chui Ping Lee
Grace Lee
Jennifer Lee
Joyce Lee
Nancy Lee
Tamara Lee
Angela Lehman
Rachael Lerman
Pamela Letzkus
Joyce Leung
Teresa Lewis
Fanny Li
Quan Li
Cara Liday
Lesley Lim
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Micah Mathews
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Stacy Weston
Christine Whong
Megan Wiegand
Rajani Wikelius
Sheila Wilhelm
Aaron Will
Amanda Williams
Kristi Williams
Leslie Williams
Mary Williams
Paul Williams
Virginia Williams
Angela Wills
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Holli Winters
Paul Wohlt
Thomas Wolfe
Roney Won
William Wong
Marla Woods
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Mei Wu
Peggy Yam
Irene Yi
Holly Young
Marc Young
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Lan Zheng
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Dana Boyers
Daniel Boyle
Alexandre Chan
Ka Lun Benny Chan
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Rita Cool
Jenny Debenito
Lauren Decloe
Melissa Dinolfo
Jason Everly
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Jared Freml
Patricia Halterman
Lindsay Hladnik
Paul Hutson
Kyoung-Sil Kang
Sean Keefe
Tippu Khan
Joni Maeda
Sara Maier
Heather McCarthy
Loan Nguyen
Amy Pick
Zahra Shaghaghi
Bhavesh Shah
Jamie Shapiro
Thanh Trinh
Krista Voytilla

Psychiatric Pharmacy
Sherry Andes
Douglas Boggs
Noll Campbell
Megan Ehret
Michael Weisburgh

Nutrition Support Pharmacy
Kumar Archuleta
Richard Breeden
Mark Decerbo
Deborah Houston
Bishoy Luka
Paula Rivera
Jeffrey Rosenblatt
Casey White

Nuclear Pharmacy
George Kourlas

Students: Check Out Student Programming at the ACCP Spring Forum

Are you thinking about how to approach your Pharm.D. research project? Or maybe you're wondering what types of research you can become involved with as a student. Whether you plan on completing a residency or you're looking ahead to fellowship training, discover the answers to these questions and more by attending the exclusive student presymposium "The Professional and Personal Rewards Associated with Research: Why It's Worth a Closer Look."

This program on Saturday, April 5, 2008, at the Spring Forum in Phoenix, Arizona, will open your eyes to the many exciting and rewarding opportunities associated with the pursuit of clinical pharmacy research. Discover the many career options available to pharmacists engaged in clinical research. Realize the impact of clinical research on the pharmacy profession. Explore the many options available to become engaged in the research process as a student both now and in the future as a resident or fellow.

Attendees will learn from clinical faculty and current residents and fellows as they provide insight into their own career paths and research experiences. Students will also interact one-on-one with faculty, residents, and fellows during roundtable sessions. Don't miss this unique opportunity to expand your career options and explore the many rewards clinical pharmacy research has to offer.

For more information about the 2008 Spring Forum or to register for the meeting, please visit the ACCP Web site at http://www.accp.com/sf. To register groups of five or more students in advance, contact Jon Poynter at (913) 492-3311, x21, or jpoynter@accp.com.

Washington Report

John McGlew
Assistant Director, Government Affairs

Health Care and the 2008 Presidential Elections

Nine months from Election Day, the 2008 presidential campaign is already shaping up to be a unique and exciting contest. The state primary and caucus calendar has shifted beyond recognition. Political observers who recall the fraught 1976 Republican Party Convention – where Gerald Ford successfully edged out Ronald Reagan to secure the nomination – may find it curious that candidates from either party could well have secured the nomination by the close of Super Tuesday (February 5) when 24 states selected their delegates.

Democrats in Michigan and Florida were the victims of an internal dispute between the national and state factions of the party. In both states, Democratic Party leaders attempted to upstage New Hampshire's and Iowa's "first-in-the-nation" status by moving their primary dates forward. National Democratic leaders responded that this violated party rules and stripped both states of their delegates.

More money has been spent at this stage in the race than in any other campaign in history. The Washington Post estimates that the leading candidates, combined, raised over $385,613,706,[1] a staggering sum given that President George W. Bush, a renowned fund-raiser himself, spent $367,228,801[2] in total during the entire 2004 election cycle.

The fluid, competitive nature of the 2008 race continues to surprise and delight. Senator John McCain – written off just a few months ago – has emerged as his party's favorite. Former New York Mayor Rudy Giuliani's poor showing in the Florida primary spelled the end for this one-time front-runner's national ambitions. Outsiders Governor Mike Huckabee (Arkansas) and Rep. Ron Paul (Texas) proved that you can take nothing for granted in this race by winning the Iowa caucuses and breaking a 1-day fund-raising record, respectively.

So What Are the Big Issues?

Although 1992 may be a distant memory, concerns over the U.S. housing market and recent, significant declines in the global markets remind us that it's still "the economy, stupid." Additionally, the ongoing wars in Iraq and Afghanistan and the global war on terror remain the top concerns among voters of both parties.

But perhaps to a greater extent than any time since 1992, voters in polls are citing health care issues as top priorities, and candidates are responding accordingly, sharpening their focus on health care reform and presenting health care reform proposals as key policy platforms.

Why Is Health Care Important Again?

There are several important factors contributing to the focus on health care issues in this election.

