

ACCP Report

American College of Clinical Pharmacy

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

Vol. 32, No. 3; March 2013

ACCP Updates in Therapeutics® 2013



Peppermill Resort

Reno, Nevada • April 19–23, 2013

Register Now for ACCP Updates in Therapeutics®

Time is running out to register for Updates in Therapeutics® 2013. Save up to 15% by registering no later than April 5, 2013, the meeting's late registration deadline. Take advantage of this opportunity, each course of which includes a copy of the two-volume course workbook, for either the Ambulatory Care Pharmacy Preparatory Review and Recertification Course or the Pharmacotherapy Preparatory Review and Recertification Course. To register today, go to www.accp.com/ut.

The late registration fee is only \$625 for ACCP full and associate members who plan to attend Updates in Therapeutics® 2013 (ACCP student, resident, and fellow member late registration rates begin at \$305). Using ACCP's proven case-based instructional method, the Ambulatory Care Pharmacy Preparatory Review and Recertification Course and the Pharmacotherapy Preparatory Review and Recertification Course each provide a fast-paced, yet comprehensive review of the **full scope** of the relevant specialty to help you reaffirm your areas

of strength and identify potential weaknesses. Unlike other abbreviated courses, ACCP's preparatory review and recertification courses offer extras such as extensive take-home instructional materials for continuing independent study and supplemental tools to help you stay on track with your studying. Developed by nationally recognized content experts, ACCP's courses provide more than just the faculty slide decks and a list of references—they also include a two-volume, 900+ page course workbook with chapters dedicated to each topic area in the BPS content outline; 350+ case-based questions with explained answers; and references to support the content in each chapter (and for further reading, if the participant wishes).

To obtain more information on the meeting and the courses and to register, please visit www.accp.com/ut.

Register Now for ACCP Academy Programming in Reno



The ACCP Academy will offer required modules and elective

courses in all the Academy tracks in conjunction with ACCP Updates in Therapeutics®-2013 in Reno, Nevada. Each track will concentrate its programming over a 2-day period, enabling Academy participants to minimize both travel expense and time away from their practice. For those who wish to get started in the Research and Scholarship or Leadership and Management certificate program, the Academy will offer the foundational prerequisite courses on Friday, April 19. ACCP members interested in pursuing certificates in these two tracks can take advantage of this opportune time to enroll in the Academy and register for upcoming courses. In addition, during the spring meeting, the Academy will offer a full slate of required and elective modules in each Academy track. The schedule for each Academy track is summarized below.

ACCP Spring Meeting Academy Schedule

Academy	Courses	Schedule
Leadership and Management	Leadership Primer	April 19
	Interpersonal Leadership Development	April 20
	Leadership and Advocacy (elective)	April 20
	Leadership in Difficult Times (elective)	April 20
Research and Scholarship	Research Primer	April 19
	Statistical Issues	April 20
	What Makes Up an Intervention? (elective)	April 20
	Creating Your Research & Scholarship Road Map (elective)	April 20
Career Advancement	Extending Your Practice by Mentoring and Precepting	April 21
	Establishing Professional Credibility: Making Friends and Winning Over Enemies (elective)	April 21
	Delivering Interactive and Engaging Presentations as a Clinical Pharmacist (elective)	April 21
	Establishing Interprofessional and Patient-Centered Roles	April 22
Teaching and Learning	Planning for Effective Teaching	April 21
	Leading Others to Learn (elective)	April 21
	Mentoring Students to Become Standout Pharmacy Residency Candidates (elective)	April 21
	Assessing Student Learning	April 22

Program application forms, curricular schedules, module descriptions, and learning objectives may be accessed at www.accp.com/academy. To obtain a full programming schedule and to register, consult the ACCP Web site at www.accp.com/acad.

Late registration rates for Updates in Therapeutics® 2013 and ACCP Academy programming will expire April 5, 2013. After this date, on-site registration rates will apply. Registration includes access to 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.

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 3706 PGY1 applicants who participated in the ASHP Resident Matching Program in 2012, about 39% did not match with a program.¹ As competition among residency applicants continues to increase, it is important for students to know what type of candidates residency programs look for and learn the steps that can be taken now to distinguish themselves 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 comprehensive new program will receive more than 10 hours of interactive programming over 2 days. The program will begin on Saturday, April 20, and conclude on Sunday, April 21, running concurrently with ACCP 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 that they can take now to rise above the competition when applying for a residency during their final academic year. Topics include maximizing classroom and experiential education opportunities, gaining valuable work experience, professional networking, engaging in scholarly activity, CV writing, and interviewing successfully. 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, 2012. Available at www.natmatch.com/ash-prmp/. Accessed October 1, 2012.

ACCP Reissues Call for New Investigator Award Nominees

Nominations Period Closes May 1

Nominations for the 2013 New Investigator Award are now being accepted through **May 1, 2013**. All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, should be submitted online to ACCP. The online nominations portal is available at <http://www.accp.com/membership/nominations.aspx>.

The 2013 New Investigator Award highlights the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. At the time of nomination, nominees must have been members of ACCP for more than 3 years (i.e., since May 1, 2010, or earlier); 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 (i.e., in 2007 or later). 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 curriculum vitae, and two letters of support (also from 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, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nominations must be submitted no later than May 1, 2013.**

ACCP Releases Board of Regents Commentary

To clarify and expand on the College's positions regarding the need for postgraduate residency training and board certification for pharmacists who provide direct patient care, the ACCP Board of Regents earlier this month released a commentary titled, "Qualifications of Pharmacists Who Provide Direct Patient Care: Perspectives on the Need for Residency Training and Board Certification." The commentary cites previous ACCP positions on credentialing and clarifies the definition of "direct patient." In the paper, ACCP also notes, "Many patients have medication-related needs

that can be effectively met in ways other than through the provision of 'direct patient care,'" emphasizing that other professional services provided by pharmacists on a day-to-day basis are of recognized value to patients and the health care system. The commentary is available at http://www.accp.com/docs/positions/commentaries/ACCP_Brd_Commnrty_Final_030513.pdf.

