

accp Report

American College of Clinical Pharmacy

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

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Abstract Submission Deadline for 2008 Annual Meeting Is June 13



All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts of papers to be considered for presentation at the 2008 Annual Meeting, October 19–22, 2008, in Louisville, Kentucky. Abstracts should be submitted online at <http://accp.confex.com/accp/2008am/cfp.cgi> and may be submitted in one of the following categories:

Original Research: Describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoconomics, pharmacoepidemiology, or pharmacogenomics.

Clinical Pharmacy Forum: Describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with clinical services payment or cost analysis are encouraged.

Resident and Fellow Research-in-Progress: Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing.

Student Submissions: Submission criteria are those of an Original Research presentation. Partially completed data are acceptable for inclusion. Abstracts should provide an assessment of the likelihood of project completion by date of presentation. The presenting author must be a student. The exclusive deadline for student abstracts is Thursday, July 3, 2008, midnight, Pacific Daylight Time.

All abstracts accepted for presentation (with the exception of Encore Presentations) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting. **Excluding student submissions, the deadline**

to submit abstracts is Friday, June 13, 2008, midnight, Pacific Daylight Time. For more information about the Call for Abstracts and the 2008 Annual Meeting, please contact Emma Webb, Project Manager – Education, at (913) 492-3311, extension 20, or emmawebb@accp.com.

ACCP Academy Announces New Research and Scholarship Certificate Program

The American College of Clinical Pharmacy is pleased to announce the debut of the third cornerstone of its ACCP Academy, the Research and Scholarship Development Certificate Program.

The program curriculum will be formally introduced, including both required and elective courses, at the ACCP Annual Meeting this October in Louisville, KY. Watch future issues of the *ACCP Report* and the ACCP Academy Web site, <http://academy.accp.com/>, for more detailed information about scheduling and course content.

“The Research and Scholarship program fulfills the Academy’s goal of delivering flexible, curricular approaches to enhancing ACCP member abilities in their major areas of responsibility,” reports ACCP President Gary R. Matzke, Pharm.D., FCCP. “It joins our two other Academy certificate programs – Teaching and Learning, and Leadership and Management – to present a unique and exceptional educational lineup.” “A fourth certificate program, Clinical Practice Development, will be rolled out in 2009,” Dr. Matzke adds.

The new program will focus on specific learning components and core competencies, including developing and analyzing a practical research question, applying appropriate statistical tests, learning the “art” of scientific writing, collaborating with other researchers, and recognizing important regulatory and ethical issues. As with other Academy offerings, Research and Scholarship participants will document specific course accomplishments through the Academy’s online portfolio system and will work with a mentor throughout the program.

The primary audience for this new program consists of residency-trained clinical pharmacists who practice in a setting where involvement in research and scholarly activities is an expectation of their position. Although most will hold clinical faculty member appointments with a school or college of pharmacy, individuals working in hospitals and medical centers, community pharmacies, managed care, or other health care settings will find Academy offerings valuable and applicable to their respective fields.

Travel Awards Support Student Attendance at 2008 Spring Forum

One of the best ways for student pharmacists to experience clinical pharmacy in action is to participate in an ACCP national meeting. This spring, through the generous support of individual members and PRNs, 14 students had the opportunity to attend the Spring Forum in Phoenix by receiving travel grants and/or complimentary meeting registrations. The following students are recipients of the 2008 ACCP Spring Forum Student Travel Awards:

Russell Attridge	Lina Meng
Zhiyu Chen	Rebecca Pettit
Michelle Ho	Joseph Stalder
Shannon Holt	Xiao Tu
Tina Kasliwal	Elizabeth Underwood
Megan Kavanaugh	Casey Woltz
Helen Kim	Frances Wong
Ellena Mar	

To qualify for an award, an applicant must be a student member enrolled as a full-time pharmacy student who is pursuing his or her first professional degree program. Applicants are required to submit an essay, a curriculum vitae, and two letters of recommendation from faculty members or preceptors. Students will be able to submit an online application later this summer for this fall's awards cycle. The call for applications for 2008 Annual Meeting Student Travel Awards will be issued in July.

Travel awards encourage student attendance at ACCP meetings and help promote future involvement in the College. Donations to the Student Travel Award Fund helped support this spring's awards and will continue to fund awards supporting attendance at upcoming ACCP national meetings. All funds collected by the Student Travel Award Fund are applied directly to student meeting support; no funds are used for administrative or overhead expenses. If you would like to make a tax-deductible contribution to help support student attendance at an ACCP meeting, contact Jon Poynter, Membership Project Manager, at jpoynter@accp.com.

ACCP Research Institute Call for Proposals

Pharmacotherapy Investigator Development and Career Development Research Awards

ACCP Frontiers Fund Career Development Research Awards

The purpose of the Frontiers Fund Career Development Research Award is to support previously unmet or underserved areas of Pharmacy-Based Health Services Research, Clinical Research, or Translational Research. Frontiers Fund Research Awards may range from \$10,000 to \$30,000, depending on the proposal's requisite budget. It is anticipated that up to \$60,000 of support will be awarded in 2008.



- *Eligibility:* Active Full Members or Associate Members are encouraged to apply.
- *Application Deadline:* The deadline for submission of applications is Tuesday, April 15, 2008, at 5:00 p.m. CST. Application materials can be downloaded at <http://www.accp.com/frontiers/research.php>.

ACCP Pharmacotherapy Investigator Development Research Awards

Pharmacotherapy Investigator Development Research Awards support the research efforts of ACCP Active Full Members or Associate Members who qualify as new investigators (i.e., 10 or fewer years since their completion of formal training or first academic appointment).