1. Rising Costs. Even when it's not about the money … it's about the money. The cost of group health insurance has risen by double-digit percentage points in recent years. The savings brought about by the Health Maintenance Organization (HMO) model in the 1990s have largely evaporated,[3] even though patient concerns about HMOs remain. The cost of providing health coverage has emerged as the top concern to small business owners,[4] and health insurance costs are proving to be a significant burden, even to the nation's largest employers.[5] America spends a greater portion of its gross domestic product on health care than any other developed nation, and as a result, Americans are reassessing how efficient our system really is.
2. Access Issues. Closely linked to this issue of rising costs is the issue of access to health care – rising costs can cause employers to drop or limit coverage, making individual coverage unaffordable to many Americans. Other factors can also result in many Americans going without coverage. Some who qualify for low-income programs such as Medicaid or the State Children's Health Insurance Plan (SCHIP) simply do not sign up or are reluctant to take advantage of these programs. These people likely forgo preventive care until problems manifest themselves and then seek "uncompensated" care in the most expensive setting of all – the emergency department. Also, there are Americans who choose to go without coverage – mostly younger, healthier people who rarely get ill and do not see the need to pay expensive insurance premiums. These individuals who choose to forgo coverage are especially frustrating to health care policy analysts because they represent a comparatively young and healthy demographic that is vital in an insurance pool to help keep costs down for all.
3. The State Experience. Attempts at the federal level to overhaul our health care delivery system have consistently proved unsuccessful, but as the 2008 campaign unfolds, we can draw on the experience of various states across the nation that have established systems to provide universal health coverage. Massachusetts implemented a measure under former Governor Mitt Romney that would require all residents to purchase health insurance or face legal penalties. Hawaii and Maine also have programs that offer near-universal access to health insurance, and Illinois recently approved a subsidy plan that will widely increase coverage for needy children. California Governor Arnold Schwarzenegger (R) announced a proposal, based on the Massachusetts law, that would require all state residents to obtain health insurance, and Pennsylvania Governor Ed Rendell (D) announced a similar proposal. Governors in Colorado, Illinois, and Kansas recently have called for universal health insurance for residents, and governors in Arizona, Indiana, New Mexico, and New York have called for expanded coverage.[6] No state claims to have the perfect solution, nor is anyone seriously suggesting that plans implemented on a state-by-state level can be compared with the enormity of the task of overhauling our system on a national level. However, perhaps for the first time in history, the presidential race is getting under way against a backdrop of state-level experiments in universal health coverage.

Where the Candidates Stand: The Presidential Health Care Reform Platforms

The Senator Hillary Clinton Health Care Proposal

Background: Senator Clinton has modified her position significantly since she headed the 1993 Task Force on National Health Care Reform under President Bill Clinton. Back then, the First Lady was vilified by Republicans and Democrats alike in Congress for her attempts to institute a system that was, rightly or wrongly, termed "socialized medicine."

Fifteen years later, Senator Clinton now faces criticism for her close relationship with private health insurers, hospitals, and drug companies. In fact, Clinton's presidential campaign accepted more contributions from the pharmaceutical and

1. Available at: http://projects.washingtonpost.com/2008-presidential-candidates/finance/ (accessed 1/2/2008)
2. Available at: http://www.opensecrets.org/presidential/summary.asp?ID=N00008072 (accessed 1/2/2008)
3. Available at: http://www.ahrq.gov/research/costsria/ (accessed 1/2/2008)
4. Available at: http://www.businessforum.com/nfib197.html (accessed 1/2/2008)
5. Available at: http://www.washingtonpost.com/wp-dyn/articles/A15828-2005Feb10.html (accessed 1/2/2008)
6. Available at: http://www.medicalnewstoday.com/articles/61352.php (accessed 1/2/2008)

health care industry ($269,436) than any other presidential candidate.[7]

Long considered a divisive candidate, Clinton's shift in opinion is viewed by some as "flip-flopping," whereas others congratulate Senator Clinton for her willingness to work with health care stakeholders to achieve incremental but meaningful improvements to our health delivery system. Regardless, Senator Clinton continues to make health care issues a centerpiece of her campaign.

Goal: Affordable and high-quality universal coverage through a mix of private and public insurance.

Overview: The American Health Choices Plan would cover all Americans, including the 47 million currently uninsured. For those with existing coverage, the plan builds on the current system and would give businesses and their employees a greater choice of health plans – including keeping the one they have – while lowering cost and improving quality.

Notably, the Clinton plan would offer all Americans access to the same menu of private insurance options that their members of Congress currently receive, through the creation of a new Health Choices Menu, as part of the Federal Employee Health Benefit Program (FEHBP).

The Clinton plan would also offer, in most cases, mental health coverage and dental coverage, and claims would not require the establishment of any new governmental bureaucracy to administer the plan.

The plan proposes a refundable tax credit to help working families pay for coverage and a refundable small business tax credit to provide an incentive to offer employee coverage. (High-income small businesses would not qualify.)

The plan would also prohibit insurers from "carving out benefits" or charging higher rates to people with health problems or people at risk for developing them and would limit premium variations on the basis of age, gender, or occupation.

Crucially, the Clinton plan would require **all** Americans to obtain and maintain health insurance coverage.

Other Key Provisions:

- Provide Tax Relief to Ensure Affordability. Working families would receive a refundable tax credit to help them afford high-quality health coverage.
- Limit Premium Payments to a Percentage of Income. A refundable tax credit would be designed to prevent premiums from exceeding a percentage of family income while maintaining consumer price consciousness in choosing health plans.
- Create a New Small Business Tax Credit. To make it easier – not harder – for small businesses to create new jobs with health coverage, a new health care tax credit for small businesses would provide an incentive for job-based coverage.
- Strengthen Medicaid and Children's Health Insurance Program. The plan proposes to fix the holes in the safety net to ensure that the most vulnerable populations receive affordable, quality care.
- Launch a Retiree Health Legacy Initiative. Clinton proposes a new tax credit for qualifying private and public retiree health plans that would offset a significant portion of catastrophic expenditures as long as savings are dedicated to workers and competitiveness.

