

ACCP Report

Timothy J. Ives, Pharm.D., MPH, FCCP, BCPS; Editor
Robert M. Elenbaas, Pharm.D., FCCP; Executive Director

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New IOM Report Identifies Medication Management as a Top Priority

A new report from the National Academies' Institute of Medicine (IOM) includes medication management as one of 20 top national priorities to improve health care quality in the United States. The report, "Priority Areas for National Action. Transforming Health Care Quality" is a follow up to two other landmark reports from IOM: "To Err is Human: Building a Safer Health System" and "Crossing the Quality Chasm: A New Health System for the 21st Century."

The goal of IOM's most recent study was to "identify priority areas that presented the greatest opportunity to narrow the gap between what the health care system is routinely doing now and what [is known] to be best medical practice." Other criteria used to identify priority areas included the extent of the burden imposed by the condition (impact) and its relevance to a broad range of individuals (inclusiveness).

The report's specific aims relative to medication management are "to prevent and provide ongoing surveillance of adverse drug events, and to reduce inappropriate antibiotic use in particular for acute respiratory infections." The report points out that medication-related errors are estimate to cause more than 7000 deaths annually in the United States; adverse drug events (ADE) occur in 6.5 of every 100 hospital admissions, with 42% of these events being either serious or life threatening; the average estimated cost for an ADE is \$2600;

and overall, the cost of drug-related morbidity and mortality exceeds \$136 billion per year. As evidence that a transformed health care system is capable of reducing the number and consequences of ADEs, the IOM report cites the work of Leape et al (JAMA 1999;282:267-70). Using a multidisciplinary team approach in the medical intensive care unit that included a pharmacist, these investigators reported a 77% reduction in medication errors.

In addition to the issues of medication errors, ADEs, and antibiotic prescribing, many of the top priority areas included in the IOM report depend on appropriate medication use if they are to be addressed successfully. These priority areas include:

- mild-moderate persistent asthma;
- early diabetes;
- heart failure;
- hypertension;
- immunizations;
- preventing and reducing recurrent events of ischemic heart disease;
- treatment of major depression; and
- pain control in advanced cancer.

The latest IOM report can be accessed through the IOM Web site at <http://www.nap.edu/books/0309085438/html/>.

ACCP Supports Pharmacy Education Aid

ACCP was one of eight national pharmacy and health organizations that recently sent a letter to leaders of committees in the U.S. Senate and House of Representatives expected to address the shortage of pharmacists and other health care professionals during the 108th Congress. The College's 2003 advocacy agenda includes among its top three priorities support for pharmacy education and an expanded pharmacist workforce (<http://www.capwiz.com/accp/home/>).

Last year, the Senate Health, Education, Labor, and Pensions Committee approved the Pharmacy Education Aid Act of 2002, and the Senate passed the bill. The companion bill in the House was referred to the Energy and Commerce Committee, which did not have time to act on it before Congress adjourned last year. Unfortunately, that meant that the legislation died when the 107th Congress adjourned. It is anticipated that a new bill will be introduced later this year.

The text of the letter is on the following page:

February 21, 2003

The Honorable Judd Gregg, Edward Kennedy, Billy Tauzin, John Dingell, Michael Bilirakis, Sherrod Brown:

The undersigned associations and organizations urge you to ensure Americans continue to have access to comprehensive pharmacy services. During the 107th Congress you recognized how important it is to ensure enough pharmacists are available to care for our nation's citizens, especially the most vulnerable. We were very grateful that the House introduced two bills and the Senate passed one bill, all addressing the supply and distribution of pharmacists. We request your support for similar legislation that is soon to be introduced during the 108th Congress. Helping the nation's colleges and schools of pharmacy increase their educational capacity is an important way of assuring access to this critical health care professional.

"The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists," released in December 2000 by the Department of Health and Human Service was just a starting point for raising public awareness of the growing demand for pharmacists. The American Hospital Association released a study in April 2002 that showed vacancy rates for pharmacists in hospitals and health systems exceeded that of nurses. Recent pharmacy workforce reports from North Carolina, Oregon and Washington make it clear that there are imbalances in the supply of pharmacists in rural vs. urban areas. These reports, and others acknowledge that, like the general population, the pharmacist workforce is aging, placing communities at risk of losing access to pharmacy services.