Deadline Approaching: Submit Your Application to the 2013 F.I.T. Program



The ACCP Research Institute (RI) will host the 2013 Focused Investigator Training (F.I.T.) Program at the University of Georgia College of Pharmacy in Athens, Georgia, from July 27 to July 31, 2013. The F.I.T. Program is an intensive,

5-day, hands-on program for up to 18 experienced clinical pharmacist-investigators who have not yet been awarded significant peer-reviewed extramural funding as principal investigators. Through this mentored program, the pharmacist-investigator will take the necessary steps toward preparing a K, R01, or similar investigator-initiated application for submission to the NIH or other major funding source.

The RI's Board of Trustees has approved a F.I.T. Program scholarship to provide tuition support for one researcher whose 2013 F.I.T. proposal incorporates the ACCP Practice-Based Research Network (PBRN). In addition, the following PRNs have announced their offers of full or partial support for an applicant accepted to the 2013 F.I.T. Program who is a member of the respective PRN:

- Critical Care PRN: 1 full-tuition scholarship for \$3750
- Education and Training PRN: 1 partial-tuition scholarship for \$1875
- Hematology/Oncology PRN: 1 full-tuition scholarship for \$3750
- Immunology/Transplantation PRN: 1 full-tuition scholarship for \$3750

There is still time to submit an application by the March 31, 2013, deadline. The 2013 F.I.T. application and brochure may be downloaded from <http://www.accpri.org/investigator/>. Please contact Rachel Chennault at rchen-nault@accp.com to request a selected example of a previously accepted F.I.T. application.



Curtis E. Haas, Pharm.D., FCCP, BCPS

We Meant What We Said ... But Let's Be Clear About What We Said

In 2006, ACCP published two important papers: a position statement that, by 2020, postgraduate residency training should be a prerequisite for the provision of direct patient care by clinical pharmacists¹ and a white paper in support of the College's belief that clinical pharmacists should be board certified.² Since their publication, these two papers have frequently been misquoted and misunderstood by others in the profession—and occasionally, by some of our own members. The most common misstatement is that ACCP believes all pharmacists must complete residency training. A careful reading of the statement will reveal that the position is narrower than an “all pharmacists” proclamation.

In response to these often-misunderstood beliefs of the College, and in recognition of the importance of having these beliefs clearly articulated as ACCP pursues an initiative seeking expanded Medicare coverage for direct patient care services by qualified clinical pharmacists, the Board of Regents (BOR) has authorized the publication of a clarifying commentary titled, “Qualifications of Pharmacists Who Provide Direct Patient Care: Perspectives on the Need for Residency Training and Board Certification.” This publication may be found at http://www.accp.com/docs/positions/commentaries/ACCP_Brd_Commnty_Final_030513.pdf. The importance of this paper to ACCP's priority initiative (expanded Medicare coverage) cannot be overstated, and I urge every member of the organization to take 10 minutes to read it. Many of our professional colleagues both inside and outside ACCP may not fully agree with or understand our positions on practitioner qualifications and clinical pharmacist provider status. Therefore, the clarity provided by this commentary will help equip ACCP members to engage in dialogue regarding these positions.

In my first presidential column, published in the November 2012 *ACCP Report*, I emphasized the importance of correctly and consistently using terminology to define clinical pharmacy practice. It is impossible to have a meaningful conversation if we are each speaking our own language. One of the most important terms in the new board commentary is *direct patient care*, which has important relevance to the appropriate training and credentialing of clinical pharmacists. Direct patient care as it pertains to clinical pharmacy practice was first defined by the College in the 2006 ACCP position statement on

residency training.¹ This definition was subsequently included in the glossary of the Council on Credentialing in Pharmacy (CCP) scope of pharmacy practice paper published in 2009.³ This glossary describes “the definitions, interpretations, and intent of the terms used throughout the [CCP Scope of Practice] paper.”³ CCP is a coalition of 12 pharmacy organizations; hence, it is reasonable to conclude that the publication of the scope paper by this coalition represented a consensus around the use of the terminology defined in the paper. The definition in the CCP glossary reads:

Direct patient care practice involves the pharmacist's direct observation of the patient and his/her contributions to the selection, modification, and monitoring of patient-specific drug therapy. This is often accomplished within an interprofessional team or through collaborative practice with another healthcare provider.

During recent intraprofessional meetings and discussions there has been inconsistent use of the term “direct patient care” as part of the conversation related to seeking “pharmacist provider status”. The BOR commentary acknowledges that pharmacists provide many professional services to patients that have value but that these activities should not be considered to constitute direct patient care, as defined above, simply because a pharmacist has direct communication and interaction with a patient. In these same discussions, many of our colleagues argue that the profession must speak with one voice. A prerequisite to achieving that “one voice” is adherence to a common terminology (i.e., we need to agree on our language and then use it consistently). Since 2009, according to the CCP scope of practice paper, we seemingly have agreement on the meaning of direct patient care.

