

# ACCP Report

American College of Clinical Pharmacy

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## College to Develop Guidelines Addressing ACCP-Industry Relationships

The American College of Clinical Pharmacy (ACCP) published in 2008 an updated position statement titled, "Pharmacists and Industry: Guidelines for Ethical Interactions" (see [http://www.accp.com/docs/positions/positionStatements/Guidelines\\_for\\_Ethical\\_Interactions.pdf](http://www.accp.com/docs/positions/positionStatements/Guidelines_for_Ethical_Interactions.pdf)). This position statement provides 10 guidelines for the ethical interaction of individual pharmacists with industry related to clinical practice, research, and educational activities. ACCP as a professional pharmacy organization plays a central role in promoting clinical pharmacy practice, research, and education; it is also credentialed as a continuing education provider by the Accreditation Council for Pharmacy Education (ACPE). Although ACCP has published ethical guidelines for the interaction of member pharmacists with industry since 1993, the College currently has no public position statement or guidelines governing the interaction of ACCP with industry beyond internal policies and procedures that comply with ACPE requirements for continuing education accreditation.

Most, if not all, ACCP members are aware of the increased attention and scrutiny recently accorded to interactions of the health care industry with health professionals, professional organizations, and providers of continuing medical education. Published commentaries and guidelines have appeared during the past 12 months in the lay press, professional journals, independent foundation papers, congressional documents, and pharmaceutical industry publications. Growing concern about the influence of industry on aspects of education, research, and practice in the health professions has led some professional organizations to reevaluate their relationships with the health care industry and to consider greater transparency of the organizational activities and funding that result from collaboration with industry.

The ACCP Board of Regents (BOR) has held discussions during the past year regarding the appropriateness of current and future relationships with industry. To facilitate informed discussion of this issue, a decision was made at the February 2009 BOR meeting to charge a task group composed of members of the BOR, the ACCP Research Institute Board of Trustees, and the *Pharmacotherapy* Board of Directors to review existing policies, opinions, and recommendations from ACPE, other professional organizations, independent foundations, the pharmaceutical industry, and other credible sources relevant to defining and managing interactions between professional organizations and industry. The task group was also charged to develop draft guidelines on

organization-industry relationships for consideration by all three boards.

The resulting three-board consensus draft guidelines will then be released to the ACCP membership for comment. After receipt of member input, the three boards will seek to draft and adopt a final guidelines statement for implementation on January 1, 2010. The timetable for this policy development process is detailed below.

- March–May 2009: Task group deliberations and policy development.
- June–July 2009: Task group provides draft guidelines to each board for review, amendment as needed, and approval for release for member feedback.
- August 2009: Consensus draft guidelines posted to ACCP Web site for member feedback in August–September.
- October 2009: Three boards receive member feedback and discuss/determine action on draft guidelines at October 17 joint board meeting. Final guidelines developed and approved before December 31.
- January 1, 2010: Guidelines published on ACCP Web site and implemented as official policy.

## Focused Investigator Training (FIT) Program

### Application Deadline Extended to May 15, 2009

Openings remain for the 2009 FIT class, and the deadline for applications has been extended until May 15, 2009. The FIT Program is an annual, intensive, 1-week, hands-on program for experienced investigators who have not yet been awarded significant peer-reviewed extramural funding as a principal investigator. The 2009 FIT Program will be held July 11–16, 2009, at the University of Utah, College of Pharmacy. Through this mentored program, you will take necessary steps toward preparing a K, R, or similar investigator-initiated application for submission to the National Institutes of Health (NIH) or other major funding source. Applications may be downloaded from <http://www.accpri.org/fit/2009brochure.aspx>.



## Call for Abstracts

Submit abstracts online at <http://accp.confex.com/accp/2009am/cfp.cgi>.

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts to be considered for poster presentation at the 2009 Annual Meeting, to be held October 18–21 in Anaheim, CA.

Abstracts may be submitted in one of the following categories:

**Original Research:** Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore submissions are welcome.

**Clinical Pharmacy Forum:** Abstracts must describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with clinical services payment or cost analysis are encouraged. Encore submissions are welcome.