Congress, in some recent Medicare drug benefit proposals, increases the demand for pharmacists by recognizing the benefits they bring to health care delivery. Retrospective drug utilization review, formulary development, medication therapy management, and prescribing protocols are some of the mechanisms included in proposed legislation. All these mechanisms are dependent on or directly involve a pharmacist. A Medicare prescription drug benefit will dramatically increase the number of prescriptions dispensed. As a result, pharmacists will serve an increasingly important role in utilization control and medication therapy management. This will only place additional workforce pressure on a health profession already in high demand.

The President also increases the demand for pharmacists with his proposals to expand access to health care and improve health through health promotion activities. Colleges and schools of pharmacy educate and graduate a health care professional that is finding growing practice opportunities across a wide range of clinical and community settings. Supported by public and private grants and funding, colleges and schools of pharmacy are working with community-level health care providers to improve patient safety, boost immunization rates, increase patient compliance for treatments associated with chronic illness, and through health promotion activities, better the health and well being of our nation.

Increasing the supply of pharmacists is not something that can be accomplished overnight. We know that you face many challenges and competing priorities during the 108th Congress. Your support and leadership will help meet the demand for the services of an exceptionally knowledgeable health care professional and ensure future access. We recommend you accomplish this by developing and passing legislation that will assist the nations' colleges and schools of pharmacy to increase their educational capacity.

Thank you for your continued support of pharmacy education and the pharmacy profession, and for your efforts to improve the health and well being of all Americans.

- Academy of Managed Care Pharmacy (AMCP)
- American Association of Colleges of Pharmacy (AACCP)
- American College of Apothecaries (ACA)
- American College of Clinical Pharmacy (ACCP)
- American Pharmaceutical Association (APhA)
- American Society of Consultant Pharmacists (ASCP)
- American Society of Health-System Pharmacists (ASHP)
- Healthcare Distribution Management Association (HDMA)

References:

1. Oregon Health Workforce Project "Pharmacist Workforce 2002: A Sourcebook," December 2002
2. UNC Cecil G. Sheps Center for Health Services Research "The Pharmacist Workforce in North Carolina," August 2002
3. Washington Workforce Training and Education Coordinating Board "Health Care Personnel Shortage: Crisis or Opportunity, 2002
4. GAO-02-137R "Supply of Health Workers"
5. Department of Health and Human Services "The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists," December 2000
6. The American Hospital Association, "In Our Hands: How Hospital Leaders Can Build A Thriving Workforce," April 2002
7. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics

Next Leadership Experience Set for September 22–25

“As optional as breathing.” That’s how one recent participant described The Leadership Experience, scheduled next for Monday – Thursday, September 22–25, 2003, in Kansas City, MO. Offered by ACCP in collaboration with LeaderPoint, details can be found at <http://www.leaderpoint.biz/accp.htm>.

The Leadership Experience is designed for anyone who:

- Has asked the questions....
 - ? How can I get everything done?
 - ? How can I work through those around me to get things done...in the way they need to be done?
 - ? How do I “get out of the trenches” so I have a chance to look at the big picture?
 - ? How should I identify and correct the negative mindsets around me?
 - ? How can I elicit a cooperative environment in which my coworkers assume responsibility for the work?
- Depends on other people to accomplish the results they are seeking; or
- Is in the process of making the transition from practitioner/researcher to manager/director.

If this is you, then you will benefit significantly from The Leadership Experience! Or perhaps someone who works with you is in a similar situation. This is a great way to help them and to bring tremendous benefit to your organization!

About 75 ACCP members have completed the Leadership Experience. A recent survey of alumni asked about the enduring value of this training:

- 100% said that what they learned in the Leadership Experience influences how they now “get the work done”; and
- 84% indicated that they use this information either daily or weekly.

The special registration fee arranged just for ACCP members is \$2500—and \$2300 if you register early. (The usual fee is much higher.) Courses fill up quickly, so do not delay to register. If you are uncertain whether this course will be of value to you, consider these steps:

- Ask whomever you report to if they would provide funds to support your participation—it is very much to their benefit to fully develop your management and leadership skills.
- Talk to a past participant who is in a similar position as you—find out how the course has helped him or her.
- Contact either Mike Laddin at LeaderPoint [(913) 384-3212; mladdin@leaderpoint.biz] or Peggy Kuehl, ACCP’s Director of Education and Member Services [(816) 531-2177; pkuehl@accp.com] to find out more about the course, or to connect with a past participant.