The overarching principle expressed in the BOR commentary is that clinical pharmacists who engage in direct patient care “should possess the education, training, and experience necessary to function effectively, efficiently and responsibly in this role.” It is hard to disagree with that logic, and our patients should expect nothing less than to have their care provided by qualified and competent health care team members. Unfortunately, the profession hasn't reached agreement on the education, training, and experience needed to provide direct patient care. That is why credentialing is so important.

The position taken by the BOR commentary is that BPS board certification (or board eligibility, in some circumstances) is the cornerstone of the qualifications needed to provide direct patient care. Although the College also believes that residency training is the preferred and most efficient path to obtaining postgraduate

training in preparation for board certification and a career as a clinical pharmacist, it also acknowledges that it is not the only path toward board eligibility.

Finally, ACCP believes that direct patient care should be provided by clinical pharmacists practicing as members of an interprofessional team, with established collaborative drug therapy management agreements or formal clinical privileges granted using local credentialing processes. The clinical pharmacist must have (1) formal and sustainable professional relationships with other members of the health care team and the patient, (2) a consistent process of care, and (3) shared responsibility and accountability for medication-related outcomes. The provision of comprehensive medication management is not possible in a professional vacuum or strictly as an outside consultant.

The position of the College is not applicable to all pharmacists or the full scope of pharmacy practice environments, but it is relevant to our clinical pharmacist members and emerging trainees who embrace or pursue a practice focused on the provision of direct patient care. The recently published BOR commentary provides a very clear and compelling restatement and clarification of what we meant.

1. American College of Clinical Pharmacy's vision of the future: post-graduate pharmacy residency training as a prerequisite for direct patient care practice. *Pharmacotherapy* 2006;26:722-33.
2. Future clinical pharmacy practitioners should be board-certified specialists. *Pharmacotherapy* 2006;26:1816-25.
3. The Council on Credentialing in Pharmacy. Scope of Contemporary Pharmacy Practice: Roles, Responsibilities, and Functions of Pharmacists and Pharmacy Technicians. Available at http://www.pharmacycredentialing.org/Contemporary_Pharmacy_Practice.pdf. Accessed March 6, 2013.

Daniel Nam Named 2013–2014 ACCP-ASHP-VCU Congressional Healthcare Policy Fellow



Daniel J. Nam of Floral Park, New York, has been named the 2013–2014 ACCP-ASHP-VCU Congressional Healthcare Policy Fellow. The fellow program, which is now in its seventh year, provides pharmacists with unique insights into health care policy analysis and development under

the auspices of the Virginia Commonwealth University (VCU) School of Pharmacy in collaboration with ACCP and the American Society of Health-System Pharmacists (ASHP). The current fellow, Derrick Griffing, Pharm.D., MPH, is a health policy fellow for Sen. Sheldon Whitehouse (D-RI), who serves on the Senate Committee on Health, Education, Labor, and Pensions.

Nam earned his B.S. degree in pharmacy from St. John's University School of Pharmacy in 2003 and is a

J.D. candidate for the class of 2013 from St. John's University Law School. Nam currently practices as a pharmacist at New York Presbyterian Hospital/Morgan-Stanley Children's Hospital of New York. Previously, he owned and operated an independent community pharmacy, concentrating on programs for increasing health literacy and access for minority patients.

Nam will begin the fellow program on September 1. After a structured orientation to Congress from VCU faculty and the Brookings Institution, Nam will spend 1 month with the ASHP government affairs and policy team and 1 month with the ACCP government and professional affairs staff. In November, he will begin working as a policy fellow on a congressional committee or with the personal staff of a U.S. senator or representative.

More information about the ACCP-ASHP-VCU Congressional Healthcare Policy Fellow Program is available at <http://www.pharmacy.vcu.edu/sub/prospective/postgrad/publicpolicy/default.aspx>.

Try ACCP's Specialty Recertification Products Before You Buy!



With new products, new formats, and the latest in evidence-based content, ACCP continues as the leader in board specialty recertification through home study. Now you can view chapter

samples of the online, audio, and e-reader versions of both [PSAP](#) and [ACSAP](#)—together with detailed information on how to access these formats—*before you buy!*

Both of these home study series now feature a 4-month testing window for recertification credits. The Board of Pharmacy Specialties (BPS) has approved PSAP for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification. Likewise, BPS has approved ACSAP for use in Board Certified Ambulatory Care Pharmacist (BCACP) recertification.

The new [Ambulatory Care Self-Assessment Program \(ACSAP\)](#) was launched on January 15 with the release of [Pulmonary and Preventive Care](#). Series editors for this Web-based program are Betty J. Dong, Pharm.D., FCCP, FASHP, AAHIVP; and David P. Elliott, Pharm.D., FCCP, FASCP, CGP, AGSF.

[Pulmonary and Preventive Care](#) features 10 chapters on topics of great interest to the ambulatory care pharmacist, including New Therapies in Asthma, COPD, Acute Otitis Media and Acute Rhinosinusitis, Pulmonary Arterial Hypertension, Tobacco Cessation Strategies, Drug Therapy in Solid Organ Transplantation, Clinical Immunizations, and Implementing a Pharmacy-Based Immunization Program.

ACSAP releases are electronic books (PDFs) with enhanced interactivity. Intra-document links lead from the table of contents to specific chapter topics; authority links take you to current guidelines, online tools, or agency resources; and hundreds of reference links connect you to PubMed, the Cochrane Database, and other compilers so that you can access the original sources of this information.

For the busy clinician, ACSAP is available in an e-media package that allows access on phones, tablets, and e-readers. Try samples of [Pulmonary and Preventive Care](#) online before you buy.