To provide additional focus on the active accomplishments of ACCP's research agenda, the ACCP Research Institute Board of Trustees has identified the following three current priority areas:

- Identifying and evaluating the patient, clinician, and system factors that contribute to the safe and effective use of medications in clinical practice.
- Evaluating the effect of pharmaceutical care delivery models and other pharmacy services on patient clinical, humanistic, and economic outcomes.
- Developing, enhancing, and testing models to predict patient response to drug therapy.

These awards provide grant support of up to \$20,000 for each proposal. It is anticipated that up to \$40,000 of support will be awarded in 2008. The deadline for submission of Investigator Development Research Award applications is Thursday, May 15, 2008, at 5:00 p.m. CST. Application materials can be downloaded at <http://www.accp.com/frontiers/research.php>.

ACCP StuNet Advisory Committee Applications Due June 1

Attention student pharmacists: Would you like to become more involved with the American College of Clinical Pharmacy? ACCP student members who want to develop leadership skills, expand opportunities for student pharmacists within ACCP, and introduce other students to the many facets of clinical pharmacy are encouraged to apply for appointment to the 2008–2009 ACCP National StuNet Advisory Committee.

The National StuNet Advisory Committee is an ACCP committee composed of members appointed each year by the ACCP President. Members generally serve a 1-year term, and the committee is typically composed of 8–12 members. The leadership of the committee is also appointed by the ACCP President.

Leadership positions include the Chair (1-year term), the Vice Chair (2-year term; serves first year as the Vice Chair and then assumes the Chair position during the second year), and the Secretary (1-year term). If you are a student interested in serving on the 2008–2009 ACCP National StuNet Committee, either as a member-at-large or in a leadership role, please visit <http://www.accp.com/stunet/application.php> for information about the committee and how to apply. The deadline for applications is June 1, 2008.

Washington Report

C. Edwin Webb,
Pharm.D., M.P.H.
Director, Government
and Professional Affairs



Specialization and Specialties in Pharmacy Practice: “Gradual Evolution or Intelligent Design?”

The development of specialized practices for pharmacists has quickened considerably in the past two decades as a result of several forces, including the objective of ensuring the rational management of complex pharmacotherapeutic agents and regimens, fundamental changes in the professional curriculum and educational preparation of new pharmacist graduates, and growing recognition of the importance and value of residency training (both general and specialized) in the development and maturation of pharmacists who provide direct patient care services.

When combined with the public policy imperatives of promoting optimal safety, cost-effectiveness, and quality outcomes from the use of medications, the handwriting on the wall is increasingly clear: the role, **and performance**, of a growing number of pharmacists as the “specialists” on the health care team responsible for the appropriate use of medications, regardless of setting, is all but inevitable.

There is ample evidence of this trend, both in the substantial growth in numbers of pharmacists pursuing certification in one of the five “formal” specialties in pharmacy currently recognized by the Board of Pharmaceutical Specialties (BPS) (see Figure 1) and the proliferation of pharmacist credentialing/certification programs outside the BPS framework in areas such as geriatric pharmacy practice, anticoagulation management, lipid management, and, most recently, HIV/AIDS.¹ Entities both within and outside of pharmacy that understand and seek to serve the health care marketplace have begun to identify needs to which pharmacists, together with their national professional associations, must respond in a comprehensive, coherent, and integrated way. A significant number of the 1300 ACCP members responding to a 2006 College survey expressed strong support for exploring recognition of an array of “specialized” pharmacy practice areas that are not currently encompassed by the BPS framework.

A parallel development has been the growth by more than 75% in the numbers of specialized (PGY-2) residency programs and resident positions within those programs in the 10 years from 1999 to 2008.² Accreditation standards for 22 different PGY-2 residency programs have been approved by the ASHP Commission on Credentialing, the nationally recognized accrediting body for pharmacy residency programs. And while there are PGY-2 residency programs that align exactly with the five BPS-recognized specialties (along with two areas of “added qualifications” within pharmacotherapy), that leaves more than a dozen distinct areas of “specialization” in pharmacy for which a formalized certification process for practitioners seeking to practice that specialty is either nonexistent or outside the current framework of BPS.

ACCP and BPS – A History of Collaboration and Mutual Support

ACCP and its members are strong supporters of both specialization in pharmacy and BPS. ACCP was the sponsoring organization for the petition submitted to BPS in 1988 to recognize pharmacotherapy as a specialty, and the College has continued to work with BPS and its Pharmacotherapy Specialty Council to promote pharmacotherapy specialization and support the professional development and recertification needs of BPS-certified pharmacotherapy specialists. Even more broadly, the College recently published a white paper³ expressing the vision “that in 20–30 years, most clinical pharmacy practitioners will be board-certified specialists.”

To assist in achieving that vision, the College believes the time has arrived for a profession-wide dialogue on the desirability of and approach to a refined framework for specialty recognition and specialist certification within pharmacy. In February 2007, ACCP Executive Director Michael Maddux and President Stuart Haines wrote to BPS, urging it to take a leadership role in convening such a discussion on the current specialization framework. They noted that:

In its more than 30 years of service to the profession, BPS has provided valuable leadership, guidance, and management in its activities in specialty recognition and pharmacist specialist certification. In that same period, however, the changes in the profession of pharmacy specifically, and health care generally, have been nothing short of revolutionary. The changes over the next 30 years will likely be even more remarkable.