The Clinton campaign also proposes a Seven-Step Strategy to Reduce Health Costs:

- A national prevention initiative.
- A "paperless" health information technology system.
- Chronic care coordination to improve outcomes.
- Elimination of insurance discrimination to help reduce administrative costs.
- An independent "Best Practices Institute" to help consumers and other purchasers and plans make the right care choices.
- "Smart purchasing" initiatives to constrain prescription drug and managed care expenditures (e.g., permit the Health and Human Services Secretary to negotiate prices for Medicare prescription drugs, limit direct-to-consumer advertising of prescription drugs, and change patent laws to increase the availability of generic drugs; reduce payments to Medicare Advantage plans to create more level reimbursements with traditional Medicare).
- A linking of medical error disclosure with physician liability protection.

Other details include:

- Providing federal recognition to "physician-driven" maintenance of certificate programs that promote continuing education about the latest advances in care and procedures.
- Investing in independent, private-public, consensus-based organizations to certify performance for enhanced reimbursement; identify gaps in existing quality measures; set priorities for development of new quality measures; and disseminate the most effective protocols and treatments through a Best Practices Institute.
- Funding improvement of Web-based tools to provide consumers with user-friendly information on provider performance and development of tools to promote informed patient choice about treatment options.
- Providing incentives for quality through increased federal payments (e.g., Medicare and FEHBP) for excellence in care and for innovative care delivery systems.

How Will She Pay for All of This? The Clinton campaign argues that most savings will come through lowered spending

7. Available at: http://www.opensecrets.org/pres08/select.asp?Ind=H04 (accessed 1/2/2008)
8. Available at: http://www.unitedhealthfoundation.org/ahr2007/states/Arkansas.html (accessed 1/2/2008)

due to the improved quality and modernization of our health delivery systems.

According to campaign estimates, the program's cost will be $110 billion per year when fully phased in. Of this, $35 billion will be financed by savings from quality and modernization initiatives, with an additional $21 billion in savings coming from Medicare private plans, recapturing Medicare and Medicaid payments to hospitals for the uninsured, and constraining prescription drug costs. The plan will also raise $54 billion in revenue from limiting the tax exclusion for employer-paid health insurance and discontinuing tax cuts for those with incomes over $250,000.

You can read more about Senator Hillary Clinton's Health Care Reform Proposal here: http://www.hillaryclinton.com/feature/healthcareplan/.

The Senator Barack Obama Health Care Proposal

Background: Having spent just a few years in Washington, Senator Obama's legislative record in the U.S. Senate is naturally thin. At the state level, Obama can point to his successes in the Illinois assembly, where he sponsored and passed legislation that expanded health care coverage to 70,000 kids and 84,000 adults.

Goal: Affordable and high-quality universal coverage through a mix of private and expanded public insurance.

Overview: Senator Obama's plan would require all children to have health insurance and employers to offer employee health benefits or contribute to the cost of the new public program. The proposal would require the establishment of a new public plan – the National Health Insurance Exchange – through which small businesses and individuals without access to other public programs or employer-based coverage could enroll in the new public plan or in approved private plans. Senator Obama would also expand the Medicaid and SCHIP programs.

Crucially, the Obama plan would **not** require all Americans to purchase coverage, but rather, would mandate that all children be covered and that employers offer "meaningful" coverage or contribute a percentage of payroll toward the costs of the public plan.

Other Key Provisions:

- Create a new public plan so that small businesses and individuals without access to other public programs or employer-based coverage could purchase insurance. Plan coverage would offer comprehensive benefits similar to those available through the FEHBP.
- Reform medical malpractice while preserving patient rights by strengthening antitrust laws and promoting new models for addressing physician errors.
- Invest $50 billion toward adoption of electronic medical records and other health information technology.
- Promote insurer competition through the National Health Insurance Exchange and through regulating the portion of health plan premiums that must be paid out in benefits.
- Improve prevention and management of chronic conditions.
- Initiate policies to promote generic drugs, allow drug re-importation, and repeal the ban on direct price negotiation between Medicare and drug companies.
- Pay Medicare Advantage plans the same as regular (traditional) Medicare.
- Require hospitals and providers to publicly report measures of health care costs and quality.
- Promote and strengthen public health and prevention.
- Require health plans to collect, analyze, and report health care quality data for disparate populations and hold such plans accountable.
- Support an independent institute to guide comparative effectiveness reviews and oversee the required reporting of preventable errors and other patient safety efforts.
- Reward provider performance through the National Health Insurance Exchange and other public programs.
- Address health disparities, promote preventive care and chronic disease management, and require quality and price transparency from providers and health plans.

How Will He Pay for All of This? The Obama campaign estimates the costs of the proposal to be between $50 and $65 billion per year when fully phased in but predicts that much of the financing will come from savings within the health care system. Additional revenue is projected to come from discontinuing tax cuts for those with incomes over $250,000.

You can read more about Senator Barack Obama's Health Care Reform Proposal here: http://www.barackobama.com/issues/healthcare/.

The Senator John McCain Health Care Proposal

Background: Senator John McCain has served in the U.S. Senate since 1986, and he served two terms in the U.S. House of Representatives before that. Senator McCain's biography is familiar to many after his failed bid for the 2000 Republican presidential nomination. He is a widely respected member of the Senate, known for his "maverick" status and his ability to accomplish legislative successes through bipartisanship.

However, Senator McCain recently sided with President George W. Bush by opposing the controversial expansion of the SCHIP program and, in doing so, demonstrated his continued opposition to governmental interference in health care delivery.

Goal: To provide access to affordable health care for all by paying only for quality health care, having insurance choices that are diverse and responsive to individual needs, and encouraging personal responsibility.

Overview: The plan would remove the favorable tax treatment of employer-sponsored insurance by providing a tax credit of $2500 (individuals) and $5000 (families) to all individuals and families for the purchase of insurance.

The plan would also contain costs through initiatives such as promoting competition between insurance carriers, requiring payment changes to providers, and legislating tort reform. Importantly, the McCain plan does **not** require individuals to purchase coverage or employers to offer coverage.

Senator McCain's proposal supports the creation of "Association Health Plans," which would allow small businesses and self-employed individuals to purchase insurance through any organization or association. This, it is argued, would promote competition and individual choice of insurance by allowing insurance to be sold across state lines.

Other Key Provisions:

- Adopt malpractice reforms that would limit frivolous lawsuits and excessive damages and provide safe harbors for practice within clinical guidelines and safety protocols.
- Promote competition among providers by paying them only for quality and encourage the use of alternative providers (e.g., nurse practitioners) and treatment settings (e.g., walk-in clinics in retail outlets).
- Provide vigorous enforcement of federal protections against collusion and unfair business and consumer practices.
- Invest in the prevention of and care for chronic illnesses.
- Increase competition and reduce administrative overhead costs of private insurance by permitting the sale of nationwide insurance (i.e., not regulated by the states).
- Require drug companies to disclose the price of their drugs; allow the re-importation of drugs; and encourage the faster introduction of generics and biologics.
- Provide consumers with more information on treatment options and require provider transparency regarding medical outcomes.
- Change provider payments to encourage coordinated care (e.g., pay a single bill for high-quality heart care rather than pay for individual services).
- Provide Medicare payments for diagnosis, prevention, and care coordination and bar payments for preventable medical errors or mismanagement.
- Require transparency by providers with regard to medical outcomes, quality of care, costs, and prices.
- Establish national standards for measuring and recording treatments and outcomes.
- Promote the deployment of health information technology.
- Where cost-effective, employ telemedicine and clinics in rural and underserved areas.

How Will He Pay for All of This? The McCain campaign has not yet specified how these proposals will be financed but indicates that such cost-containment measures will make insurance more affordable.

You can read more about Senator John McCain's Health Care Reform Proposal here: http://www.johnmccain.com/Informing/Issues/19ba2f1c-c03f-4ac2-8cd5-5cf2edb527cf.htm.

The Governor Mike Huckabee Health Care Proposal

Background: Governor Huckabee's health care reform proposal includes fewer specific details than his rivals' platforms. As a self-proclaimed conservative, he opposes government interference and supports personal responsibility to improve outcomes and reduce costs.

But Huckabee's own commitment to personal responsibility in health care is a fascinating story. As governor of Arkansas, he famously lost 110 pounds during an 18-month period, admitting that he was a "foodaholic" and working with health care providers to substantially reduce his weight.

After this remarkable weight-loss regimen, Huckabee then launched the "Healthy Arkansas" initiative to promote better eating and exercise habits in one of the country's most obese populations. The initiative has been deemed a tentative success – the prevalence of obesity in Arkansas declined from 28.0% to 26.9% of the population in 2007.[8]

If President Huckabee could inspire similar lifestyle changes at the national level, it would likely do more for the health and wellness of our nation than any other proposal currently under consideration.

Goal: A "complete overhaul of our health care system," to create a health system favoring market-based, consumer-based policies.

Overview: Governor Huckabee's proposal would use tax deductions and tax credits to encourage people to buy private health insurance and encourage other market-based solutions to problems of cost and access.

The proposal contains no requirement that Americans purchase health insurance. Huckabee personally opposes "universal health care mandated by federal edict."

Other Key Provisions:

- Encourage the private sector to seek innovative ways to bring down costs and improve the free market for health care.
- Require participants in health insurance plans to pay more of their medical expenses out-of-pocket and open health savings accounts as a way of encouraging them to stay healthy and limit the use of services.
- Waive cost-sharing for preventive benefits to encourage their use.
- Improve chronic disease management.
- Enact medical liability reform.
- Adopt electronic health records.
- Increase attention to preventive health care and chronic disease management.
- Reduce health insurance premiums for those who lead healthy lifestyles.

How Will He Pay for All of This? The Huckabee campaign has not specified how this proposal will be financed.

You can read more about Governor Mike Huckabee's Health Care Reform Proposal here: http://www.mikehuckabee.com/?FuseAction=Issues.View&Issue_id=8.

Conclusion – How Will This Affect the Presidential Elections?

At first glance, the Democratic Party looks stronger on most issues than at any time this century. Public concern over the handling of the wars in Iraq and Afghanistan has weakened the Republican Party in one of it's traditional areas of strength – defense and national security. At the same time, Democratic successes in the 2006 congressional elections suggest that the country is experiencing a political realignment, with Democrats showing significant gains in traditionally Republican-leaning states such as Virginia and Kansas.

However, despite perceptions during the latter years of the Bush administration that health care issues were not a Republican priority, it is unfair to disregard the important health care policy developments that occurred during the Bush administration.