Designed for those seeking BCPS recertification credits, the [Pharmacotherapy Self-Assessment Program \(PSAP\)](#) is ACCP's premier home study tool. The latest edition was launched on January 15 with [Cardiology/Endocrinology](#). Series editors for this program are John E. Murphy, Pharm.D., FCCP, FASHP; and Mary Wun-Len Lee, Pharm.D., FCCP, BCPS.

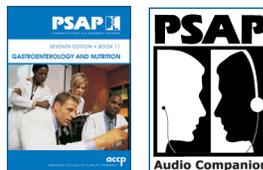
[Cardiology/Endocrinology](#) has nine chapters on a range of common patient care topics: New Pharmacotherapies for Type 2 Diabetes, Cardiovascular Complications in Patients with Diabetes, Osteoporosis, Acute Decompensated Heart Failure, Newer Antithrombotic Agents and Their Role in ACS, Newer Anticoagulation Strategies in Atrial Fibrillation, Heart Failure with Preserved Ejection Fraction, Clinical Pharmacogenomics: Potential Impact on CVD Outcomes, and Medication Safety: Implications for Cardiovascular Health.

The principal PSAP release is an electronic book (PDFs) with enhanced interactivity. Intra-document links lead from the table of contents to specific chapter topics; authority links take you to current guidelines, online tools, or agency resources; hundreds of reference links connect you to PubMed, the Cochrane Database, and other compilers, allowing you access to the original sources of this information.

Purchasers of the Print Package will also receive a softbound book delivered to their home or workplace. The E-Media Package provides access on phones, tablets, and e-readers, similar to the popular PSAP Audio Companion MP3 files, which can be downloaded to a listening device or burned onto a CD. PSAP also comes in an All-Format Package that combines all of these options. Try samples of the available [Cardiology/Endocrinology](#) formats online before you buy.

Both ACSAP and PSAP are available for purchase as single books or a full series of six books to be released 2013–2015. Full-series purchases save up to 30% over the single-book price. For more information, visit the [ACCP Publications Online Bookstore](#).

PSAP-VII Series, Audio Companion Available at Discounted Price



The July 2012 release of *Gastroenterology and Nutrition* concluded the seventh edition of the Pharmacotherapy Self-Assessment Program (PSAP-VII). Now all 11 books in this

acclaimed home study series—most of which still carry available continuing pharmacy education (CPE) credits—are available at a [discounted price](#).

The PSAP-VII books encompass 15 therapeutic areas selected to cover the Pharmacotherapy Specialist Content Outline. Each book is a ready reference tool for individual pharmacists and a source of exceptional therapeutic content for staff development.

Emphasis is placed on sharpening clinical knowledge and skills by integrating new drug therapy knowledge into practice. Case-based self-assessment questions at the end of each chapter may be used to obtain CPE credit. All testing takes place online at the ACCP Web site.

PSAP-VII Book	Available CPE Hours	CPE Expiration
Cardiology	22.0	Expired
Critical and Urgent Care	19.0	04-30-2013
Women's and Men's Health	22.5	07-31-2013
Pediatrics	16.0	10-31-2013
Chronic Illnesses	23.5	01-31-2014
Oncology	16.5	04-30-2014
Geriatrics	21.0	07-31-2014
Science and Practice of Pharmacotherapy	11.5	10-31-2014
Infectious Diseases	19.0	01-31-2015
Neurology and Psychiatry	16.5	04-30-2015
Gastroenterology and Nutrition	15.5	07-31-2015

NOTE: As the print versions of PSAP-VII books are sold out, the online version will be substituted in full-series orders. For more information, see the [ACCP Web site](#).

All PSAP-VII books are available in print, online, or as a combination of both. The online books are provided as PDFs that can be downloaded and printed; these electronic books are identical in content to the print versions, with added digital features such as searchable text, hyperlinked bookmarks, and anytime/anywhere access.

PSAP-VII	Member Price	Nonmember Price
Print Series (11 softbound books)	\$305.00	\$445.00
Online Series (11 books)	\$270.00	\$400.00
Print and Online Series (11 books)	\$445.00	\$575.00
Single Print Book	\$55.00	\$70.00
Single Online Book	\$45.00	\$65.00
Single Print and Online Book	\$75.00	\$90.00

For more information about each PSAP-VII book—with topics covered, tables of contents, faculty, sample chapters, and learning objectives—or to purchase, go to the [ACCP Web site](#).

Created with the audio learner in mind, the [PSAP Audio Companion](#) is a studio recording of the book text and learning objectives, provided as MP3 files that can be downloaded to a listening device or burned onto a CD. With the *Cardiology*, *Critical and Urgent Care*, *Oncology*, and *Infectious Diseases* books, special savings are available for purchasers of the online book/Audio Companion combination.

PSAP-VII Book	Audio Companion Only		Companion plus Online Book	
	Member	Nonmember	Member	Nonmember
Cardiology	\$17.50	\$28.00	\$52.50	\$80.00
Critical/Urgent Care	\$17.50	\$28.00	\$52.50	\$80.00
Oncology	\$17.50	\$28.00	\$52.50	\$80.00
Infectious Diseases	\$17.50	\$28.00	\$52.50	\$80.00

Purchase the PSAP-VII Audio Companion on the [ACCP Web site](#).