As visionary as the leaders of pharmacy were in 1976 in establishing BPS and its processes, there can be little doubt that changes in the practice of pharmacy are now and will increasingly impact the activities, effectiveness, and credibility of BPS in an increasingly complex and sophisticated health care environment. For that reason, an examination of the existing framework for specialty recognition and specialist certification in pharmacy (a framework that has remained essentially unchanged since BPS’ founding) is overdue. Such an examination will assure that pharmacy’s framework for specialty recognition and certification is best positioned to meet the needs of the public and the profession in the future.

BPS has responded to this recommendation by working collaboratively within the Council on Credentialing in Pharmacy (CCP) to have CCP organize a profession-wide invitational conference in early 2009 to engage all stakeholders with an interest in pharmacy specialization in a strategic examination of the current framework and potential refinements to meet the needs of the health care system and pharmacists. ACCP’s 2008 Board Certification Committee is currently developing a white paper for review and approval by the Board of Regents that will present the College’s perspective and recommendations for consideration at the conference.

“Ambulatory Care” – Current Status of a Joint Petition to BPS

Among the areas of pharmacy practice for which PGY-2 residency accreditation standards have been approved but for which no BPS certification process exists is “ambulatory

1. The American Academy of HIV Medicine. Available at www.aahivm.org/index.php?option=com_content&task=view&id=632&Itemid=129#1.

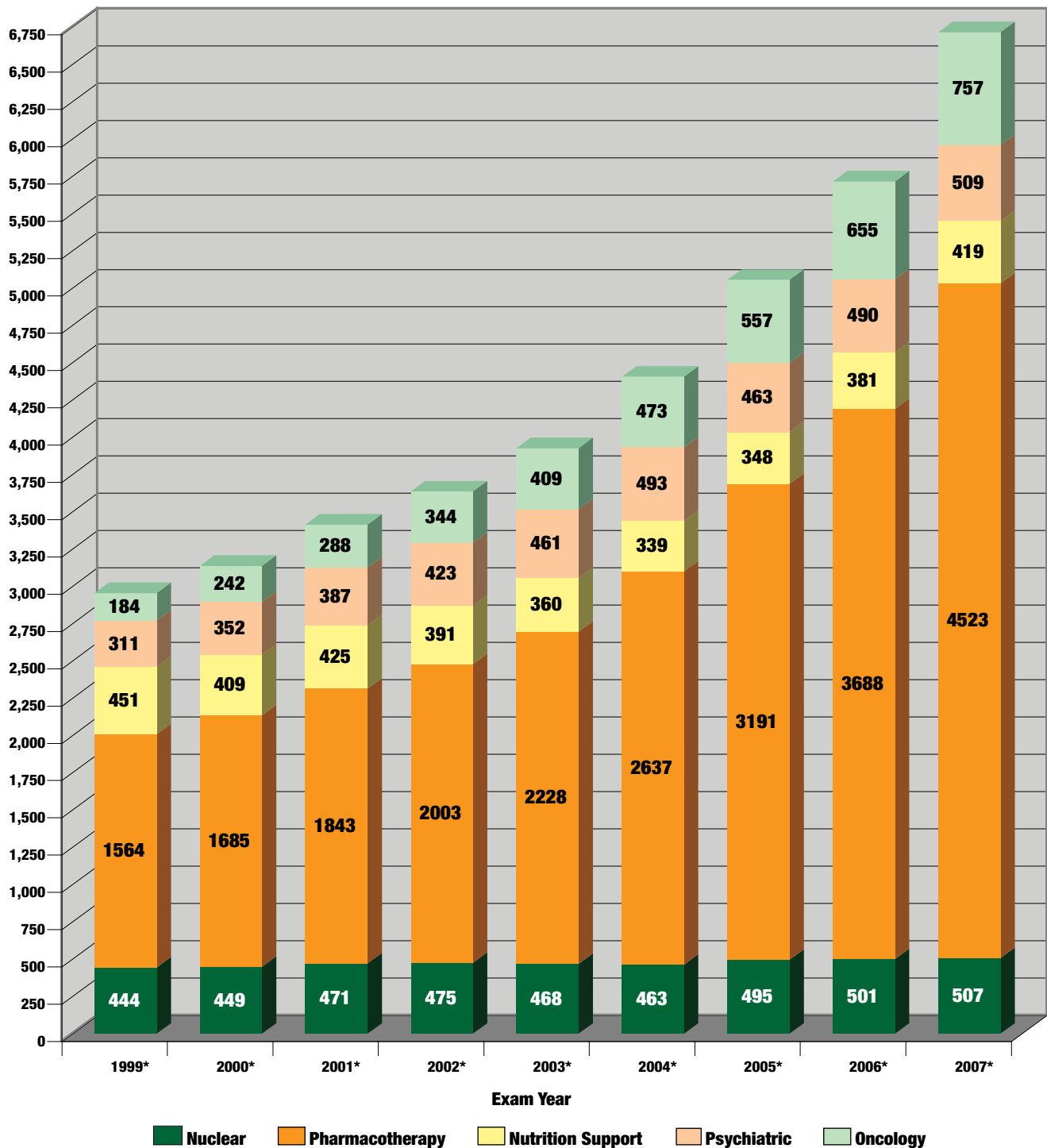
2. Source: ASHP Commission on Credentialing. Data presentation at meeting of March 6–9, 2008, Bethesda, MD.

3. ACCP. Future clinical pharmacy practitioners should be board-certified specialists. *Pharmacotherapy* 2006;26:1816–25.

Figure 1.

Pharmacists Certified by the Board of Pharmaceutical Specialties

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



*individuals who failed to recertify have been excluded from these figures

care.” BPS, on its own initiative and in conjunction with its educational consultant, Professional Examination Services (PES), conducted a role delineation/task analysis survey of ambulatory care pharmacists (many of them ACCP members) in late 2006. Subsequently, a task group of member and staff representatives of the American Pharmacists Association (APhA), ASHP, and ACCP met in May 2007 to review the data generated by that process and to provide advice to their respective boards concerning the potential involvement of the organizations in the development of a petition to BPS to recognize ambulatory care as a specialty.