**Resident and Fellow Research-in-Progress:** Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing. The presenting author must be a resident or fellow.

**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.



**Late Breakers:** Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore submissions are welcome.

### Submission Deadline

All abstracts accepted for presentation (with the exception of Encore presentations) in the Original Research, Clinical Pharmacy Forum, and Late Breaker categories will automatically be entered in the Best Paper Award competition. Judging of finalists will occur during The Great Eight platform session at the meeting. The deadline to submit abstracts in Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Monday, June 15, 2009, at 12:00 midnight Pacific Daylight Time. The deadline to submit abstracts in Student Submissions and Late Breakers is Monday, July 6, 2009. Authors will be notified by e-mail of acceptance of their papers by August 1, 2009.

For more information about the Call for Abstracts, contact Emma Webb, ACCP Project Manager – Education, at (913) 492-3311, extension 20, or [emmawebb@accp.com](mailto:emmawebb@accp.com).

## Travel Awards Support Student Attendance at 2009 International Congress

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, 17 students will gain the opportunity to do just that at the International Congress in Orlando by receiving travel grants or complimentary meeting registrations. The following students are recipients of the 2009 ACCP/ESCP International Congress on Clinical Pharmacy Student Travel Awards:

Nadeje Aurubin	Rebecca Lau
Ronaldo Barbosa	Lina Meng
Aida Bickley	Jennifer Neal
Allison Billock	Niti Patel
Marianna Fedorenko	Tanvi Patil
Whitney Hauser	Seema Shah
Megan Kavanaugh-	Lida Valentine
Musselman	Amanda Worshum
Wiyanna Kramer	Rebekah Wrenn

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 the 2009 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 they 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](mailto:jpoynter@accp.com).

## ACCP StuNet Advisory Committee Applications Due June 15

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 2009–2010 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 2009–2010 ACCP National StuNet Advisory Committee, either as a member-at-large or in a leadership role, please visit <http://www.accp.com/stunet/advisoryCommittee.aspx> for more information about the committee and how to apply. The deadline for applications is June 15, 2009.

## AHRQ Web Conference

### Atypical Antipsychotic Drugs and the Risk of Sudden Cardiac Death May 1, 2009, 1:00–2:00 p.m. EDT



Register now for a **free** Web conference, **Atypical Antipsychotic Drugs and the Risk of Sudden Cardiac Death**, presented by the Effective Health Care Program of the Agency for Healthcare Research and Quality (AHRQ) and cosponsored by the American Pharmacists Association. An abstract of the study is available at [http://www.ncbi.nlm.nih.gov/pubmed/19144938?ordinalpos=16&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19144938?ordinalpos=16&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum). AHRQ's press release on the study is available at <http://www.ahrq.gov/news/press/pr2009/antipsychpr.htm>.

Findings from the study will be presented by lead researcher Wayne Ray, Ph.D., Director of the Division of Pharmacoepidemiology and Professor of Preventive Medicine at Vanderbilt University, an AHRQ Center for Education and Research on Therapeutics. To register for the Web conference, visit <http://www.atypicalantipsychoticdrugs.net/>.

This activity is eligible for ACPE credit; see the registration site for final continuing pharmacy education information.

## Washington Report

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



### Issues in Health Care Reform: Pharmacists' Clinical Services in the Patient-Centered Primary Care Medical Home

ACCP, in collaboration with member pharmacy organizations of the Leadership for Medication Management (LMM) coalition, has actively engaged the Patient-Centered Primary Care Collaborative ([www.PCPCC.net](http://www.PCPCC.net)) in discussions during the past few weeks to promote the inclusion of pharmacists' clinical services within the "medical home" framework for national health care reform. Key stakeholders in PCPCC include the American Academy of Family Physicians, the American College of Physicians, the American Academy of Pediatrics, and the American Osteopathic Association. ACCP has joined PCPCC as a stakeholder organization and will participate in the April 28, 2009, Stakeholders Working Group meeting in Washington, DC.