Washington Report



**Julie A. Johnson, Pharm.D., FCCP, BCPS;
ACCP Regent**



**C. Edwin Webb, Pharm.D., MPH;
Director of Government and Professional
Affairs**

Clinical Pharmacists as Principal Investigators. Where Do We Stand?

For those of you who reviewed the 2003 ACCP Advocacy Agenda in the February issue of the ACCP Report, you may have noticed a change from previous years. Specifically, one of the items on the Advocacy Agenda the past two years was “to assure continued and expanded recognition of pharmacists holding the Pharm.D. degree as eligible candidates to serve as principal investigators within all NIH clinical research programs and research training initiatives.” At its January 2003 meeting, the Board of Regents decided to remove this item from the Advocacy Agenda. Instead, staff were directed to work collaboratively with the American Association of Colleges of Pharmacy (AACP) and other interested groups to track and advocate for programs and opportunities within the National Institutes of Health (NIH) that are relevant to Pharm.D.s and their research interests, including such things as the clinical scientist loan repayment program. Why was this item on the agenda in the first place, and why has it now been removed?

In 1998, the NIH announced two career development awards (K23 and K24) directed at patient-oriented researchers. To be eligible for these awards, one must have earned a clinical doctorate. The NIH provided a list of representative doctoral degrees that qualified someone to apply; but the Pharm.D. degree was not on the list. ACCP and AACP reacted quickly to seek clarification from NIH regarding the eligibility of Pharm.D.s. The NIH’s response was that the degree list was not intended to be all-inclusive and that Pharm.D.s were clearly eligible. Since then, the Request for Applications has been changed, and “Pharm.D.” is explicitly listed as one of the

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Washington Report

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eligible degrees. However, this episode created a sense of need to promote Pharm.D.s as eligible principal investigators (PIs) of NIH awards. The broader issue of the relatively small number of Pharm.D.s that had been successful to that point in receiving NIH funding contributed to the decision to make this an explicit part of ACCP's Advocacy Agenda.

So why did the Board choose to remove this item from the Advocacy Agenda at this time? There is no evidence that NIH has ever excluded qualified Pharm.D.s from serving as PIs. In the 1960s, Gerhard Levy may have been the first Pharm.D. to receive an NIH grant. One could quickly compile a substantial list of Pharm.D.s who have received NIH funding in every decade since then. The problem is clearly not that NIH does not recognize the Pharm.D. as an acceptable degree for someone to serve as a PI. The problem seems to be that the number of Pharm.D.s with this type of funding is less than we think it should be.

There are currently at least 15–20 Pharm.D.s (not including those who also have the Ph.D. degree) who are PIs on an NIH grant, and several of these people have multiple NIH grants. Given that few would argue against wanting more Pharm.D.s with NIH grants, what are some of the factors that contribute to Pharm.D.s not receiving such funding? We will focus on four, and discuss what ACCP is doing to address these needs within its membership.

First, there are inadequate numbers of Pharm.D.s who are well trained to conduct investigator-initiated research. And this problem only seems to be growing worse—perhaps a consequence of such factors as the entry-level Pharm.D. degree, high entry-level pharmacist salaries, and high student loan debt. ACCP seeks to address this problem in a number of ways. Promoting research is a central mission of ACCP. A portion of all ACCP meetings is devoted to research. The ACCP Research Institute also supports several different research programs, all aimed at increasing the quality and quantity of Pharm.D. researchers. Postdoctoral fellowships are aimed at training the next generation of researchers. Investigator Development Research Awards provide new investigators with initial funds for generation of preliminary data, and increase their likelihood for success at larger, competitive funding agencies. ACCP's Career Development Research Award, which provides a higher level of funding for mid-career investigators (who are perhaps transitioning their research focus), allows investigators to move "to the next level". ACCP also has established guidelines for fellowship training, and reviews and recognizes fellowship programs that meet certain quality standards.