ACCP Member Spotlight: Emily Hawes



Dr. Emily Hawes is a clinical pharmacist practitioner, a designation by the North Carolina Boards of Medicine and Pharmacy conferring approval to provide collaborative drug therapy management under the direction of a licensed physician. She serves in this capacity at

the University of North Carolina (UNC) Family Medicine Center in Chapel Hill, North Carolina, and she is currently a clinical assistant professor at the UNC School of Medicine. In 2006, Dr. Hawes earned her B.S. degree in education and, in 2010, her Pharm.D. degree, both from Samford University in Birmingham, Alabama. In 2011,

she completed a PGY1 pharmacy practice residency and, the next year, completed a PGY2 pharmacotherapy residency—both earned at the University of North Carolina Hospitals and Clinics in Chapel Hill, North Carolina.

Dr. Hawes practices at the UNC Family Medicine Center, an ambulatory care site with a pharmacist-led pharmacotherapy clinic focusing on the management of chronic diseases such as anticoagulation, heart failure, hypertension, diabetes, asthma, chronic pain, and chronic obstructive pulmonary disease as well as medication reconciliation after hospital discharge during multidisciplinary visits. She also serves as a preceptor for pharmacy residents and students through the University of North Carolina Eshelman School of Pharmacy. She has the additional responsibilities of teaching Family Medicine medical residents, responding to drug information inquiries for the Family Medicine team, developing and evaluating medication-related policies and procedures, contributing to various quality improvement initiatives, and providing recommendations, counseling, and education to patients as needed. With respect to her research endeavors, Dr. Hawes was recently awarded a grant from the American College of Clinical Pharmacy for a prospective pharmacodynamic study evaluating peak and trough coagulation test results in patients taking therapeutic doses of rivaroxaban.

Dr. Hawes chose clinical pharmacy as a profession by seeking God's particular place of service in her life. Throughout many years of living abroad and one experience after another, she felt her heart was turned to serve those who are physically hurting. One experience influencing her drive toward health care was during her visit to an isolated leper colony in northern India with her family. She met a woman in a mud hut whose hands were both covered in open sores and whose fingers had disintegrated; this woman suffered from leprosy. Without any fingers, she could only watch as her daughter cleaned the rice for supper. To move from place to place, she painfully shuffled her body along the dirt ground. The daughter explained that they been forced to abandon their old homes and permanently seclude themselves from the rest of society. She then asked, "But, Emily, have you come to help? Did you bring medicine? Can you cure my mother?" At this moment, Dr. Hawes realized she wanted to do more than just smile and empathize with others in agony. She wanted to provide a service to help physical suffering.

One of Dr. Hawes' undergraduate professors encouraged her to explore the field of pharmacy. Positive experiences shadowing pharmacists inspired her to pursue this wonderful profession. During her first month of PGY1 residency while rotating with an exceptional pharmacist at UNC's Family Medicine Center, she discovered

the valuable role of a clinical pharmacist in the primary care setting. The passion to provide pharmacy services across diverse patient populations of all ages led her to pursue a PGY2 in pharmacotherapy, and she went on to serve as a pharmacist in the primary care setting at a great institution with extraordinary colleagues.

Dr. Hawes attributes mentorship as the single most important influence on her career. Several professors and preceptors at Samford and UNC significantly affected her professional development. This included contributing to her decision to pursue pharmacy, increasing her passion for the profession, and directing her to residency training, which led to a position in a primary care setting. The leadership of her mentors was exemplified in the ways they served, respected, listened, motivated, taught, and communicated to help learners realize their maximum potential. Leadership is all about influence and service through building relationships and taking the time to really learn about one's background, goals, and motivations. Through the years, mentors have shown what it means to provide exceptional care to patients, continually self-evaluate, make evidence-based decisions, maintain a high standard of integrity and excellence, act professionally, serve selflessly, live in a balanced way, integrate with a multidisciplinary team, advocate for pharmacy, be a lifelong learner, count blessings, and accomplish responsibilities effectively and efficiently, among other traits. Even now, being mentored by outstanding pharmacists and other health care providers helps Dr. Hawes grow as a leader, practitioner, educator, and preceptor. It is out of gratitude for the many individuals who have invested in her that she is inspired to mentor others and help prepare the next generation of pharmacists.

People would be surprised to know that she met Princess Diana in Pakistan during elementary school, played the position of goalkeeper for her college soccer team, and went skydiving for her 1-year wedding anniversary.

ACCP PBRN Announces First Research Publication



The American College of Clinical Pharmacy Practice-Based Research Network (ACCP PBRN) is pleased to announce the publication of its first research paper in the March 2013 issue of *Pharmacotherapy*. The study, titled “Drug Errors and Related Interventions Reported by United States Clinical Pharmacists: The American College of Clinical Pharmacy Practice-Based Research Network Medication Error

Detection, Amelioration, and Prevention (MEDAP Study,” was written by Drs. Grace Kuo (University of California, San Diego), Daniel Touchette (University of Illinois at Chicago), and Jacqueline Marinac (formerly, Director of the ACCP Research Institute) and was supported by the ACCP Frontiers Fund. The study’s objective was to describe and evaluate drug errors and the corresponding clinical pharmacist interventions. The study involved 62 inpatient and outpatient clinical pharmacists who reported 779 medication errors during a 2-week period, amounting to more than one medication error identified per pharmacist per day. Anti-infective, hematologic, and cardiovascular drugs were most frequently associated with drug errors. Prescribing errors were the most common type, resulting in 53% of all medication errors identified. Most (89%) pharmacist recommendations in managing medication errors were accepted by prescribers. Although most of the drug errors did not result in harm, early detection of the error by a clinical pharmacist may have prevented unnecessary morbidity. This study highlights the potential for clinical pharmacists and the PBRN to identify opportunities for documenting and improving the impact of clinical pharmacists on patient care. The full study report is available at http://www.accp.com/docs/positions/research/MEDAP_Drug_Errors.pdf. Two follow-up reports, one describing the feasibility of conducting research within the PBRN and the other evaluating the economic impact of the medication errors, are nearing completion.

The ACCP PBRN would like to thank the 62 clinical pharmacists who participated in the MEDAP Study. A list of the participants may be found at <http://www.accpri.org/pbrn/researchProjects.aspx>. If you are interested in participating in future studies but are not currently a PBRN member, contact the PBRN at pbrn@accp.com. For more information about the PBRN, please visit its Web site at <http://www.accpri.org/pbrn>.

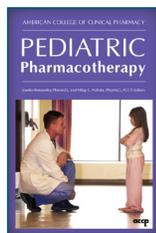
News from the ACCP Bookstore

Exciting things are happening in the [ACCP Bookstore](#). Here are a few highlights of special bookstore offerings:

- The [2013/2014 ACCP Publications Catalog](#) will help guide your shopping experience in the bookstore. This newly published, four-color catalog contains descriptions of the new and favorite titles available to enhance your professional development in the subject areas of Therapeutics, Research and Outcomes Assessment, Teaching and Learning, Practice Development, and Leadership and Administration. In both the catalog and the

bookstore, you'll find resources to guide your board certification and recertification efforts, together with valuable educational products to enrich your career in any practice setting. Request your complimentary copy of the [ACCP 2013/2014 Publications Catalog](#).

- If you are involved in the care of pediatric patients, whether as a student, resident, or clinician, you will want a copy of ACCP's newest publication, [Pediatric Pharmacotherapy](#). Calling on the expertise of leaders in pediatric pharmacy, ACCP developed this book to meet the challenges of treating the pediatric population—for which medications behave quite differently from adults. For the first time, clinical pharmacists have a comprehensive textbook that addresses the unique therapeutic needs of neonates, infants, children, and adolescents. Offering the practitioner up-to-date information on the best approach to therapy, the book's 53 chapters cover topics such as pediatric pharmacokinetics, toxicology, and medication safety; provide in-depth information on disease states in cardiovascular, pulmonary, gastrointestinal, renal, and hematology systems; and furnish updates in the fields of psychiatry, infectious diseases, and more. [Order your copy today](#).



- ACCP's next release, due this spring, is the second edition of the popular **How to Develop a Business Plan for Pharmacy Services**. Offering updated and expanded material and new workbook questions, new online resources (with planned periodic updates to the Web site), and new exercises to guide you in writing your own business plan, this second edition will teach you practical ways to support your new or expanded pharmacy services. Look for the second edition of **How to Develop a Business Plan for Pharmacy Services** in the ACCP Bookstore soon.



- While attending the Updates in Therapeutics® meeting in Reno, visit the On-site Bookstore. Located in the Peppermill Resort, the bookstore is where you will find your best deal* on all ACCP publications—with friendly ACCP staff to assist you in purchasing new and favorite titles. *Meeting registrants receive member pricing and free or greatly reduced shipping and handling on all ACCP Bookstore products.

- Are you coming from outside the continental United States to attend the 2013 Updates in Therapeutics® meeting in Reno next month? If so, **Advance International Ordering** will allow you to eliminate shipping fees for bookstore purchases. This special offer is open only to registrants of the 2013 Updates in Therapeutics® meeting who order publications before March 22 at [ACCP's Online Bookstore](#). When making your purchase, enter **Promotional Code UT13INT**. Your books will be held for you and available for pickup Friday through Tuesday, April 19–23, at the On-site Bookstore in the Peppermill Resort. Meeting registrants receive our lowest (member) pricing on all items in the ACCP Bookstore. Orders are not assigned shipping and handling fees; however, local Nevada sales tax will be applied when you place your order. To take advantage of this special promotion, simply:

1. Go to ACCP's Online Bookstore before March 22 and choose the products you want.
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The ACCP Bookstore strives to provide the most up-to-date and useful professional resources. Visit often online or on-site to take advantage of this ACCP benefit.

Congratulations to ACCP Members on Achieving Board Certification

We offer our sincerest congratulations to the ACCP members listed below who passed specialty certification or examinations offered by the Board of Pharmacy Specialties (BPS) in October 2012. The following 1156 ACCP members achieved certification in Pharmacotherapy, Ambulatory Care Pharmacy, Oncology, Psychiatric Pharmacy, Nutrition Support Pharmacy, or Nuclear Pharmacy.

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Ceressa Ward
Richard Wong

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 2012 examinations, 714 former associate members and 18 affiliate members are now full members. In addition, 424 full members passed their examinations.

See the figure on the next page for a graphic depiction of the extraordinary growth in the number of board-certified specialists—almost 16,000 pharmacists are now certified in one or more specialties! For more information on the 2013 specialty examinations, contact BPS at (202) 429-7591 or visit their Web site at <http://www.bpsweb.org>.

From the Desk of the ACCP PBRN Network Director: An Update of the ACCP Activities Characterizing Clinical Pharmacists (ACCP²) Study



Daniel Touchette, Pharm.D., M.A.

The ACCP² Study is a mixed methods study with the goal of developing an infrastructure within the ACCP Practice-Based Research Network (PBRN) to conduct research evaluating the impact of clinical pharmacist activities. This study's objective is to describe clinical pharmacist cognitive processes, including information gathering, setting the goals of therapy, developing a treatment plan, and communicating with patients and practitioners in the delivery of patient care in general inpatient and outpatient settings. The first part of this mixed methods study used qualitative methods to better identify specific activities performed by clinical pharmacists in their practices. In total, 22 clinical pharmacists were interviewed by telephone. Telephone interviews were used to develop the initial focus group facilitator's guide. Six focus groups were conducted in different geographic regions of the United States from October 2012 through February 2013. Transcripts collected from the telephone interviews and focus groups were used to identify common themes in patient care by clinical pharmacists. The results of the qualitative study are currently being analyzed and prepared for publication.