Seven principles for the inclusion of pharmacists' clinical services in the patient-centered primary care medical home have been developed and shared with PCPCC, U.S. Senate committees with jurisdiction over Medicare and health care reform issues, and others involved in reform at both the national and state levels. Those principles are:

- **Access to pharmacists' clinical services:** provision of pharmacists' clinical services should be a fundamental component of the patient-centered primary care medical home;
- **Patient-focused collaborative care:** development, implementation, and monitoring of medication treatment plans, including an effective system for medication reconciliation that supports patients in their transitions among care settings, should be accomplished through a patient-focused, collaborative process of clinical consultation and decision-making that incorporates the synergistic and complementary knowledge and skills of the prescribing professional(s) and pharmacists within the medical home practice;
- **Flexibility in medical home design:** innovative and flexible practice structures that integrate pharmacists' clinical services should be encouraged to meet the needs of individual patients who are cared for within the medical home. Incorporation of pharmacists and their services either by their physical presence within the practice or through the design of effective "community linkages" should be considered to meet geographic and practice setting needs and variations;
- **Development of outcome measures:** objective measures for assessing the clinical outcomes, safety, and cost-effectiveness of medication use in the population being served by the patient-centered medical home must be a component of the practice's broader quality performance measurement system;
- **Access to relevant patient information:** all members of the medical home patient care team, including pharmacists, must have access to necessary and

appropriate patient health and medical records to support and inform their clinical service and decision-making functions. This access must also include the authority and responsibility to directly input information into these records to facilitate enhanced team-based knowledge and information support for the respective clinical and decision-making responsibilities of team members;

- **Effective health information technology:** expansion and effective use of health information technology must be promoted to support more complete integration of pharmacists as care providers within the medical home practice structure;
- **Aligned payment policies:** payment policies should be aligned to (1) effectively support the medical home, (2) provide reasonable and adequate payment for pharmacists' clinical services as an element of the scope of services that are eligible for payment to either the providers or the practice, and (3) promote the achievement of higher-quality, safer, and more effective therapeutic outcomes from medication use through enhanced provider collaboration.
- The full principles document, including background information and a list of supporting pharmacy organizations, can be found at [http://www.accp.com/docs/misc/pcmh\\_services.pdf](http://www.accp.com/docs/misc/pcmh_services.pdf).

Support for these principles has been demonstrated by PCPCC leadership through the establishment earlier this month of a working group to develop an expanded document incorporating the principles with a description of operational and payment methodology models for consideration by the PCPCC executive committee within the next several weeks.

A recent call to ACCP members of the Ambulatory Care and Adult Medicine PRNs for information and examples of integrated interprofessional practices yielded a great deal of very helpful information that has supported this effort very effectively. All ACCP members are encouraged to review the principles and share thoughts and insights with the ACCP government affairs staff to assist the College as these discussions proceed. **If possible, encourage your physician colleagues who are members of stakeholder medical organizations of the PCPCC, and who value and use your services within their practice, to communicate their support for the inclusion of pharmacists' clinical services in the medical home model to these organizations.**

### Health Care Reform—Many Opportunities for Impact

As the larger health care reform debate continues this spring and summer, ACCP members are encouraged to be active at the state and local levels as well in advocating for improving the safety, outcomes, and cost-effectiveness of medication use through the services you provide. You should take advantage of the following types of opportunities and initiatives during the next several weeks:

- Visit [www.healthreform.gov](http://www.healthreform.gov) and share your perspectives and insights on health care reform generally **and** the improved medication use quality, safety, and outcomes that result from your services to patients. **Even more importantly, make your patients aware of this Web site and encourage them to share their perspectives as well—especially if they have personal stories to tell about how your services and care have benefited them.** Health care reform leaders in government and the

private sector are actively monitoring this Web site for information, ideas, and priorities.

- Contact local offices of your congressional delegation this spring and summer, especially during recess periods, to make appointments to visit them or to invite them to visit your practice to see firsthand your direct patient care role. Contact the ACCP Government Affairs office for information on recess schedules and resources to assist you in these efforts.
- Participate in local and state-level discussions on health care reform, taking every opportunity to advocate for improved medication use quality, safety, and outcomes through the provision of pharmacists' clinical services.