Failure to submit a proposal also appears to be a major limitation to Pharm.D.s receiving NIH-funding. We're certain that NIH has never awarded a grant for which there was not an application. We suspect that a disappointingly high percentage of tenure-track faculty in pharmacy practice departments in colleges of pharmacy have never written an NIH proposal. ACCP also strives to address this barrier. Grant-writing sessions led by competitively funded investigators and other educational programs to help develop participants' research-related knowledge and skills are conducted regularly at ACCP

meetings. These programs are being compiled into the "ACCP Research Training Curriculum" and will be available later this year through the College's Web site. In addition, the Research Institute has adopted the NIH format for some of its grant applications to provide applicants some indirect experience with the NIH grant application process.

There is also a sense that clinical research is not valued at NIH, and people often use this as an excuse for never writing an NIH proposal. Although NIH does fund more basic than clinical research, it has numerous programs aimed at increasing its funding of clinical researchers and clinical, patient-oriented, and translational research. Examples of NIH initiatives aimed at ensuring a stable clinical researcher workforce and supporting quality clinical research efforts include the K23 (<http://grants1.nih.gov/grants/guide/pa-files/PA-00-004.html>), the K24 (<http://grants1.nih.gov/grants/guide/pa-files/PA-00-005.html>), and the loan repayment program for clinical researchers (<http://www.lrp.nih.gov/about/extramural/index.htm#clinical>). ACCP tracks and will continue to advocate for programs such as these that are particularly beneficial to Pharm.D. researchers.

Finally, one of the reasons Pharm.D.s have had limited success with NIH funding is that many are not able to devote the time to research needed to attain this level of funding and research productivity. This is suggested by the fact that approximately half of Pharm.D.s receiving NIH grants do not work in a college of pharmacy, and thus may have nearly full-time effort available for research. If deans and chairs of pharmacy practice wish to have faculty members who are NIH funded, they must provide adequate protected time for their researchers to achieve this goal. Unfortunately, ACCP can do little to impact this factor, other than provide meeting sessions that focus on successful researchers and highlight those factors responsible for their success.

The perspective of the Board of Regents regarding NIH funding of Pharm.D.s is that we are not doing as badly as some might suggest, but we should continue to try to do better. ACCP is committed to a range of activities that help its researcher members achieve their goal of obtaining NIH funding. Although the focus of the ACCP Advocacy Agenda has changed, our commitment to the broad issue has not. Together, ACCP and its members are better positioned than ever to build on our success in this important area.

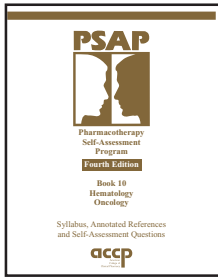


ACCP Endorses NCL Principles on Attention Deficit Disorder

One of the current campaigns of the National Consumers League (NCL) is focused on raising awareness and dispelling myths about Attention Deficit/Hyperactivity Disorder (AD/HD). Following input from ACCP's Central Nervous System and Pediatrics Practice and Research Networks, the College has lent its support to a set of AD/HD Principles developed by NCL.

The principles, and more information about NCL, can be found at <http://www.nclnet.org>.

Book of the Month—PSAP-IV, Book 10: Hematology and Oncology



The Hematology and Oncology modules make up Book 10, the newest addition to the *Pharmacotherapy Self-Assessment Program*, Fourth Edition (PSAP-IV) series. Book 10 provides comprehensive and concise therapeutic information in the dual areas of hematology and oncology.

The Hematology module features a new chapter on blood coagulation disorders, plus a full chapter dedicated to common anemias. Other topics include stem cell transplantation, hematological malignancies, and supportive care.

The Oncology module presents content that has been substantially expanded from previous editions of PSAP. Individual chapters are now devoted to breast cancer, lung cancer, and colorectal cancer, allowing more depth in the material covered. The module also covers infections in patients with cancer and supportive care.

PSAP offers the most up-to-date and comprehensive information available on recent drug therapy advances. Book 10, Hematology and Oncology, provides 11.5 hours and 12.5 hours of continuing pharmaceutical education credit, respectively.

Please visit <http://www.psap.org> to view a sample chapter from Book 10. To order PSAP-IV Book 10, other PSAP books, or the entire series, visit the ACCP Online Bookstore at <http://www.accp.com> or call a customer service representative at (816) 531-2177 and mention **code R0303**.



The American College of Clinical Pharmacy is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. To receive ACPE credit for each module, the answer sheet must be returned for scoring, and a score of 50% or above must be achieved.