Many overlook the fact that it was the Bush administration and a Republican Congress that passed the Medicare Modernization Act (MMA) – bringing about the largest expansion to the Medicare program since its inception. The high price tag associated with the benefit – and the role played by private sector health plans in administering the benefit – resulted in a great deal of criticism; however, the passage of the MMA and the creation of the Medicare drug benefit were achievements that previous administrations had failed to deliver.

Health care issues are certainly of great importance to the electorate – rising costs, lack of access, and concern over the quality of health care outcomes have all been cited as top priorities.

On the one hand, Democratic candidates have drawn up elaborate plans either to require – or give individuals strong incentives to acquire – health insurance coverage. Republican candidates, on the other hand, are looking to improve our system from within by reducing inefficiencies, promoting individual responsibility, and encouraging consumer-driven care.

As the election campaign unfolds during the coming months, it remains to be seen whether there really is an appetite within the American electorate for a meaningful overhaul of our health care delivery system.

To see a series of pharmacy student reports on the candidates' health care proposals, visit http://www.pharmacy.vcu.edu/sub/articles/?id=0033.

Frontiers Fund Contributions Top $1 Million in 2007!

In 2007, the Frontiers Fund reached a landmark goal of more than $1 million in donations since its inception in 2003. The Frontiers Fund has provided the resources necessary to fulfill the dual and equally important missions of the ACCP Research Institute: (1) to develop pharmacy research and researchers and (2) to support health services research that further provides clinical pharmacy practitioners the expertise to improve patient care. Thanks to all who have contributed over the years to make the Frontiers Fund a success!

The Frontiers Career Development Research Awards support previously unmet or underserved areas of health services, clinical, and translational research. They have been made possible in large part by the contributions of more than 500 ACCP members and numerous Practice and Research Networks and ACCP Chapters to the Frontiers Fund in 2007. In 2008, the ACCP Research Institute will offer $60,000 in Frontiers Career Development Awards; moreover, the Board of Trustees approved a second ACCP Pharmacotherapy Investigator Development Award.

In 2008, the ACCP Research Institute will provide more than $300,000 in grants, awards, and programs through its Research Awards, Fellowships, Traineeships, and Mini-sabbaticals. In addition, the Research Institute will sponsor a new program designed to enhance researcher success, the Focused Investigator Training (FIT) Program, which will debut in July 2008. Also, the Research Institute has been instrumental in guiding development of the ACCP Academy's new Research and Scholarship Development Program slated to roll out at the 2008 ACCP Annual Meeting this October. More information about the F.I.T. program and the 2008 grants offered by the Research Institute is available at http://www.accp.com/ri/index.php.

Register Now for the Oncology Pharmacy Preparatory Review Course

Mark your calendar for the increasingly popular Oncology Pharmacy Preparatory Review Course, which will be held in Tampa, Florida, May 1–3, 2008. The program is designed to help pharmacists prepare for the Board of Pharmaceutical Specialties (BPS) Oncology Pharmacy Specialty Certification Examination that will be offered in October 2008. Even if you are not planning to sit for the BPS examination, you may still be interested in assessing your knowledge and skills in the area by taking advantage of this advanced specialty program. The course is an excellent review for oncology practitioners seeking to remain current in all aspects of this practice area.

This course is accredited for 20.0 contact hours of continuing pharmacy education credit by the Accreditation Council for Pharmacy Education, and it has been approved by the BPS for recertification credit for Board-Certified Oncology Pharmacists. This highly popular program has frequently sold out in the past, so be sure to register

early. Registering by April 7, 2008, will allow you to take advantage of the discounted early registration fee. Total course registration will be limited to 250 participants.

The course will take place at the Tampa Marriott Waterside Hotel and Marina, a luxury waterfront hotel in the heart of Downtown Tampa's Channelside District. Hotel reservations will be accepted until April 2, 2008 (or until the group block sells out, whichever occurs first).

This course is part of a professional development program offered by the American College of Clinical Pharmacy, the American Society of Health-System Pharmacists, and the Hematology/Oncology Pharmacy Association. Visit the ACCP Web site, www.accp.com, for complete meeting details.

ACCP and ASHP are accredited by the Accreditation Council for Pharmacy Education as providers of continuing pharmacy education. 2008 Oncology Pharmacy Preparatory Review Course: Program #217-999-08-050-L01.

Pharmacotherapy Pearls

Monthly Table of Contents Alert Now Being Sent to All Subscribers by E-mail

Wendy R. Cramer, B.S., FASCP
Richard T. Scheife, Pharm.D., FCCP

Beginning with the January 2008 issue of *Pharmacotherapy,* all members of ACCP should have received an e-mailed table of contents from the journal's Web host, Atypon-Link. The ACCP Board of Regents and the Board of Directors of *Pharmacotherapy* agreed that having the table of contents e-mailed to all members would provide a valuable service and also help boost use of the online journal.

The monthly e-mailed table of contents contains live links to each article published in the journal and appears in your e-mail box a few days ahead of the publication date of the journal. Simply clicking on the linked article title will direct a Web browser to the full-text, full-graphics article online.

To ensure that you receive this valuable service, please go to www.accp.com and be certain that the contact information in your member profile is current and correct. Any ACCP members who prefer not to receive this e-mail may log into their account on www.atypon-link.com and remove the monthly table of contents alert for *Pharmacotherapy* in their "My Alerts" section of the "My Profile" preferences on the www.atypon-link.com site.

Performance, Results, or Behavior: Where Should Managers Focus?