The opportunity for substantial health care reform at all levels—national, state, and local—has rarely been more promising than it is now, despite the economic challenges the country currently faces. When the history of the effort to reform the U.S. health care system in 2009–2010 is eventually written, will you be able to say you did your very best to help make it happen this time?

## Benefits of Joining the ACCP Practice-Based Research Network (ACCP PBRN)



### REGISTER ONLINE TODAY!

If you are an ACCP member involved in direct patient care or have access to patients for research purposes, we welcome you to join the online Registry and enter your practice information today. The Registry is free to all ACCP members. You can also register as an existing PBRN, if applicable. Ultimately, those who comprise the Registry will determine which research questions the ACCP PBRN will address; consequently, registration is vital to all interested ACCP members.

By participating in the PBRN, members will (1) enjoy the satisfaction that comes from contributing to new medical knowledge and strengthening the research base of the profession; (2) develop a venue for collegial interactions and exchange of ideas with fellow clinical pharmacist-investigators; (3) share an opportunity to engage students, residents, and fellows in clinical pharmacy PBRN research; and (4) expand their research portfolio, broaden their scholarly experience, and choose their level of participation in—and hence their time commitment to—any PBRN research study.

New FAQs regarding the ACCP PBRN have been recently added to the Web site. Visit [www.accpri.org/pbrn](http://www.accpri.org/pbrn) to learn more about this exciting opportunity. Begin your registration today.

## Frontiers Fund Contributions Will Support PBRN Operations

Your donation to the Frontiers Fund campaign will help support the creation of the first national clinical pharmacy PBRN. According to Barry Carter, ACCP Past President and

NIH-funded PBRN researcher, “Many leaders in pharmacy have been suggesting that a PBRN will be very important to link clinical pharmacy services. This initiative is extremely important and will allow ACCP to help lead multicenter studies of sufficient size to provide proper study design to impact clinical care and public health.”

The financial support needed to operate a PBRN is great. Although cost estimates vary based on the structure and complexity of each PBRN, using 2003 cost estimates, the projected annual cost of PBRN infrastructure ranges from \$69,700 to \$287,600 per year for a moderately complex network. The Research Institute needs your financial support to bring the ACCP PBRN to its members. Invest in the future of clinical pharmacy research. Make a donation today at [www.accpri.org](http://www.accpri.org). Together, we can “go forward.”

## Making the Most from Experience

*ACCP has teamed up with LeaderPoint to bring you a series of articles on some of the hot topics in leadership*

*and management today. All content © LeaderPoint. For information on the upcoming Leadership Experience course, visit <http://www.leaderpoint.biz/accp.htm>. Registration for the June course is now open.*



Recently, Howard Schultz announced “sweeping changes” at Starbucks to help, he hopes, redirect the company whose stock has lost half its value in less than 1½ years. Said the CEO, “We have somehow evolved from a culture of entrepreneurship, creativity and innovation to [one of] mediocrity and bureaucracy.”<sup>1</sup> How did experienced managers, including Schultz, allow this to happen?

Kishore Sengupta, designer of a computer simulation that assesses project management skills, has found that users with more than 10 years of experience perform worse (generate higher costs, make more errors, and miss more deadlines) in the simulation than less-experienced users.<sup>2</sup> This seems counter to the common belief that “experience is the best teacher.”

Is experience overrated based on these results? Did experience work against managers at Starbucks who chose to focus on building stores and automating the coffee-making process at the expense of meeting customer needs?

There are different kinds of experience. Every day, employees make operating decisions related to their work. Often, these decisions rely on expertise in areas such as accounting, engineering, sales, and IT. Specific experience in these fields can prove invaluable, enabling people to draw quick conclusions that are accurate and efficient. Experience also allows people to smartly eliminate options that inexperienced workers will explore unnecessarily. When outside their expertise, however, people often try to map prior experience to new situations, leading to the results found in the project management simulation. When working in new situations, experience has the potential to get in the way.

For managers, relevant experience comes from making decisions that supersede operational ones. That is, experience for the general manager can be valuable if it includes deciding not only how to perform various operational activities, but also how to decide the actual outcomes that determine those activities.

For Starbucks, experienced employees effectively doubled the number of stores in 2 years. They also effectively automated production in the stores. Given the outcomes to add new stores and create operational efficiencies, these decisions were made consistent with experience related to real estate, construction, acquisition, operations, and IT. The problem was with poor judgments among the senior managers determining the appropriateness of those outcomes, which were disconnected from the vital customer experience associated with product branding.

For general managers, judgment is at the heart of making good decisions. Tichy and Bennis<sup>3</sup> assert that judgment is the basis for good decision-making and that leaders must develop judgment in three areas: people decisions, strategy decisions, and crisis situations. In the Starbucks case, poor strategy judgment resulted in dehumanizing stores. Judgment usually involves not just making a call on the decision but also predecision analysis and postdecision execution.

Good judgment can be learned. Managers can develop this judgment by making decisions related to people and strategy. Moreover, judgment should be developed down the chain—the best-led companies are the ones able to diffuse good judgment to people at all levels. Among the things that will help your firm or unit improve its collective judgment:

- Value critical thinking skills. It is easy to lock into old mindsets and accept false assumptions based on prior experience. Be skeptical of old solutions to new situations. A takeaway for one participant of Mr. Sengupta’s simulation was to question his assumptions more. In fact, suspending judgment is often counter to successful businesspeople’s preferred mode of taking immediate action.
- Embrace learning. Here, experience is essential; managers will learn from mistakes if there is a reflective mechanism in place and a culture that values using it. One way to do this is to provide consistent feedback on results and to focus coaching discussions on how those results were obtained.
- Delegate decisions involving people, strategy, and crisis to subordinates. The benefits of experience are enhanced when it involves judgments related to outcomes, not just technical expertise or operational tasks.

In fact, experience is not the critical factor for decision-making; judgment is. Good judgment, however, requires experience—if it is the right experience. Mr. Shultz might wonder whether he has enough managers with strong judgment experience regarding their decisions about people, strategy, and crisis.

1. Stone B. Starbucks plans return to its roots. The New York Times. March 20, 2009:B1.
2. Dvorak P. Dangers of clinging to solutions of the past. The Wall Street Journal. March 2, 2009:B4.
3. Tichy N, Bennis W. Judgment: How Winning Leaders Make Great Calls. New York: Portfolio, 2007.

## Board-Certified Members Asked to Complete New BPS Survey

The Board of Pharmaceutical Specialties (BPS) is currently surveying its board-certified specialists about the recognition they receive for being certified. If you are BPS certified and have not yet responded to the recent e-mailed survey, please click on the link below and take just a couple of minutes to complete the BPS survey. These data, which will be included in BPS publications and on the BPS Web site, are instrumental in advancing the recognition of BPS-certified specialists. You can access the survey at <http://survey.constantcontact.com/survey/a07e2i2pdr5ftabh6g1/start>.

## Pharmacotherapy Pearls

### The Pharmacotherapy Web Site

Stephen E. Cavanaugh, B.A.

In setting up the *Pharmacotherapy* Web site ([www.pharmacotherapy.org](http://www.pharmacotherapy.org)), our main goal has been to add value for ACCP members and other subscribers. Thus, we wanted to draw your attention to features that may have slipped your notice so that you can take advantage of them.

Although primarily serving as a gateway to the online e-journal hosted by Atypion-Link and to our manuscript submission and reviewing site at Manuscript Central, our Web site is also the home of Alternative Viewpoints, answers to frequently asked questions, and links to our advertising agency and journal staff. We also include features to make regular readers' visits more enjoyable.

One of the most useful and most frequently downloaded files on the home page is the Combined Subject Index. This PDF includes the subject index for every volume of *Pharmacotherapy* starting with volume 14 (1994). It has been updated to include 2008, and it includes the volume number in the header to help you quickly find the issue with the subject in which you are interested. Because it is a fully searchable PDF, you can locate very quickly every article we have published during the past 15 years on a specific subject.

Another popular feature of the home page that we began last summer is our blog on news from the world of health care and pharmacy. Each day, we present links to newspaper and magazine articles about new disease treatments, research, industry, and health care reform. The blog currently links to 34 news sources, including *The New York Times*, *The Guardian (Nigeria)*, the BBC, MSNBC, *The Boston Globe*, *The Times of India*, the *Herald Sun* (Australia), and *The Economist*. A listing of key words at the bottom of the blog window lets you find all articles tagged with that key word.

Finally, we keep quick links to some of the more important papers we publish in *Pharmacotherapy*. The ACCP meeting abstracts, White Papers, and Position Statements are all available on the home page. In addition, we list papers we have published by the Society of Infectious Diseases Pharmacists. There is also a listing of Key References articles, which have proved to be among our most downloaded articles through the years. These annotated bibliographies of important research and reference articles are useful to both researchers and clinicians.

We hope you find these features on the *Pharmacotherapy* Web site of interest, and we welcome your feedback.



## Oncology: The Latest in the PSAP-VI Series

*Oncology* is the latest book from the Pharmacotherapy Self-Assessment Program, sixth edition (PSAP-VI). This 10th book in the series provides an up-to-date review of therapeutic advances and challenges in several important areas of oncology. The book is divided into three learning modules. The first module covers the management of breast cancer (in two chapters) and the application of pharmacogenetic information to the use of antineoplastic drugs. Module II includes chapters that update the reader on the treatment of lung cancer, renal cancer, and supportive care of the patient with cancer. The third module focuses on pediatric leukemia, pediatric brain neoplasms, adult brain cancer, myelodysplastic syndrome, and chronic myeloid leukemia. Each chapter has an extensive annotated bibliography that identifies key research articles, books, and other resources relevant to the major content areas. *Oncology* is designed to assist pharmacists who want to update their knowledge regarding recent developments in the treatment of several cancer conditions.

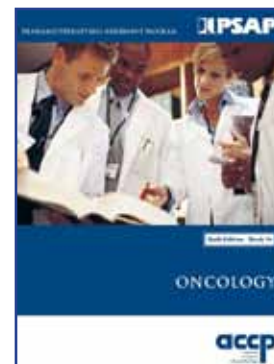
*Oncology* was released on April 15 and is the latest in the 11-book PSAP-VI series. The book is available in both print and online formats. Continuing pharmacy education credit is available for those who successfully complete the self-assessment examinations provided with each module. The three modules offer a combined total of 19.5 hours of continuing pharmacy education credit. The sixth edition of PSAP offers several improvements over previous editions, including all-online testing; answer books supplied as PDF files; shorter, more concise chapters; and expanded annotated bibliographies.

Other books in the PSAP-VI series are Cardiology, Nephrology, Neurology and Psychiatry, Science and Practice of Pharmacotherapy, Infectious Diseases, Pulmonary and Critical Care, Women's and Men's Health, Health Promotion and Maintenance, Gastroenterology and Nutrition, 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>
<b>PSAP-VI Single Books</b>		
Print	\$60.00	\$80.00
Online	\$50.00	\$70.00
Print and Online	\$85.00	\$105.00
<b>PSAP-VI Series</b>		
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 [http://www.accp.com/bookstore/p6\\_se.aspx](http://www.accp.com/bookstore/p6_se.aspx) where you can place your order quickly and conveniently through the online bookstore. Use code **BR0707** when ordering PSAP-VI.



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

## NATF Thrombosis Traveling Fellowship Program

**Applications  
Due July 31**



The North American Thrombosis Forum (NATF),

a nonprofit organization dedicated to thrombosis prevention and education in Canada, Mexico, and the United States, offers an annual scientific and cultural exchange opportunity for nurses, physicians, physician assistants, pharmacists, or scientists from North America. The Traveling Fellowship Program will provide an award equivalent to \$7500 for lodging and travel for one or more applicants to visit a North American thrombosis research and education center of his or her choice for up to 10–30 days. The Traveling Fellow will have the opportunity to participate in a wide variety of professional activities, including attendance at NATF's 2009 Thrombosis Summit, participation in scientific symposia with members of the NATF Board and Scientific Advisory Committee, and service as an NATF Ambassador.

To gather more information about the NATF Traveling Fellowship or to apply online, please visit [www.NATFonline.org](http://www.NATFonline.org).



Robert Wood Johnson Foundation

## New Funding Available to Explore Novel Use of Technologies That Improve Health

### Robert Wood Johnson Foundation Issues Call for Proposals

The Robert Wood Johnson Foundation has issued a call for proposals through its national program, *Project HealthDesign: Rethinking the Power and Potential of Personal Health Records*. Grant recipients will work to assess and test the potential of “observations of daily living” to help patients and physicians better manage chronic illnesses.

A total of up to \$2.4 million is available in this second round of funding to as many as five grantee teams for 24-month demonstration projects. Grants may total up to

\$480,000 each. Funded teams will work closely with patients and providers across different care settings. Led by a national program office based at the University of Wisconsin–Madison, the teams will demonstrate how health data from everyday life—observations such as meals, sleep, exercise levels, pain episodes, and even moods—can be collected, interpreted, and integrated into the clinical care process.

Applicants for this round of funding may be public entities, nonprofit organizations that are tax-exempt under section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under section 509(a), or for-profit entities.

The *Project HealthDesign* call for proposals is available at [www.rwjf.org/cfp/projecthealthdesign](http://www.rwjf.org/cfp/projecthealthdesign). Brief proposals are due June 3, 2009. Potential applicants should contact the program at [info@projecthealthdesign.org](mailto:info@projecthealthdesign.org) for more information.

## New Members

Rayf Aboezz	Courtney Fowler
Hellen Adcock	Anna Freshley
Parvia Ahmed	Lori Gainous
Naila Alam	Jessica Galer
Anna Alassaad	Astrid García-Ortiz
Temitayo Allinson	Jessy George
Faris Almasri	Johanna Giovannello
Kaveh Askari	Jerica Goodwin
Kalumi Ayala	Cristina Granadillo
Elaine Baker	Lori Grubb
Stefanie Bala	Julia Han
Amanda Ball	Julie Harting
Genelyn Baroso	Stephanie Hebert
Benedick Bato	Anne Hishon
Lee Bell	Gregory Hughes
Andrea Bishop	Valerie Hunter
Andrew Brand	Dieya Igbini
Bryan Brock	Judy Ikwuagwu
Marshall Brooks	Regina Inman
Catherine Brugger	Sherine Ismail
Tracy Bruggink	Jarryd Jackson
Patricia Burmeister	Lauren Jenkins
Ryan Camden	Jennifer Johnson
Michelle Caruso	Koo Yung Jung
Ashley Castelvechi	Christine Karam
Ching-Ping Chang	AbdulGhani Khormi
Andrew Cheung	Julie Kim
Annie Chin	Allison Kurts
Jan Chow	Soyoung Kwon
Marilyn Clem	Melissa Lee
Travis Cork	Polina Lerner
Heather Cornett	Tony Leung
J. Christine Davis	Paul Librodo
Mary Davis	Lana Lin
Matthew Davis	Joanna Louie
Kerri DeNucci	Dana Lugo Lopez
Baolinh Duong	Kristen Lukomski
Lien Duong	Joycemon Lukose
Michelle Eldridge	Adrienne Mackzum
Ashley Embree	Andrea Maier
Regina Falato	Sarah Marker
Jennifer Fedyna	Andrea Martin
Patty Fong	Megan Martin