Call for Abstracts: 2003 ACCP Annual Meeting

All investigators in the field of clinical pharmacy and therapeutics, whether or not ACCP members, are invited to submit abstracts of papers to be considered for presentation at the ACCP Annual Meeting, November 2–5, 2003, in Atlanta, GA.

- Original Research
- Clinical Pharmacy Forum
- Student, Resident, Fellow Research in Progress
- Encore Presentations
- Student, Resident, Fellow Best Paper Competition

All papers accepted for poster presentation, with the exception of Student, Resident, Fellow Research in Progress, will automatically be entered in the Best Poster Award competition.

**All abstracts must be postmarked no later than
June 16, 2003.**

Download abstract form at
<http://www.accp.com/abst2003am.pdf>.

So, why are you a member of ACCP?

Check out some of the benefits folks say they derive from their membership in ACCP. These comments were offered by fellow ACCP members when recommending membership to their colleagues through an easy, online process. Won't you do the same? Just visit <http://www.accp.com/recruit.php>.

"ACCP is hands-down the best clinical pharmacy organization. The Practice and Research Networks (PRNs) are really good, and definitely help with keeping up to date." ☺

"I have really enjoyed the PRN I am a member of. It is a great way to bounce ideas and problems off a diverse group of people located all over the country. It is a useful tool for networking." ☺

"ACCP is an organization that can help with your growth in clinical pharmacy. They are also an excellent networking resource." ☺

"I've been getting some good info from the ACCP Ambulatory Care listserv and also really enjoyed their Annual Meeting. They had excellent CE programs compared to some of the other meetings I have attended in recent years. There is almost daily discussion of anticoagulation issues on the listserv, which is nice because I need help keeping up with all the changes! Several of the national experts in pharmacist-managed anticoagulation usually log on." ☺

"ACCP is a very good pharmacy organization with an emphasis on clinical pharmacy. I thought I'd forward this to you for information and to possibly help with career growth." ☺

"One reason I joined ACCP was because of their pursuit of excellence and their unique core values." ☺

"Another personal benefit is the national ACCP meetings. The meeting I attended proved to be the most organized and informative of any national pharmacy organization meeting I have experienced thus far." ☺

"I personally feel being a member of the special focus groups, offered by 20 different PRNs, pays for your membership alone." ☺

"This is the best continuing education meeting I have ever attended. I think you will also enjoy it because of your high level of practice." ☺

"I HAVE REALLY ENJOYED BEING A MEMBER OF ACCP. IT IS VERY CLINICALLY FOCUSED, WITH A STRONG EMPHASIS ON EVIDENCE-BASED PRACTICE AND RESEARCH. I THINK YOU WOULD BENEFIT FROM MEMBERSHIP." ☺

New Members

BARBARA L. ALBRECHT	RONALD L. MCCOY
BETH ALEXANDER	JEAN C. MCGRATH
GEOFFREY W. ARBUCKLE	BRAD MILLER
LOUISE AZZOPARDI	TERESA NASH
NEIL BARRINGTON	ALEXI NEGRON
AVIVA BODEK	KIM NIMMO
HEATH N. BRANSCUM	MELANIE NINCEHELSE
KA LUN CHAN	MARTINA NOVOTNY
RUSHAB CHOKSI	ALEXANDER C. OKWONNA
OWEN CLARK	DIANA PAPSHEV
KATHARINE CORNELL	SUSIE PARK
LORRANIE CORRA	TODD S. PAULSEN
VINICIA T. CORTEZ	CHRISTINE E. PAYNE
GWENDOLYN EUNGARD	JENNIFER PENNINGTON
MARILYN FARINRE	ATSUKO POWERS
ANDREA D. GARDNER	AMGAD A. RAGAB
DOUGLAS GEER	MELISSA RAMBIN
CHRISTINE J. GORKA	BRYAN ROBINETTE
GUY C. GREENIA	LINDA SCHRAND
HEIDI M. GSCHWEND	JENNIFER SCHUT
LYDIA HERRERA	ROBERTA L. SHANAHAN
TRICIA HODGMAN	SCOTT SIMS
DIANDRA JEFFERIES- BROOKS	D. CRAIG SMALL
KAREN M. JENSEN	COURTNEY F. SMITH
STEPHANIE L. JOHNSON	NATHAWAN SUDBANTHAD
T. AARON JONES	JOHN C. THOMAS
JEFFREY H. KING	JOSEPH A. TWIST
KRISTY M. KLINGER	ULOMA UNEZE
LEANN KOONTZ	JASON WARREN
LENEE LANE	ERIC WEBER
CHERYL B. LATHUM	MATTHEW WEVER
HEIDI LAWRY	GAIL WOOD
ALICE LEE-MARTIN	
ROGER LESCH	
XIAOLAN LIANG	