Based on the recommendation of staff representatives and ACCP leaders who participated in the May meeting, the ACCP board approved in July the College’s participation in the development and submission of a petition in collaboration with APhA and ASHP.

The ACCP board’s decision reflects its (1) long-standing support for the professional and public health value of board certification in pharmacy, (2) commitment to expanding opportunities for clinical pharmacists to seek board certification in their area of practice, and (3) belief that ACCP’s involvement will help ensure the development of a petition that conforms to the existing criteria for recognition of a specialty and that demonstrates comparability with other currently recognized specialties in pharmacy.

After the petition is submitted to BPS, which is currently projected to occur in November 2008, BPS will conduct its prescribed public process for seeking input from the full range of stakeholders involved in pharmacy specialization and credentialing. Individual ACCP members, as well as the College itself, will, at that point, have the opportunity to provide their perspectives, feedback, and recommendations to BPS concerning the approval or rejection of the petition.

The petition development task group consists of a contract manager for the project and one volunteer member and one staff member from each of the three organizations. The timetable for petition development and submission is currently on schedule, as follows:

- November 15, 2007: Issue request for proposals (**completed**)
- January 30, 2008: Deadline for receipt of proposals (**completed**)
- February 29, 2008: Review of proposals and selection of consultant (**completed**)
- March – July 2008: Meetings/work of resource task group (with interim petition drafts)
- September 1, 2008: Petition final draft completed
- Sept. – Oct. 2008: Petition review/modification/approval by the Associations’ boards
- November 1, 2008: Submission of petition to BPS by the Associations

The ambulatory care petition development process and the planning for the stakeholders’ conference on the specialty recognition and specialist certification framework can and will proceed simultaneously because each will generate information and guidance to assist the profession in its deliberations on both issues.

So ... the question is: gradual evolution or intelligent design? Which approach should pharmacy embrace in its quest to take its specialty recognition and specialist certification framework to the next level to further improve patient care in the use of medications? Please share your thoughts with staff and elected leaders.

Who Evaluates Performance?

Editor’s note: ACCP is collaborating with LeaderPoint in bringing you a series of articles on popular topics in leadership and management. For information on the upcoming 2008 ACCP Leadership Experience in June, please visit <http://www.leaderpoint.biz/accp.htm>. Registration for the June course is open.



Can a manager really affect performance without being involved in a subordinate’s work? Thirty years ago, Arthur Elliott Carlisle, a business professor at the University of Massachusetts at Amherst, published “MacGregor,”¹ an article written in unconventional parable form, in the journal *Organizational Dynamics*. MacGregor (a pseudonym) was the head of an oil refinery who routinely ran the most profitable plant in the company without spending time in the plant, without solving subordinates’ problems, and without telling them how to meet their targets. And he didn’t spend time on formal employee performance evaluations.

In previous ACCP Report articles, we discussed the distinctions between performance and results and how feedback on results, not performance, is an important measurement tool for managers. Yet managers do rely on the performance of those who do the work. In this article, we explore answers to two questions: “Who evaluates performance?” and “How can managers support performance improvement?”

Because performance occurs as people work, usually only one party is privy to that performance and can effectively evaluate it: the individual doing the work. MacGregor never evaluated the actual performance of his subordinates. In fact, when they tried to get him to intervene in their work, he resisted. As Carlisle explains, “In all cases MacGregor left specifics on how agreed-upon results were to be achieved to the subordinates themselves.” MacGregor’s “performance evaluation” consisted of providing weekly feedback on pertinent results so that his refinery managers could reflect on their performance, make changes, and improve those results.

Consider the phenomenon of New United Motor Manufacturing, Inc. (NUMMI). A failing General Motors plant in Fremont, CA, was closed in 1982 because of the dismal performance of its unionized workforce. Shortly after the closing, NUMMI was formed as a joint venture with Toyota. In hiring back 85% of the same “failed” workforce, NUMMI went from 20% absenteeism to 3% – and significantly improved quality. The plant became the most productive plant for GM, and in 1998, it won the Award for Excellence from the National Association of Manufacturers.²

The NUMMI success, like MacGregor’s, can be attributed to an informal performance evaluation system that allowed those doing the work to assess their own performance. By routinely receiving and reviewing data on measurements such as attendance records and defect records (feedback on results), assembly teams not only improved their methods, but individual workers were also able to evaluate and modify their own performance – and see firsthand the effect on results.

The key, however, is to distinguish between a formal employee evaluation and an informal performance evaluation. A critical difference in NUMMI’s production system (and similarly lean production systems) is that any worker on the assembly line has the authority to stop the line to correct

problems. Such a policy seems counterintuitive, given that every minute of downtime costs \$15,000. But that downtime can signal learning on the part of the workers, enabling them to innovate in their methods and improve their performance. As one manager said, “When there’s no downtime, I know that my people are sending junk through or they’re trying to be superstars.” Although formal employee evaluations are often counterproductive, informal performance evaluation systems promote learning.

MacGregor admitted that he would allow relatively small mistakes by his subordinates because they would learn from them. Carlisle sums up his assessment of MacGregor’s performance system in terms of learning:

MacGregor’s overriding concern was with results: the results his subordinates achieved through methods they developed either by themselves or by working with their peers. He simply refused to do their work for them, even at the risk of incurring short-run costs. By refusing, he enabled them to grow in terms of their ability to make decisions even under conditions of uncertainty.