The interviews and focus group transcripts are also being used to develop a point-of-care documentation tool to be used in a subsequent quantitative research study to capture the activities of a single clinical pharmacist interaction with a patient. From this study, the PBRN will be better able to describe and understand factors that influence patient care delivery by clinical pharmacists. The quantitative study will be conducted using

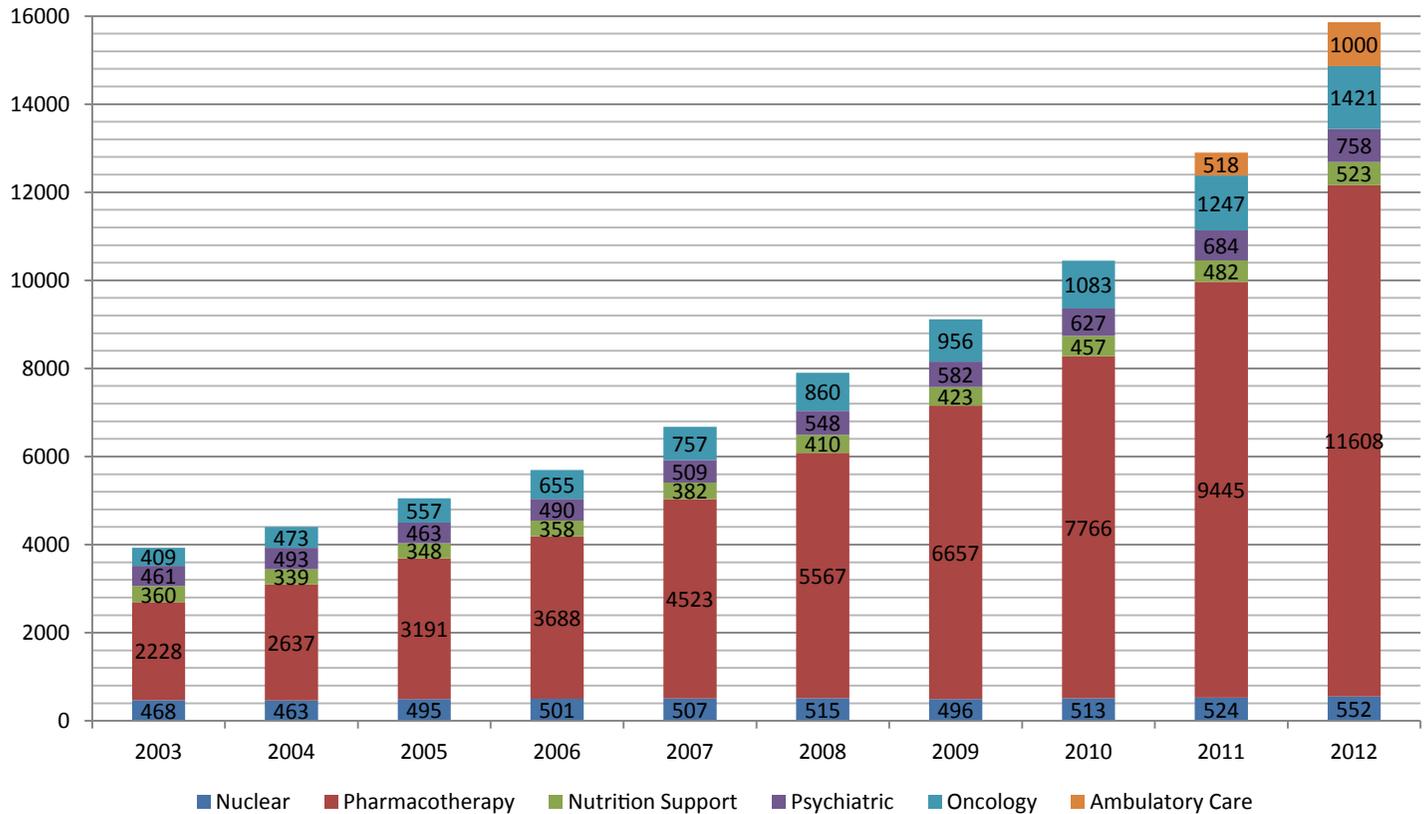
the PBRN and will begin recruitment soon. Inpatient and outpatient clinical pharmacist PBRN members will be contacted by e-mail to request their participation. If you are not currently a PBRN member but are interested in joining the PBRN and participating in this study, contact the PBRN at pbrn@accp.com.

New Members

- | | |
|-------------------------|-----------------------|
| John Adams | Joshua Greenwood |
| Carlee Adamson | Caroline Gresham |
| Augusta Aharanwa | Craig Grzendzielewski |
| Samrah Ahmad | Thuyngoc Hoang |
| Aziza Ajlan | Jerry Holmes |
| Mohammad Al-Hijjawi | Randall Houston |
| Layth Al Sayegh | Chia-Hsuh Hsu |
| Naz Askari | Hui En Huang |
| Daniel Bediako | Nina Huang |
| Keeley Blair Burkholder | Sarah Hwang |
| Aaron Blevins | Jordan Jakab |
| Elizabeth Brichler | Rebecca Jayakumar |
| Tracey Campbell | Ruana John |
| Taylor Capers | Jacqueline Kamel |
| Emily Carrell | Taylor Kelsey |
| Margaret Cavanaugh | Adrienne Kercsak |
| Jessica Chasler | Katie Kiger |
| Wendy Chen | Anna Kim |
| Shaohua Cheng | Stacy Knox |
| Aaron Cheong | Jena Koshaish |
| Aaron Chin | Christina Koutsari |
| Allison Chiu | Phebe Kwon |
| Danny Chong | Jane Lee |
| Jessica Choudhry | Jean Lee |
| Emily Christenberry | Angela Lennon |
| Janet Coombs | Laura Lentz |
| Tiana Corrado | Eunhee Lim |
| Richard Cox | Nicolette Lindstrom |
| Stefanie Culbertson | Jennifer Love |
| Mary Darby | Eging Lu |
| Charlie Dell | Mariam Majidi |
| Alfonso Deluca | Akbar Malekzadeh |
| Sarah DiDominick | Qia Martin |
| Sara Dingwall | Elmira McWilliams |
| Joseph Dupuis | Chirag Mehta |
| Maricar Nenette Ebero | Mimoza Metarapi |
| Nkechi Eche | Elizabeth Miazga |
| Katie Ellis | Scott Miglin |
| Morgan Evans | Jenny Mills |
| Sherif Fanous | Brian Murray |
| Michelle Farrell | Melissa Nelson |
| Ian Ferrari | Nicole Ngo |
| Gianna Firpo | Anh Nguyen |
| Patricia Follett | Hiep Nguyen |
| Clementine Fomba | Anna Nguyen Moyer |
| Jonathan Foushee | Okey Nnate |
| Kelsey Frost | Nancy Nystrom |
| Alyson Ghizzoni | Cindy O'Fallon |

Pharmacists Certified by the Board of Pharmacy Specialties

The graph below illustrates the numbers of pharmacist specialists holding BPS certification in each of the years noted in the six recognized areas for which testing programs have been implemented.



*Individuals who failed to certify have been excluded from these statistics.

**2011 is the first year for Ambulatory Care Certification

Jin Oh
Vida Ohene Agyeman
Steven Olive
Betty Ontiti
Laura Orozco
Raquel Ortiz
M. Parker
Jessica Parra
Michael Peters
Erin Petersen
Charlene Peterson
Kathy Pham
Safiya Ransome
Lauren Rass
Ralph Ranie Razon
Deborah Rehder
Michael Riner
Tracy Roegner
Shari Rosen
Nate Rosko
Jennifer Salisbury
Karen Sando
Cynthia Sas
Anthony Scavarelli
Jelina Shah
Grace Shyh
Julia Slavin
Keaton Smetana
Jennifer Smith
Kenneth Stancik
Ryan Stice
Devin Stock
Ellen Stolz
Steven Struble
Wai-yin Tam
James Thomas
Misha Thomason
Jia Yin Townley
Christine Tricarico
LaToya Turner
Natalie Tuttle
Jamela Urban
Jennifer Villalpando
Matthew Wanek
Elizabeth Webb
Debora Weiss
Cynthia Whitaker
Michelle Wildman
Lionel Williams
Ju Wong
Nora Wright
Sarah Wright
Timothy Wright
Joanna Wu
Nancy Yam
Yap YenLing
Raya Zayadeen

*The following individuals
recently advanced from
Associate to Full Member:*

Rachael Allwine
Samantha Bastow
Tiffany Bias
Meagan Brown
Megan Cadiz
Marissa Cavaretta
Dominic Chan
Lauren Cherrier
Mike Coker
Barrett Crowther
David Ehlert
Lindsie Froehlich
Travis Garrett
Anne Gerdes
Stacy Hargrove
Sandra Horowitz
Alisa Hughes-Stricklett
Yolanda Jacobs
Sara Jordan
Kelly Martin
Bijal Patel
Heather Payton
Anne Polzin
Harmony Scarlet
Tania Thomas
Ashley Webb

New Member Recruiters

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

Michelle Albin
Jessica Allender
Angela Ballou
Amy Brooks
Julianna Burton
Lindsey Childress
Jean Dib
Jamileh Farid-Houston
Amy Gerhart
Kathleen Greer
Mary Gross
Suzanne Havican
Josephine Heinz
Pamela Koerner

Kerry Koloske
Yvonne Mbatia
Caroline Mulcrone
Justin Piacentino
Kelly Rogers
Sharon See
Mikayla Spangler
Matthew Strum
William Terneus
Teri Vrchoticky



**HOWARD
UNIVERSITY**

COLLEGE OF PHARMACY

Assistant/Associate Professor Internal Medicine

The Howard University College of Pharmacy, Department of Clinical and Administrative Pharmacy Sciences, invites applications for a full-time, tenure-track, 12-month faculty position at the assistant/associate professor rank in clinical pharmacy practice (internal medicine/primary care). Applicants should have a Pharm.D. degree and be eligible for licensure in the District of Columbia. Preferences will be given to candidates with suitable residency or fellowship training who possess significant clinical practice and teaching experience. Principal teaching duties will be in the In-

tegrated Pathophysiology/Pharmacotherapy course series and in precepting students on clinical rotation. The successful candidate will also be expected to develop a clinical practice site in internal medicine at the Howard University Hospital and participate in other university/college of pharmacy-related activities. Applicants are invited to submit a letter of interest, curriculum vitae, statement of teaching and clinical practice philosophy, and three letters of recommendation attesting to teaching and clinical ability to:

**Monika Daftary, Pharm.D.
Associate Professor and Chair, Search Committee
Howard University College of Pharmacy
2300 4th Street NW
Washington, DC 20059**

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