The following individuals recently advanced from Associate to Full Member:

ANTHONY T. GERLACH
MARY E. LEHMAN
S. DEE MELNYK
VALERIE T. PRINCE
BRIAN SCHECKNER



New Member Recruiters

Special thanks to the following individuals for inviting their colleagues to join them as ACCP members:

NANCY ORTIZ
JOHN SIEPLER
SCOTT SIMS



In Memory: Josephine Vitillo

We are saddened to report the death of ACCP member Josephine Vitillo, Pharm.D., BCPS, of Albany, NY. A member of the New York State Chapter who practiced at Albany Memorial Hospital, Dr. Vitillo had been a College member since 1989.

**Université Laval
Tenure-Track Faculty Position
Clinical Pharmacy**

The Faculty of Pharmacy is seeking applications for a tenure-track position in clinical pharmacy. Applicants should have a Ph.D. and a minimum of two years of postdoctoral training or equivalent, or a Pharm.D. (post B.Pharm.) or M.D. degree and a minimum of three years of postdoctoral training or equivalent. Preference will be given to those holding an undergraduate degree in pharmacy or pertinent clinical experience.

The successful candidate is expected to develop an independent, externally funded clinical research program in pharmacy or pharmacology, supervise graduate students, and teach undergraduate students in the areas of pharmacology, physiology, or pharmacotherapy.

Preference will be given to candidates whose research activities correspond to those identified by the Faculty of Pharmacy as having priority (cardiovascular and central nervous system research). In compliance to its employment equity program, Université Laval intends to hire women on half of its vacant positions.

In accordance with Canadian immigration requirements, this advertisement is directed primarily towards Canadian citizens and permanent residents of Canada. Non-Canadians will be considered.

Applicants should send a letter of interest, a curriculum vitae, and the names and addresses of three references by May 1, 2003, to:

**Monique Richer, Dean
Faculty of Pharmacy
Pavillon Ferdinand-Vandry
Université Laval
Quebec (Quebec)
Canada G1K 7P4
Phone: (418) 656-5639
Fax: (418) 656-2305
E-Mail: Monique.Richer@pha.ulaval.ca**

For further information on our Faculty, visit our Web site at www.pha.ulaval.ca.

**University of Colorado Health Sciences Center
Assistant/Associate Professor
Clinical Pharmaceutical Sciences
Department of Clinical Pharmacy
School of Pharmacy
Denver, Colorado**

The Department of Clinical Pharmacy invites applications for a tenure-track faculty position in the clinical pharmaceutical sciences.

The mission of the Department of Clinical Pharmacy is to advance the science, teaching, and practice of human pharmacology and therapeutics in order to improve the use of medications in patients. Candidates who share our faculty's commitment to innovative teaching programs, exceptional research, and leadership are encouraged to apply.

The major area of interest for this position is antiretroviral clinical pharmacology, although applications will be welcomed in other areas such as pharmacometrics, drug metabolism, pharmacogenomics, and proteomics. The successful applicant will be expected to initiate and maintain an externally funded, independent research program based on the discovery and translation of clinical pharmacologic knowledge to advance pharmacotherapy. In addition, he or she will be encouraged to establish collaborative research relationships both within the Department and with other faculty at the University of Colorado Health Science Center. The selected individual will participate in the education of students in the professional pharmacy curriculum and in postgraduate programs in the Department and School.