Managers such as MacGregor recognize that one of the best ways for workers to improve performance is to use their peers. MacGregor held a weekly meeting of his subordinates, which served as a platform for peers to give help to each other. Subordinates reported that if they went to MacGregor for help, he would refer them to their peers in the plant, who were “in touch with what goes on out there.”

Performance evaluation systems that promote learning are worth exploring and implementing. Ideally, as with MacGregor and NUMMI, individuals – with the help of their peers – evaluate and improve performance. Managers use this opportunity to create and maintain a system that pushes the responsibility for performance evaluation and improvement to the individual, encourages peer support, and provides constant feedback on results.

References:

1. Carlisle AE. MacGregor. *Organ Dyn* 1976;5:50–62.
2. O’Reilly CA, Pfeffer J. *Hidden Value: How Great Companies Achieve Extraordinary Results with Ordinary People*. Princeton, NJ: Harvard Business Press, 2000.

Pharmacotherapy Pearls

Pharmacotherapy Top 10 List

Stephen E. Cavanaugh, B.A.

Wendy R. Cramer, B.S., FASCP

Richard T. Scheife, Pharm.D., FCCP

Last year, there were 529,479 views of articles on *Pharmacotherapy’s* online journal (at <http://www.pharmacotherapy.org>). Subscribers view articles for free, whereas nonsubscribers view abstracts for free but pay to view these articles. The number of times that an individual article is viewed is an unofficial index of the clinical utility and importance of that article. The top 10 *Pharmacotherapy* articles viewed during 2007 are listed below.



Rank	Title (Publication Date) (Number of Views Online)	Author(s)	Dept.
1	Emerging Options for Treatment of Invasive, Multidrug-Resistant <i>Staphylococcus aureus</i> Infections (February 2007) (2554)	Richard H. Drew, Pharm.D.	TR
2	The Echinocandins (March 2007) (2200)	Diane Cappelletty, Pharm.D., and Kasi Eiselstein-McKitrick, Pharm.D.	TR
3	Antimicrobial Dosing Considerations in Obese Adult Patients: Insights from the Society of Infectious Diseases Pharmacists (August 2007) (1689)	Manjunath P. Pai, Pharm.D., and David T. Bearden, Pharm.D.	SA
4	Heparin-Induced Thrombocytopenia: Treatment Options and Special Considerations (April 2007) (1639)	William E. Dager, Pharm.D., FCSHP, John A. Dougherty, M.B.A., Pharm.D., Phuong H. Nguyen, Pharm.D., Michael A. Militello, Pharm.D., and Maureen A. Smythe, Pharm.D., FCCP	TR
5	Therapeutic Options for Sleep-Maintenance and Sleep-Onset Insomnia (January 2007) (1519)	Anna K. Morin, Pharm.D., Courtney I. Jarvis, Pharm.D., and Ann M. Lynch, Pharm.D.	TR
6	Safety of Newer Antidepressants in Pregnancy (April 2007) (1492)	Cynthia M. Way, B.Sc.Pharm.	TR
7	Mechanical Ventilation: A Tutorial for Pharmacists (February 2007) (1196)	Michael J. Cawley, Pharm.D., RRT, CPFT	TR
8	<i>Clostridium difficile</i> : Recent Epidemiologic Findings and Advances in Therapy (July 2007) (1117)	Nicole L. McMaster-Baxter, Pharm.D., and Daniel M. Musher, M.D.	TR
9	Use of Low-Molecular-Weight Heparin to Bridge Therapy in Obese Patients and in Patients with Renal Dysfunction (October 2006) (1088)	Kirsten L. George-Phillips, B.S.P., and Tammy J. Bungard, Pharm.D.	TR
10	Pharmacotherapy Considerations in Advanced Cardiac Life Support (December 2006) (1088)	William E. Dager, Pharm.D., FCSHP, Cynthia A. Sanoski, Pharm.D., Barbara S. Wiggins, Pharm.D., and James E. Tisdale, Pharm.D.	TR

TR = review of therapeutics; SA = special article.

ACCP Releases “Model Practice in Education”

Second Installment in New Online Series

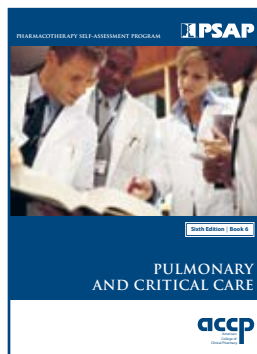
The College is pleased to announce the release of the second installment in the ACCP Web-based series, *ACCP Model Practices in Patient Care, Education, and Research*. The purpose of the series is to describe and disseminate model practices of ACCP members that have an impact on clinical care, education, or research while stimulating innovation and advancement in these areas of clinical pharmacy.

“Model Practice in Clinical Pharmacy Education,” by Dr. Milap Nahata from Ohio State University College of Pharmacy, describes a clinical pharmacy educational program that has been developed and implemented on a comprehensive health sciences campus. The first model practice in the series, “A Pharmacist-Staffed Inpatient Antithrombosis Service,” written by Dr. William Dager from the University of California Davis Medical Center, was released last month. These model practices can be accessed on the ACCP Web site at <http://www.accp.com/modelpractices.php> and are also available to all student members through the StuNet Web page. The third model practice in the series focuses on clinical pharmacy research and will be posted to the Web site in May.

The members of the 2006–2007 ACCP Public and Professional Relations Committee who developed this series were Judy Cheng (Committee Chair), William Dager, Lisa Davis, Jean-Francois Guevin, Michael Gulseth, Mary Hess, Michael Hooks, Dan Longyhore, Michele Splinter, and Kim Tallian. More information about the series, including how to nominate new model practices for inclusion in this ongoing series, can be found at <http://www.accp.com/modelpractices.php>.

Pulmonary/Critical Care Is the Latest in the PSAP-VI Series

Critical Care and Respiriology are common and interrelated practice areas for a significant number of pharmacotherapy specialists. These two areas are the focus of the latest book from the Pharmacotherapy Self-Assessment Program, Sixth Edition (PSAP-VI) series. *Pulmonary and Critical Care* provides an update on commonly encountered disorders in the field of respirology such as asthma, chronic obstructive pulmonary disease, pulmonary hypertension, and sleep apnea. The Critical Care section addresses common syndromes experienced by critically ill patients such as respiratory distress and endocrine and central nervous system syndromes. The pharmacotherapy of critically ill patient populations is discussed in chapters on Neurotrauma and Pediatric Burn. Finally, because critical care is resource-intensive, a chapter dedicated to health policy as it influences cost, quality, and safety in the ICU is provided. This book’s content is designed to assist pharmacists in performing the following procedures:



- Design a therapeutic plan consistent with the new National Institutes of Health guidelines for a patient with severe acute and/or chronic asthma;
- Develop and justify optimal therapy based on the current understanding of the pathophysiology of chronic obstructive pulmonary disease and available clinical evidence;
- Evaluate the treatment concepts involved in managing an acutely ill patient with pulmonary arterial hypertension;
- Design a treatment plan that optimizes non-pharmacological and pharmacological therapies for managing insomnia and sleep apnea;
- Evaluate the risks and benefits associated with the various treatment strategies for acute lung injury;
- Design effective strategies to optimize pharmacologically based ICU patient comfort while avoiding therapeutic misadventures;
- Analyze the biphasic neuroendocrine changes during critical illness and assess potential treatment strategies to correct neuroendocrine abnormalities;
- Develop a therapeutic plan for managing complications in patients with traumatic brain injury or spinal cord injuries;
- Develop a pharmacotherapy plan for a child with burns; and
- Assess the effect of critical care pharmacists and critical illness on outcomes.

Pulmonary and Critical Care will be released on April 15 as the sixth release in the 11-book PSAP-VI series. The book is available in both print and online formats. Continuing pharmacy education credit is available for those who successfully complete the self-assessment examinations provided with each module. The three modules offer a combined total of 20.5 hours of continuing pharmacy education credit. The sixth edition of PSAP features several improvements over previous editions, including all-online testing; answer books in PDF file format; shorter, more concise chapters; and expanded annotated bibliographies.

Other books in the PSAP-VI series include *Cardiology*; *Nephrology*; *Neurology and Psychiatry*; *Science and Practice of Pharmacotherapy*; *Infectious Diseases*; *Women’s Health and Men’s Health*; *Health Promotion and Maintenance*; *Gastroenterology and Nutrition*; *Oncology*; and *Chronic Illnesses*.

PSAP is dedicated to offering the most up-to-date and comprehensive information available regarding recent drug therapy advances. Each book will expand your knowledge in the therapeutic area covered. PSAP is priced as detailed (please note that shipping charges will apply):

	<u>Member Price</u>	<u>Nonmember Price</u>
PSAP-VI Single Books		
Print	\$60.00	\$80.00
Online	\$50.00	\$70.00
Print and Online	\$85.00	\$105.00
PSAP-VI Series		
Print	\$375.00	\$545.00
Online	\$330.00	\$490.00
Print and Online	\$545.00	\$705.00

For specific information pertaining to the release dates of future books, projected continuing education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit www.accp.com/p6.se.php, where you can quickly and conveniently place your order through the online bookstore. Use **code BR0707** when ordering PSAP-VI.



PSAP-VI has been approved by the Board of Pharmaceutical Specialties (BPS) for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification. ACCP is accredited by ACPE as a provider of continuing pharmacy education.

2008 Frontiers Fund Update

Frontiers Fund donations in 2008 will support *new* programs as well as traditional grants and awards for clinical pharmacists to enhance their scholarship and professional growth. Whether you are a new graduate, clinical practitioner, pharmacy educator, or researcher, the ACCP Research Institute can help you realize your professional development goals. These ACCP RI programs, grants, and awards include:



2008 New ACCP Research Institute–Supported Programs

- Research and Scholarship Development Academy Program
- Focused Investigator Training (FIT) Program
- Practice-Based Research Network (PBRN) Start-up

Traditional Research Grants and Training Awards

- Fellowship Training in Oncology and Infectious Diseases
- Pharmacotherapy Investigator Development Grants
- Frontiers Fund Career Development Grants
- Heart Failure Traineeships
- PRN Sponsored Mini-sabbaticals

The Frontiers Fund has allowed ACCP to significantly expand the scope of support it provides to clinical, translational, and health services (practice) research and likewise to substantially enhance its emphasis on investigator development. Why is giving to the ACCP Research Institute and the Frontiers Fund important? The following quotations are ACCP members' responses:

- “The money goes back to ACCP members; if we want to truly promote a research agenda, these contributions are a great way to do so.”
- “To help further the research base of clinical pharmacy, especially documenting the value of our clinical pharmacy services.”
- “The Research Institute is one of the primary places where funds are available for pharmacists to answer

clinically relevant questions that are not going to be answered by the pharmaceutical industry.”

- “Support of scholarship among College members both new and senior investigators. Also advancement of clinical pharmacy as an evidence-based discipline.”
- “It provides a medium for a pharmacist to get pilot funds to start or further a research endeavor.”
- “We are members of a personally and financially rewarding health care profession. It should be part of one’s professional commitment to support scholarly and research activities that not only benefit our professional interests, but also improve the life and health of our patients.”

Even though you may have invested in the Frontiers Fund last year, it is critically important to do so (again) this year. Contributions made to the Frontiers Fund of ACCP, which is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code, are deductible. Show your support for education and research by making an annual gift to the Frontiers Fund, donating in memory of a loved one, giving in honor of a survivor, or commemorating your own award. Log on to <http://www.accp.com/frontiers/donate.php> to donate today. Thank you for your support.

ACCP Releases the 2008/2009 Publications Catalog

All the products and services available from ACCP are presented in an attractive, updated, easy-to-use format in the newly released 2008/2009 *Publications Catalog*.

The full-color catalog describes the extensive array of publications and other educational resources available from ACCP. More than 100 publications—those developed by ACCP as well as co-marketed books—are presented with updated descriptions and color photographs. Included are the latest offerings in the areas of Therapeutics, Research and Outcomes Assessment, Teaching and Learning, Practice Development, and Leadership and Administration. Many resources are available online for your convenience, including continuing pharmacy education credit.

In the Table of Contents under ACCP Programs and Activities, the reader will be directed to sections containing complete information about the Academy, the Advocacy Agenda for 2008, the Research Institute, and the 2008–2009 meeting calendar.

A new feature of the 2008/2009 catalog is an alphabetical index that makes it easy to locate specific products, services, and forms. Books in the Pharmacotherapy Self-Assessment Program, fifth edition (PSAP-V), series are listed under Discount Publications and feature greatly reduced pricing. Forms for ACCP membership application and ordering ACCP publications are also indexed.

To receive your copy of the 2008/2009 *Publications Catalog*, call ACCP world headquarters at (913) 492-0088 or request a copy online at www.accp.com/bookstore.php.



New Members

Brooke Baltz
Megan Barkell
Marcus Barrett
Brett Bieber
Julie Bradford
Marilou Bueno
Zulma Bueno
Caitlin Cameron
Michelle Candido
Grace Chai
Jim Chen
Carlos Christenberry
Jaydi Christopherson
Tania Chudy
Tiffany Cline
Erin Corella
Kori Costa
Ryan Crossman
Alejandro DeLaVega
Mark Della Paolera
Brian Donarski
Staci DuFrene
Andrea Eberly
Kyle Ellis
Romic Eskandarian
Omar Faraj
Abimbola Farinde
Xiaodong Feng
Elise Fields
Daniel Ford
Megan Foster
Duska Franic
Young Fried
Candice Frye
William Gault
Michael Giarrusso
Jennifer Gray
Irvine Green
Vuong Green
Frank Grollman
Cory Grzesik
Pamela Herring
Anne Higa
Dawn Hoefl
Jin Hong
Alicia Houchell
Diane Johnson
Shiva Kamran-Pirzaman
Ling Kao
Allison King
Julie King
Christina Kirby
Tsing-Yi Koh
Jane Kreager
Elizabeth Kuschner
Stacey Kwan
Regina Langer
Michael Latran
Lily Lau
Nancy Laux
George Lee
Julianne Liang

Lucy LiuRong
Raymond Lorenz
Brittany Makos
Cynthia Martins
Tyler Martinson
Anna Mayfield
John McCormick
Chad McKenzie
Paul Michaud
Renee Miller
Carrie Nemerovski
Diana Nguyen
Amy Ogg
Wei-Chung Pan
Kara Parsons
Minal Patel
Jochen Pfeifer
Amanda Pitterle
Trey Powell
Soujanya Rao
Tamar Rice
Danielle Richardson
Nicole Richardson
Pabb Rodriguez
Ann Ruffel
Nadia Shami
Clifford Sinfuego
Jessica Slater
Eric Snyder
Tan Soon
Richard Stoeltzing
Carrie Stokes Wylie
Katherine Sullivan
Paul Szumita
Emma Tillman
Christine Tseng
Marianne Tyson
Erin Wade
Olivier Wamain
Erika Webster
Susan Wiley-Bridges
Elizabeth Williams
Adam Woolley
Cori Wyman
Calantha Yon
Sylvia Youn
Consuela Yousef

The Following Members Recently Advanced from Associate to Full Member:

Douglas Anderson
Ray Branson
Amy Cook
Anna Dopp
Ann Gabel
Lana Gerzenshtein
Kristin Hurt
Regina Langer
Xi Liu-DeRyke
Helen Newland

James Sampsel
Debora Schering
Anne Zichterman
Alan Zillich

New Member Recruiters

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

Erik Abel
Christina Aladro
Jeanette Altavela
Steven Baroletti
Marie Chisholm
Eunice Chung
Brad Cook
Katherine Cunningham
Tina Denetclaw
Tanya Ezekiel
Deborah Figueroa
Christopher Frei
Renee Freitag
Randy Hatton
Peter Juve
Joseph Kohn
Amy Lugo
Mark Malesker
Karen Marlowe
Sylvia Martin Stone
Lan Ngo
Bradley Phillips
Kelly Rogers
Elizabeth Sampsel
Sharon See
Laura Shane-McWhorter
Jamie Swoboda
Paul Szumita
John Thomas



CALIFORNIA
NORTHSTATE
COLLEGE *of*
PHARMACY

Chair
Department of Clinical and Administrative Sciences

California Northstate College of Pharmacy is a new college in the Sacramento area committed to developing an active learning-centered curriculum and a strong research program. Our mission is to advance the art and science of pharmacy.

The College of Pharmacy is seeking applications for a full-time, 12-month, tenure-track Chair for the Department of Clinical and Administrative Sciences. The successful candidate should have a productive record of research and scholarship together with experience in academic administration.