Tabetha Mashburn  
Marcy Matsukawa  
Suzanne May  
Stacey Mccorkle  
Wendy McVay  
Marina Medeiros  
Carrie Metcalf  
Anne Metzger  
Sherif Kamal El Din  
Mohamed  
Kwanta Nathalang  
Erica Nelson  
Audrey Ng  
Penny Ngo  
Russell Orr  
Debra Page  
Ryan Parker  
Shejal Parmar  
Jay Pauly  
Laura Perry  
Dahlia Peters  
Quynh Pham  
Tracy Pierce  
Lindsey Pote  
Hisbert Precil  
Brad Prosek  
Sonia Quijano  
Yvonne Reinhardt  
Joanne Richards  
Marta Rivera  
Kari Roemke  
Maegan Rogers  
Rachel Rogers  
Maria Rojo  
Sandra Rowe  
Noelle Ryan  
Harnek Sawhney  
Harmony Scarlet  
Steven Schaber  
Kimberly Schulz  
Cynthia Sgrillo  
Hanady Sharabash  
Lyndsay Sheperd  
Jennifer Shoup  
Kristine Smilie  
Christopher Smith  
Shelley Soga  
Lauren Solski  
Nathan Spence  
Joseph Sterzinger  
Jennifer Strohecker  
Janice Sullivan  
Elizabeth Sutton  
Nikki Taylor  
Kristina Teso  
Tyson Thornton  
Joyce Tipton  
Christy Velasquez  
Emily Wallace  
Amber Watts  
Stephanie Weightman  
Cristina Whalen  
Jamie White  
Heather Wright

Yu Wu  
Nancy Xiong  
Nicole Yadron  
Eunice Yoo  
Tammie Yorke  
Clifford Young  
Natalie Yount  
Jude Ziolkowski  
Sergio Zulich

**The Following Members  
Recently Advanced  
from Associate to  
Full Member:**

G. Ola Adejuwon  
Kwadwo Amankwa  
Shannon Bagnet-Finley  
Alexis Burke  
Darren Clary  
Steven Crosby  
Sandra Cuellar Puri  
Estelle DeBelen  
Omar Faraj  
Kurt Johnston  
Ramy Khem  
Cindy Le  
Regina Lee  
Rebecca Miller  
Jennifer Priziola  
Alissa Segal  
Dustin Spencer  
Mina Willis  
Torril Yamarik

**New Member Recruiters**

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

Diane Beck  
Carol Craig  
Marsha Daniel  
Tina Denetclaw  
Jean Dib  
Lori Dupree  
Elizabeth Eichel  
James Higginbotham  
Jeff Homann  
L. Kay Humm  
Randall Knoebel  
Simon Leung  
Liza Li  
Amy Lugo  
Joel Marrs  
John Mohr  
Erica Nelson  
Phung Nguyen  
James Palmieri  
Marc Pepin  
Kimberly Putney  
Jill Rebeck  
Diane Rhee

Lisa Ribble  
Ashley Schaber  
Anne Schweighardt  
Cindy Selzer  
Stacy Shadburne  
Nadia Shami  
Christie Woolard



### **Tenured/Tenure-track and Nontenure-track Faculty Positions Available**

The University of Texas at Austin College of Pharmacy is seeking applications for multiple faculty positions in the Divisions of Pharmaceutics, Pharmacotherapy and Pharmacy Practice.

#### Tenured/Tenure Track

- Pharmaceutics — Assistant or Associate Professor  
Drug Design and Delivery
- Pharmacotherapy — Assistant or Associate Professor  
Pharmacogenomics  
Oncology
- Pharmacy Practice — Assistant or Associate Professor  
Psychiatric  
Pharmacy Research

#### Nontenure Track

- Pharmacotherapy — Clinical Assistant Professor  
Ambulatory Care  
Geriatrics
- Pharmacy Practice — Clinical Assistant Professor  
Community Pharmacy  
Pediatrics  
Ambulatory Care

The University of Texas at Austin (UT) is a leading tier one, research-focused, state university. The UT College of Pharmacy has 44 tenured/tenure-track faculty, 45 nontenure-track faculty, 514 Pharm.D. students, 45 residents, and more than 130 graduate students. The college operates regional education programs throughout Texas, including the Pharmacotherapy Division at UTHSC San Antonio, cooperative pharmacy program campuses with the University of Texas at El Paso and the University of Texas Pan American, and regional internship campuses in Houston-Galveston and Dallas-Ft. Worth. Additional information regarding UT College of Pharmacy can be located at: <http://www.utexas.edu/pharmacy/>.

All paid positions offer a competitive salary and benefits package. Applications will be reviewed until positions are filled.

Applicants should visit the University of Texas Faculty Recruitment web site at <http://facultyjobs.utexas.edu/potential/jobResults.cfm> to view specific information and requirements for each position offered.

*Qualified women and minorities are encouraged to apply.  
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