Applicants must have clinical and rigorous scientific training. Preference will be given to those who have a Pharm.D. degree with a two-year research fellowship (or equivalent experience), a Ph.D. in a relevant field, or an M.D. Preference will also be given to individuals with experience in academic pharmacy. Applications will be reviewed as they are received and the position will remain open until a successful candidate is identified. Interested candidates should submit a letter of interest, curriculum vitae, and contact information for three individuals who can provide a letter of recommendation:

**Courtney V. Fletcher, Pharm.D.
Professor and Chairman
Department of Clinical Pharmacy
University of Colorado Health Sciences Center
Box C-238
4200 East Ninth Avenue
Denver, CO 80262
Phone: (303) 315-5229
Fax: (303) 315-4630
Email: courtney.fletcher@uchsc.edu**

The University of Colorado Health Sciences Center is committed to equal employment opportunity and affirmative action.

**University of Iowa
College of Pharmacy
Faculty Position
Pharmacy Practice Laboratory Coordinator**

The College of Pharmacy at the University of Iowa invites applications for a full-time appointment on the clinical track (nontenure) coordinating and teaching in the Pharmacy Practice Laboratory course series. Appointment rank will be commensurate with education and experience. Applicants must hold a Doctor of Pharmacy degree or BS Pharmacy degree. Preference will be given to candidates with practice experience, a pharmacy residency, and an advanced professional degree. The successful candidate must be eligible for pharmacist licensure in the State of Iowa.

The primary responsibility of this appointment will be to coordinate and assist in the delivery of a fully integrated two credit hour professional pharmacy practice laboratory sequence that is taught each semester for the first three years of the professional program. This portion of the curriculum links basic and applied science courses to the practical elements of professional practice and gradually steps students through stages of professional practice exposure preparing them for the advanced practice experience capstone of the curriculum.

Applicant screening will begin immediately and will continue until the position is filled. Interested individuals should forward a letter of intent, curriculum vitae or resume, and the names of three references to:

Karen Farris, Ph.D.
Associate Professor
Search Committee Chair
College of Pharmacy
S512 PHAR
Iowa City, IA 52242-1112
Phone: (319) 384-4516
Fax: (319) 353-5646
E-mail: karen-farris@uiowa.edu

*The University of Iowa is an Equal Opportunity and Affirmative Action Employer.
Women and minorities are strongly encouraged to apply.*

**University of Michigan
College of Pharmacy
Clinical Faculty in Drug Information**

The University of Michigan is world renowned for the excellence of its academic programs. The University of Michigan College of Pharmacy, first established in 1876, is the first such unit within a state-supported University. The College is accepting applications for a non-tenure track clinical faculty position in drug information.

The individual in this full-time, clinical faculty position will work at the University of Michigan Health Systems, recently named one of America's top hospitals by US News and World Report. The practice site is located in the University of Michigan Hospital.

Maintenance of an active clinical service in drug information along with individual and collaborative scholarship/research activities and didactic/experiential teaching are expected in this position. The successful candidate will preferably have a Doctor of Pharmacy degree and a drug information residency/fellowship or equivalent, along with eligibility for pharmacy licensure in Michigan.

This position is available immediately. Interested individuals should submit a letter of interest, three letters of recommendation, and their curriculum vitae to:

Bruce A. Mueller, Pharm.D., FCCP, BCPS
Professor and Department Head
Department of Clinical Sciences
College of Pharmacy, University of Michigan
428 Church Street
Ann Arbor, MI 48109-1065
Phone: (734) 763-6629
Fax: (734) 763-4480

The University of Michigan is an Affirmative Action and Equal Opportunity Employer.

**The Ohio State University
College of Pharmacy
Tenure-Track Clinical Scientist Position**

Applicants are invited for a full-time, tenure-track position at the assistant professor level. Areas of emphasis include functional pharmacogenomics, cardiovascular, pulmonary, and hematology/oncology; however, other areas would also be considered. Primary responsibilities of this position are to establish a competitive extramurally-funded research program, contribute original research articles to refereed journals, present papers at national meetings, participate in didactic and experiential teaching, and initiate a modest clinical practice that complements the scholarly program. College of Pharmacy faculty have extensive collaborations with The Heart and Lung Research Institute; the Heart Hospital; Center for Health Outcomes and Policy Evaluation; The James Cancer Center and Research Institute, an NCI-designated Comprehensive Cancer Center; and various medical specialties. These initiatives have established basic and clinical scientists and provide an exceptional environment with state-of-the-art facilities for interdisciplinary research that complements the research facilities at the College of Pharmacy. Candidates must be a pharmacist with a Pharm.D. or Ph.D. degree and have significant postdoctoral training, a track record of peer-reviewed publications, and evidence of high potential for developing an independent research program around a focused research agenda. A substantial start-up package is available to assist the candidate in initiating their research program.