Primary responsibilities include administrative oversight of departmental teaching, research, and service; recruiting, retaining, and evaluating faculty; mentoring junior faculty; teaching in the Doctor of Pharmacy curriculum; and maintaining an active program of scholarly activity.

Qualified applicants should have a Pharm.D. or Ph.D. degree and should have completed a clinical residency and/or fellowship. Starting salaries are highly competitive with an attractive benefit package.

Applicants should submit a letter of interest together with a curriculum vitae and references to David Hawkins, Pharm.D., Professor and Dean, via e-mail at dhawkins@calnorthstate.org or regular mail at 10811 International Drive, Rancho Cordova, California 95670. Applications will be accepted until the position is filled.

Sacramento, the capital of California, is bordered by two rivers and overflowing with fine upscale restaurants and nightclubs, museums, live theaters, professional sports, water recreation, biking trails, parks, golf courses, and much more. The city is within 2 hours of Lake Tahoe, the Napa and Sonoma wine regions, and San Francisco.

California Northstate College of Pharmacy is an Equal Opportunity/Affirmative Action Institution.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy

SOUTHWESTERN
THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

**Full Professor and Division Head
Clinical and Translational Scientists
School of Pharmacy
Texas Tech University Health Sciences**

Texas Tech University Health Sciences Center is pleased to announce a newly created tenure-track faculty position in Clinical and Translational Science at the School of Pharmacy. Because of the recently awarded Clinical & Translational Science Award (CTSA) at the University of Texas Southwestern Medical Center at Dallas, Texas Tech and UT Southwestern are collaborating to recruit pharmaceutical scientists to further the understanding of clinical and translational sciences. Candidates with research interests in drug and/or biotechnology development and therapeutics are encouraged to apply; specific research areas may include, but are not limited to, drug delivery, drug metabolism, pharmacokinetics, pharmacodynamics, and/or drug formulations.

The successful candidate will be part of an established Pharmacology Research & Development Center, one of four Centers for Research Excellence at the School of Pharmacy, and will serve as one of seven division heads in the Department of Pharmacy Practice. Applicants must have a Pharm.D., Ph.D., and/or M.D. degree with relevant postdoctoral experience. In addition to maintaining an extramurally funded research program, the successful candidate will be expected to teach in the Pharm.D. and postgraduate programs. Competitive start-up packages and space are available.

Applicants should submit documents online to <https://jobs.texas-tech.edu> (job #60481). Please include a curriculum vitae, a summary of research and teaching interests, and the names and addresses of three references. For questions, please contact the search committee chair:

Dr. CAB Bond
Texas Tech University School of Pharmacy
1300 Coulter Street
Amarillo, TX 79106
E-mail: cab.bond@ttuhsc.edu
Fax: (806) 356-4018

TTUHSC is an Equal Opportunity/Affirmative Action Institution. Minorities and women are encouraged to apply.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy™

**Division Head/Associate Professor of Pharmacy Practice
Department of Pharmacy Practice, Division of Practice Management
Texas Tech University Health Sciences Center, School of Pharmacy
Amarillo, Texas**

The Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy is seeking a qualified individual for a newly approved, full-time, 12-month position in the Division of Practice Management with expertise in one or more of the following areas: pharmacy operations and management, financial management, health care policy, patient safety, outcomes management, or health promotion/public health. Other areas of expertise in the social and administrative sciences as well as the business or information management sciences will be considered. The successful candidate will serve as the Division Head reporting to the Chair, Department of Pharmacy Practice. A tenure-track appointment is available.

Primary responsibilities will include Division leadership, didactic teaching in the Pharm.D. program, research, and service. Candidates must have a Ph.D., professional doctorate, or terminal degree in pharmacy, pharmacy administration, management/business, public health, health services administration, or related fields. Preference may be given to candidates licensed to practice pharmacy who have also attained additional postdoctoral academic, residency, or fellowship training credentials. A record of accomplishments in scholarship, grantsmanship, and leadership will be a strong consideration. Pharmacists must be licensed, or eligible for licensure, in the state of Texas and will be required to join the Pharmacy Income Plan (PIP).

The successful candidate will join and be part of the leadership team for a growing department currently projected to expand during the next 3 years to 70+ faculty members located on campuses in Abilene, Amarillo, Dallas, and Lubbock. Since its inception in 1996 as part of the new school of pharmacy, the Department of Pharmacy Practice has earned national recognition for its residency programs (150 graduates as of July 2008), innovative practice and patient care initiatives, and a growing research program in health services, patient safety, and clinical and translational sciences. The Department also provides clinical and practice management services through its Managed Health Care Pharmacy Services for more than 25 Texas Department of Criminal Justice prison facilities. This is a 100% state-funded position with significant opportunities for salary augmentation resulting from contracts, practice, or research initiatives. The position is based in Amarillo.

Interested individuals should send a letter of application, a curriculum vitae, and three letters of reference to:

Judy Newsom, R.Ph., Ph.D.
Search Committee Chair
Texas Tech School of Pharmacy
Department of Pharmacy Practice
1300 South Coulter
Amarillo, TX 79106
Telephone: (806) 356-4010
Fax: (806) 356-4018

Interested individuals must also access <https://jobs.texastech.edu/> to complete a brief online application for **job #75392**.

Additional information about the School of Pharmacy, the Health Sciences Center, or the Department of Pharmacy Practice and Division of Practice Management can be found at www.ttuhschool.edu/sop/.

Texas Tech University Health Sciences Center is an Affirmative Action/Equal Opportunity Employer committed to excellence through diversity. Texas Tech welcomes applications from minorities, women, veterans, and persons with disabilities.