ACCP has teamed up with LeaderPoint to bring you a series of articles on some of the hot topics in leadership and management today. All content is copyrighted by LeaderPoint. For information on the upcoming Leadership Experience course, visit http://www.leaderpoint.biz/accp.htm. Registration for the June course is now open.

Management Matters

The management profession suffers from a nomenclature problem: too few words with too many meanings. Consider executives who set organizational structures. They could just as easily call them structured organizations. Such broad terms provide a convenient safety net for professionals who like to cover their uncertainty with vagueness. Although confused management lingo is not going to kill anyone, it leads to some faulty assumptions. The subject of performance is a prime example. Even though performance is now a fashionable term—leading to phrases such as performance management, top performers, and performance evaluation—managers tend to confuse performance with other terms such as results and behavior. This article examines the important distinctions among these often-misunderstood things.

Performance Is What a Person Does While Doing the Work

Performance is usually tacit—not easy to explain—and unobservable. This is evident in social science research in which investigators trying to find out why experts perform in ways that are superior to non-experts must use methods that "unpack" the unobservable. One common way is through think-aloud protocols during which investigators give subjects relevant tasks and ask them to "think out loud" to reveal clues to how they perform while doing the work.

Results, on the Other Hand, Occur as a Consequence of Actions, Circumstances, Premises, etc.

Whereas managers cannot see or identify performance, they must deal with results—both by determining expected/required results (assigning outcomes) and by monitoring actual results. Performance and results occur in the following sequence. (1) Required results are determined and work is assigned. (2) Performance occurs by people doing the work. (3) Actual results are generated. (4) Actual results are compared with expected results. Although managers should pay attention to results, both expected and actual, they should not try to fix or figure out performance. If efficiency, for example, needs to be improved, the manager should seek to improve efficiency by determining the required results and assigning the work so that the results are achieved. Managers can't "fix" performance—it must be owned by those who are performing. Because only results (not performance) can be observed, only the people performing can know (and address) their performance. Managers who try to take responsibility for others' performance will be ineffective. Perhaps "results management" should replace the popular but inaccurate vernacular of "performance management."

Behavior Refers to the Actions or Reactions of Something or Someone in Relation to the Environment

This term also enters into the terminology confusion. Although the *performance* of chess masters cannot be observed—even think-aloud techniques are limited by subjects' ability to explicitly articulate their performance—the *behavior* of those masters can be observed. For example, one may be very steady in his or her approach to chess—observably calm and deliberate in how he or she considers or makes moves. However, this behavior does not reflect performance, nor does it predict results, because an equally high-performing master may tend to be more demonstrative or impulsive in making moves. Performance at work occurs

in a work context, which is immediate and situational (see diagram). In addition to managing results, managers can influence performance by paying attention to that context. That is, by observing behavior in this work context, managers should seek to remove barriers to performance. For example, the manager may observe things such as frustration, excessive problem solving, or too much attention to non-work issues. Effective managers will add or remove things in that work context to improve the performance of those doing the work. Attempts, however, to "fix" performance—by trying to determine or change what they do while working—will be ineffective. Although such definitional purity may seem academic, managers often get into trouble by responding or paying attention to the wrong things. They often focus on things they *can't* know or observe, instead of focusing on things that can bring clarity to the work or removing barriers in the work context. In next month's issue, we will examine how managers can actually use results to improve performance. Then, in the following issue, we will explore if and how performance should be evaluated.

New Members

Maher Al-Abed
Lamya Alnaim
Arie Anderson
Charity Andrews
Elena Andrews
Catherine Antoline
Stephanie Arnold
Melissa Badowski
Jennifer Baker
Stephanie Ballard
Christy Bedoll
Ryan Bender
Gabriel Billiet
Kimberly Blanco
Kelli Branch
Gayle Brazeau
Allison Butcher
Aranzazu Calzado
Linda Carboni
Colleen Catalano
Teresa Cavanaugh
Fay Chan
Adam Chiappini
Christopher Chung
Suchanh Chung
Kevin Clauson
Jessica Cottreau
Marcie Dille
Tyler Dodson
Aleksandr Domovich
Jennifer Du
Janelle Duran
Chad Edgar
Ester Filinger
Lindy Gasperi
Jamie Gibson
Scott Goldfarb
Kay Green
Sarah Gressett
Margaret Haberman
Alison Hale
Talisa Hardy
Shannon Hawkes
Jovino Hernandez
Mark Herriman
Lawrence Hill
Katie Homerding
Kayla Houghteling
Jane-Hwa Huang
Lauren Hynicka
Bethany Irvine
Christi Jen
Katherine Juba
Hannah Jun
Angela Juul
Tina Kasliwal
Edward Kerns
Helen Kim
Kandice Knudsen
Virginia Krause
Elizabeth Kreitel
Jason Lancaster
Stacey Lavsa
Ernest Lawson
Robert Lawson
Leslie Lee
Sabrina Lee
Pei Yu Lin
Kim Lindsey
Anna Lockwood
Andrea Lowe
T.J. McCombs
Kelly McKee
Elena Meeker
Lina Meng
Daniel Micaletti
Ketra Miller
Gary Mitchell
John Moore
Mary Mosher
Katie Namtu
Shrinivas Nayak
Duyen Nguyen
Hieh Nguyen
MyChan Nguyen
Ngoc Nguyen
Cameran Nye
Chigozie Opara
Heather Ourth
Michael Palladino
Hannah Palmer
Sarah Perreault
Yen Pham
Michelle Piercy
Lindsey Pinger
Paola Ponce
Shannon Previty
Marne Rapp
Katherine Rector
Raquel Rocha
Andrew Roecker
Algis Rudinskas
Luz Dalia Sanchez
Mary Scott
Eleanor Shterenfeld
Sarah Sjogren
David Specht
Joseph Stalder
James Stanek
Erica Stephens
Kayla Stover
Jennifer Sullivan
Malinda Tam
Elyn Tan
Amy Thomas
Doan Tran
Jamie Tucker
Theresa Urban
Sareen Vartanian
Elizabeth Verbrugge
Abby Von Ruden
Robert Watteyne
Janet Way
Jana Woltz
Doris Wong
Joyce Wong
Jennifer Wood
Sean Yanchunas
Rebecca Young

The Following Members Recently Advanced from Associate to Full Member

(see also those new Full Members who recently passed 2007 BPS specialty certification examinations, as noted in the story earlier in this issue of the ACCP Report):

Bethany Didur
Amanda Eamigh
Cathleen Edick
Cristina Gruta
Kimberly Hodulik
Nicholas Lehman
Adrienne Lindblad
Thomas Lodise
Stephanie Mallow Corbett
Melissa McAuley
Audrey Nakamura
Mario Tanzi
Karin Terry
Katherine Vogel
Karen Wright

New Member Recruiters

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

Daniel Angelier
Brookie Best
Dianna Borowski-Wright
Sheila Botts
Bradley Boucher
Jeanne Chattaway
Dennis Constan
Laura Crass
Catherine Crill
Naomi Dahl
Betty Dong
Emily Evans
Horatio Fung
Robert Goodloe
Nicole Gordon
Nicole Harris
Stacey Hong
Vanthida Huang
Lisa Inge
Tep Kang
Jessica LaVigne
Steven Lucio
Pamela Maxwell
John Murphy
Lindsay Nissen
Asia Quan
Michael Rivey
Ryan Schupbach
Dennis Snow
Denise Sokos
Michael Sweet
William Terneus
Jeffrey Thompson
Maily Trieu
Edwin Varnadoe
Ann Wittkowsky
Janet Zadar

Associate Dean for Clinical Affairs
and
Chair, Department of Pharmacy Practice
University of Mississippi
Jackson, MS

The School of Pharmacy at the University of Mississippi is seeking a capable leader to serve as Associate Dean for Clinical Affairs and Chair of the Department of Pharmacy Practice. The Department consists of 42 fully funded or co-funded faculty members, 160 volunteer preceptors, and 6 staff members.

The position is based in Jackson, Mississippi, on the campus of the University of Mississippi Medical Center (UMMC). The majority of departmental faculty and staff members are based in Jackson, with a smaller number at the School of Pharmacy primary campus in Oxford. Planning and design are under way for construction of a new 26,000 GSF building on the UMMC campus. Jackson, the state capital, is located in the geographical center of the state. The Jackson metropolitan area has a population of approximately 500,000 people, and the city is rich in cultural, entertainment, and recreational opportunities.

Qualifications: Candidates should have a Doctor of Pharmacy degree and qualify for appointment at the rank of associate professor or professor. They should have a concern for the welfare and development of students and faculty; a commitment to excellence in teaching, practice, and research; a record of success in scholarship and publications; abilities in academic administration; skills in leadership and advocacy (broadly defined); and excellent interpersonal and communication skills.

Responsibilities: Responsibilities of the Associate Dean and Chair include, but are not limited to the following: recruiting, developing, retaining, and evaluating departmental faculty and staff; overseeing and enhancing teaching, research, professional service, and patient care activities of the department on both campuses and enhancing intradepartmental collaboration; advocating for interprofessional collaboration in teaching, research, service, and patient care; facilitating the transition of students between campuses; strengthening relationships with key entities outside the school of pharmacy; fostering the expansion of medication therapy management and other advanced practice activities; providing oversight and advocacy for the Student Health Pharmacy; and providing professional development opportunities for alumni and others.

Application Procedures: Applications and nominations will be accepted until the position is filled or until an adequate applicant pool has been established. The desired appointment date is July 1, 2008. Applications must include a letter of interest with a description of qualifications; statements of research, teaching, and administrative philosophies; a curriculum vitae (including information on residency training and board certification, if any); and the names of at least three references. Nominations are invited, and applications must be submitted through the University of Mississippi online employment site at https://jobs.olemiss.edu. Additional information about the School of Pharmacy and Department of Pharmacy Practice may be accessed at http://www.pharmacy.olemiss.edu/. Questions may be directed to Dr. Barbara G. Wells, Dean (wells@olemiss.edu), or Dr. Kris Harrell (kharrell@olemiss.edu), Chair of the Search Committee.

The University of Mississippi is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA Employer.

COLLEGE of PHARMACY
THE UNIVERSITY OF TEXAS AT AUSTIN

Associate Dean for Clinical Programs
College of Pharmacy
The University of Texas at Austin

The University of Texas at Austin College of Pharmacy seeks applications and nominations for the Associate Dean for Clinical Programs, a tenured position.

The University of Texas at Austin is the oldest and largest of the University of Texas System's 15 component institutions. It has a main campus of more than 350 acres and 115 buildings, approximately 50,000 students, about 2,800 faculty members, and a staff of more than 14,500. The College of Pharmacy has 44 tenured/tenure-track faculty, 45 nontenure-track faculty, and an enrollment of 518 Pharm.D. students. The college operates regional education programs throughout Texas, including the Pharmacotherapy Division at UTHSC San Antonio, cooperative campuses with the University of Texas at El Paso and the University of Texas Pan American, and regional internship campuses in Houston-Galveston and Dallas–Ft. Worth.

The candidate must qualify for appointment to the rank of Professor with tenure and have an earned Pharm.D. with appropriate residency, fellowship training, or the equivalent. Prior leadership in the profession and experience in leading clinical pharmacy programs at a college of pharmacy are highly desired.

The Associate Dean for Clinical Programs will lead the advancement of academic clinical and practice programs at both the Pharm.D. and post Pharm.D. levels. This individual will be responsible for identifying the needs of our students, faculty, preceptors, and affiliated experiential sites and collaborate with these stakeholders to achieve the experiential education goals of the college. Other responsibilities include leading the advancement of interprofessional collaboration, teaching at the Pharm.D. and post Pharm.D. levels, assisting in faculty mentoring, contributing to scholarship, and providing service to the college and profession. Applicants must possess excellent communication and interpersonal skills and show evidence of a history of leadership. The ideal candidate will have a history of outstanding accomplishments in pharmacotherapy or pharmacy practice research and scholarship, including an established record of extramural funding. Candidates should have proven abilities to foster an interdisciplinary approach to research to assist the college in achieving the next level of translational and clinical research. The candidate must demonstrate a strong national and international record of research and academic accomplishments.

We welcome interested parties to submit application materials by March 1, 2008. Review of applications will begin immediately upon receipt and will continue until finalists are named. Letters of application from interested candidates should be submitted electronically (only), along with a curriculum vitae and the names of three references, to sharla.brewer@mail.utexas.edu. All inquiries should be sent to:

Sharla Brewer
Administrative Associate
The University of Texas at Austin
1 University Station, A1900
Austin, TX 78712
sharla.brewer@mail.utexas.edu
http://www.utexas.edu/pharmacy/

Women and minorities are encouraged to apply.
The University of Texas is an affirmative action, equal opportunity employer.

Assistant/Associate Professor or Professor (Tenure-track)
Cardiovascular Pharmacotherapy and Science
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy
The University of Oklahoma Health Science Center (OUHSC)
Oklahoma City, OK

The University of Oklahoma, College of Pharmacy invites applicants for a nontenure- or tenure-track appointment in the area of cardiovascular pharmacotherapy and science on the Oklahoma City campus. The applicant is expected to develop a research program based on peer-reviewed funding and scholarship in the area of cardiovascular pharmacotherapy and science. The applicant is also expected to develop and provide didactic, laboratory, and experiential training and education to doctor of pharmacy and graduate students, residents, and postdoctoral fellows. Responsibilities include supporting the college of pharmacy mission and goals through classroom learning opportunities and professional, community, and university service. OUHSC is a comprehensive academic health science center with seven professional colleges, affiliated hospitals, clinics, and research institutes within a 15 block campus in Oklahoma City.

The candidate must possess a doctor of pharmacy degree from an ACPE-accredited program, and residency and postdoctoral training in cardiovascular pharmacotherapy or equivalent postgraduate experience. The candidate must be eligible for unrestricted Oklahoma pharmacist and preceptor licenses. Candidates with prior academic experience and transferable grant funding will be given preference. The candidate must pass a criminal background check. Salary and academic appointment will be commensurate with experience. Applications will be received until the position is filled.

Interested applicants should submit by mail a letter of interest, a complete curriculum vitae, a description of research and clinical interests, a list of grant applications/approvals/awards, and names of three references (identify relationships, address, phone/fax/e-mail) to:

Toni L. Ripley, Pharm.D., BCPS
Associate Professor
Department of Pharmacy: Clinical and Administrative Sciences
University of Oklahoma College of Pharmacy
1110 N. Stonewall Ave.
Oklahoma City, OK 73126-0901
Telephone: (405) 271-6878
Fax: (405) 271-6430
E-mail: toni-ripley@ouhsc.edu

The University of Oklahoma is an equal opportunity institution.

Assistant/Associate Professor or Professor (Tenure or non-tenure track)
Adult Medicine Pharmacotherapy
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy
The University of Oklahoma Health Science Center (OUHSC)
Oklahoma City, OK

The University of Oklahoma, College of Pharmacy invites applicants for a nontenure- or tenure-track appointment in the area of adult medicine pharmacotherapy on the Oklahoma City campus. The applicant is expected to develop a research program and scholarship in the area of adult medicine pharmacotherapy. The applicant is expected to develop and provide didactic, laboratory, and experiential training and education to doctor of pharmacy and graduate students, and pharmacy practice and specialty residents. Responsibilities include supporting the college of pharmacy mission and goals through classroom learning opportunities and professional, community, and university service. OUHSC is a comprehensive academic health science center with seven professional colleges, affiliated hospitals, clinics, and research institutes within a 15 block campus in Oklahoma City.

The candidate must possess a doctor of pharmacy degree from an ACPE accredited program, pharmacy practice (PGY-1) and adult medicine specialty (PGY-2) residency training or equivalent postgraduate experience. The candidate must be eligible for unrestricted Oklahoma pharmacist and preceptor licenses. Preferred qualifications include board certification in pharmacotherapy, experience in development and expansion of inpatient services, and experience in classroom teaching, small group discussions, and doctor of pharmacy student precepting. The candidate must pass a criminal background check. Salary and academic appointment will be commensurate with experience. Applications will be received until the position is filled.

Interested applicants should submit by mail a letter of interest, a complete curriculum vitae, a description of research and clinical interests, a list of grant applications/approvals/awards, and names of three references (identify relationships, address, phone/fax/e-mail) to:

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The University of Oklahoma is an equal opportunity institution.