The Division of Pharmacy Practice and Administration has 25 tenure-track and clinical-track faculty actively engaged in research, teaching, and clinical practice. Our faculty have an established track record in the areas of: competitive funding support from the NIH, non-profit organizations, and pharmaceutical industry; peer-reviewed publications; developing innovative practice models; training of research fellows and specialty practice residents; and leadership in national pharmacy organizations. The Ohio State University is the most comprehensive academic health science center in the United States. Letters of intent, including future research or practice plans, curriculum vitae, and the names and addresses of three references should be submitted to:

Joseph F. Dasta, MSc, FCCM
Professor Chair, Search Committee
The Ohio State University
College of Pharmacy
500 West 12th Ave
Columbus, OH 43210
Phone: (614) 292-6352
Fax: (614) 292-1335
E-mail: Dasta.1@osu.edu

The Ohio State University is an Equal Opportunity, Affirmative Action Employer.

**The Ohio State University
College of Pharmacy
Clinical Track Position**

We are seeking an enthusiastic individual to develop and maintain a geriatric practice and teaching program in our division. The successful candidate will develop an innovative practice in an interdisciplinary environment that will coordinate interim care and care for aging patients by bridging services within the health care system. The goals established for this practice include maintenance of health and functional status, avoidance of acute events, personal goal attainment, and improvement in quality of life. Areas of therapeutic expertise could include geriatrics, cardiovascular disease, diabetes, pulmonary disease, neurology, and prevention and management of complications associated with orthopedics. The practitioner will participate in both didactic and experiential teaching as well as independent or collaborative research activities.

The Division of Pharmacy Practice and Administration has more than 20 faculty engaged in teaching, research, and clinical practice. It has developed innovative practice models and has an established record of training residents, as well as documented leadership in national pharmacy organizations.

Minimum qualifications include a Pharm.D. degree plus geriatric residency training or equivalent education and experience. Experience in new program development is also desired. Letters of intent including future practice plans, curriculum vitae, and names and contact information for three references should be submitted by April 15, 2003 to:

Marialice Bennett, R.Ph.
College of Pharmacy
The Ohio State University
500 West 12th Avenue
Columbus, OH 43210

The Ohio State University is an Equal Opportunity/Affirmative Action Employer. Qualified women, minorities, Vietnam-era veterans, disabled veterans and individuals with disabilities are encouraged to apply.

**The University of Pittsburgh
School of Pharmacy
Department of Pharmaceutical Sciences**

The Department of Pharmaceutical Sciences of the University of Pittsburgh School of Pharmacy is seeking a highly creative and motivated individual to fill a tenure-stream or tenure-stream eligible faculty position at the Assistant/Associate Professor level. The University of Pittsburgh School of Pharmacy is one of six health science schools located on the Oakland campus. The ideal candidate should have a Ph.D. and/or Pharm.D. with postdoctoral training in the area of pharmacogenetics. A strong research background with existing or excellent potential for NIH funding is necessary.

The Department and the Center for Pharmacogenetics in the School are well equipped for studies in pharmacokinetics, phenotyping, genotyping, and genetic control of drug metabolizing enzymes and drug transporters. There are active research programs in drug metabolism, pharmacodynamic response, mechanism-based drug screening, molecular biology and mouse genetics, gene therapy and drug delivery, nucleic acid chemistry, genomics, and proteomics in the School to complement the candidate's research.

Our progressive graduate program includes the Clinical Pharmaceutical Scientist Program and focus areas of Drug Disposition and Response, Drug Targeting and Delivery, Genomics, Proteomics and Drug Discovery, and Neuroendocrine Pharmacology. Teaching in the graduate and professional program is an essential part of this position. Applications should consist of a letter of interest, curriculum vitae, and letters of reference from at least three persons. In order to receive full consideration, applications should be received by June 1, 2003. Salary and rank will be commensurate with qualifications and experience. Applications should be addressed to:

**Michael A. Zemaitis, Ph.D.
Interim Chairman of Pharmaceutical Sciences
903 Salk Hall
School of Pharmacy
University of Pittsburgh
Pittsburgh, PA 15261
E-mail: maz@pitt.edu**

The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer