CCP Report American College of Clinical Pharmacy

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

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College Releases New Policy Document "Organizational Guidance: Accepting Commercial Support"

After a 1-year process that included review and critique of numerous published guidelines and commentaries, examination of the policies of other associations and institutions, and analysis of feedback from ACCP's members and PRN and chapter officers, the Board of Regents (BOR), Research Institute Board of Trustees (BOT), and Pharmacotherapy Board of Directors (BOD) have endorsed a new set of organizational policies on acceptance of commercial support. The policy document, including a "Frequently Asked Questions" section, can be found at www.accp.com/docs/positions/positionStatements/commercSuppPolicy.pdf. The effective date of the policies is January 1, 2013.

ACCP members are aware of the increased attention and scrutiny that is now 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 2 years in the lay press, professional journals, independent foundation papers, congressional documents, pharmaceutical industry publications, and Institute of Medicine documents. Growing concern about the influence of industry on aspects of education, research, and practice in the health professions led the College to reevaluate its current and/or potential relationships with pharmaceutical, biotechnology, and medical device companies.

The BOR, BOT, and BOD held both separate and joint discussions over the past year regarding the appropriateness of current and future relationships with industry. In March 2009, then ACCP president John Murphy appointed a three-member task group representing all three boards to develop draft guidelines on organization-industry relationships. The members of the task group were ACCP past president Gary Matzke (Virginia Commonwealth University), Research Institute trustee Richard de Leon (Amgen), and *Pharmacotherapy* board member Glen Schumock (University of Illinois).

A draft of the guidelines, which was initially reviewed and revised by the BOR, BOT, and BOD, was released in September 2009 to PRN chairs, chapter presidents, and the ACCP membership-at-large for comment. After receipt of

member input, the three boards further revised and then adopted a final set of policies.

Although the policies take effect on January 1, 2013, it is expected that some policies will be voluntarily followed even before the enforcement date. The College's leadership is releasing the policy document now in order to allow its members, PRNs, chapters, staff, and other stakeholders enough time to plan alternate approaches to managing their respective operations, and to begin the process of identifying alternate sources of financial support.



Expand Your Network at the Spring Practice and Research Forum in Charlotte

Expanding your network of professional colleagues has never been easier or more enjoyable. This spring, clinical pharmacists from throughout the United States will come together for the 2010 ACCP Spring Practice and Research Forum and *Updates in Therapeutics: The Pharmacotherapy Preparatory Course.* Be a part of this event, April 23–27, in Charlotte, North Carolina.

In addition to superior educational programming, the Spring Practice and Research Forum offers participants many opportunities for casual networking with fellow pharmacists. This year's Spring Practice and Research Forum features an Opening Reception on Friday night in the Piedmont Ballroom of the Hilton Charlotte Center City, the headquarters hotel for the meeting. All meeting attendees are welcome to attend and spend the evening mingling with colleagues and old friends while enjoying hors d'oeuvres and refreshments.

ACCP PRNs will host business meetings and networking forums on Saturday, Sunday, and Monday. You

do not have to be a member of a PRN to attend. Many of these events offer informal roundtable discussions or poster presentations, in addition to time for both socializing and networking. Saturday lunchtime PRN meetings will be held by the Adult Medicine, Ambulatory Care, Clinical Administration, Education and Training, Nephrology, Pharmacokinetics/Pharmacodynamics, and Pediatrics PRNs. On Sunday evening, meetings will be held by the Cardiology, Central Nervous System, Geriatrics, and Health Outcomes PRNs. During lunchtime on Monday, the Critical Care, Drug Information, Infectious Diseases, and Pharmaceutical Industry PRNs will hold their meetings.

On Monday night, after the Scientific Poster Presentations, grab some newfound friends and take the time to find out why *Restaurant News Magazine* named Charlotte one of the "Top 50 Cities that Sizzle." With more than 150 dining options within walking distance of the Charlotte Convention Center, including urban bistros, display kitchens, tapas, sushi, soul food, swanky outdoor patios, and casual diners, finding a place to enjoy the atmosphere of Charlotte is simple. Charlotte is also home to Johnson & Wales Culinary School, and the city's restaurants employ many of the country's new, exciting culinary talents offering innovative and original cuisines.

For more information about Charlotte and the ACCP Spring Meeting, visit the Web site at www.accp.com/sf.

ACCP Discounted Hotel Rooms Are Filling Up Quickly in Charlotte

Have you made your hotel reservations for the Spring Practice and Research Forum and *Pharmacotherapy Preparatory Course?* If not, time is running out to secure your room and take advantage of discounted rates.

Hotel rooms for ACCP attendees are filling up quickly. The Hilton Charlotte Center City (headquarters hotel) is sold out. As a result, ACCP has made arrangements at the Marriott Charlotte City Center. This Marriott is a luxury hotel within easy walking distance of all ACCP meeting events and is conveniently located next to numerous restaurants and entertainment options. For complete hotel reservation information, visit the Web site at www.accp.com/sf.

2010 FIT Program: Deadline for Applications Extended to April 15

The 2010 Focused Investigator Training (FIT) Program Application Deadline has been extended until April 15. The FIT Program is an annual, intensive, 1-week, hands-on program for up to 25 experienced pharmacist-investigators who have not yet been awarded significant peer-reviewed

2010 Annual Meeting Call for Abstracts

Submit abstracts online at http://accp.confex.com/accp/2010am/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 2010 Annual Meeting.

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 Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting. The deadline to submit abstracts in Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Tuesday, June 15, 2010, midnight, Pacific Standard Time. The deadline to submit abstracts in Student Submissions and Late Breakers is Wednesday, July 7, 2010. Authors will be notified by e-mail of acceptance of their papers by Monday, August 2, 2010.

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.

extramural funding as principal investigators. Through this mentored program, the pharmacist-investigator will take necessary steps toward preparing a K, R01, or similar investigator-initiated application for submission to the NIH or other major funding source.

The 2010 FIT Program will take place June 12–17, 2010, at the University of Arizona College of Pharmacy in Tucson. The 2010 FIT application and brochure may be downloaded from http://www.accpri.org/fit/. Don't miss out on this unique and successful program. Apply today.

Join Us for MEDAP Study Training in Charlotte



The ACCP PBRN has received IRB approval for its first study

through the American Academy of Family Physicians IRB. The feasibility study, titled "Medication Error Detection, Amelioration, and Prevention (MEDAP) in the ACCP PBRN," will document clinical pharmacist interventions related to medication errors in a wide variety of practice settings. This study is supported by the Frontiers Fund. The specific aims of this project are to:

- 1. Evaluate the feasibility and acceptability of the MEDAP Study within a national clinical pharmacist PBRN;
- Describe clinical pharmacist interventions related to medication errors using the Cerner Discovere platform as the data collection instrument; and
- 3. Compare pharmacist interventions among a variety of practice settings.

The ACCP Research Institute will host two 1-hour training sessions using *PBRNConnect* and *Discovere* (see story immediately below) at the 2010 ACCP Spring Forum. Both events will be held in Room 214 of the Charlotte Convention Center, on Sunday, April 25, at 1:00 p.m. and again on Monday, April 26, at 11:30 a.m. Space is very limited. Join your fellow ACCP PBRN members as we work toward the rollout of this inaugural project.

ACCP PBRN to "Go Green"

The ACCP PBRN is working hard to assemble the necessary infrastructure to become a paperless "green" PBRN. We will be using two Web-based formats to meet the needs of our members, *PBRNConnect* and *Discovere*.

The first of these formats, *PBRNConnect*, will be located on the ACCP RI Web site. Members will be able to access this site using their usual ACCP login. ACCP PBRN members will be able to view, print, and download all study-related documents and forms including training materials, protocol templates, consent forms, and central IRB approval letters. In addition, each member will have his/her own page within *PBRNConnect* to upload member portfolio information, such as certificates of training completion, a CV/biosketch, and local IRB approval letters.

The second format is the Web-based tool, *Discovere*, the mode by which all actual study data collection will be captured. The ACCP PBRN will provide interested study members a unique log-in to enter study-specific data on the *Discovere* site after each member has met entry criteria.

Together, these two Web-based tools will eliminate, or greatly reduce, the ACCP PBRN's need to send extensive member e-mails and obviate the need for paper data collection. Furthermore, these tools will permit 24/7 member access to study-related documents and forms in a secure environment. Watch future issues of the *ACCP Report* for announcements regarding the launch of *PBRNConnect* and the MEDAP Study (see story immediately above) using *Discovere*.

To join the ACCP PBRN, go to www.accpri.org/pbrn. Also, please make a tax-deductible donation to the Frontiers Fund to support the ACCP PBRN. Go to www.accpri.org today to donate.

Washington Report

John McGlew Associate Director of Government Affairs



The ACCP Political Action Committee (PAC)

"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances." (First Amendment to the United States Constitution)

Introduction

The Constitution of the United States of America does not refer to political action committees (PACs). Nowhere in this great document will you find mention of political campaign advertising, K Street, or bundled contributions. Yet the First Amendment of the Constitution guarantees U.S. citizens and citizen groups (including ACCP) the right to political expression and association – the First Amendment was incorporated in the Constitution, at the urging of James Madison, to protect "indispensable democratic freedoms."¹

Repeatedly, the Supreme Court has held that political expression is "at the core of our electoral process and of First Amendment freedoms." The First Amendment right to "speak one's mind ... on all public institutions" includes the right to engage in "vigorous advocacy" no less than "abstract discussion." Advocacy of the election or defeat of candidates for federal office is no less entitled to protection

- Mission statement of the James Madison Center for Free Speech. Available at http://www.jamesmadisoncenter.org/missionstatement.html. Accessed April 1, 2010.
- 2 Appendix 4. The federal election campaign laws: a short history. Available at http://www.fec.gov/info/appfour.htm. Accessed April 1, 2010

under the First Amendment than the discussion of political policy generally or advocacy of the passage or defeat of legislation.³ Thus, the Court concluded that "it can hardly be doubted that the constitutional guarantee [of the First Amendment] has its fullest and most urgent application precisely to the conduct of campaigns for political office."4

The ACCP-PAC

ACCP's 2007 Strategic Plan called for an examination of the feasibility and value of establishing an ACCP-PAC. Based on research conducted by staff and outreach to ACCP membership, the ACCP Board of Regents approved the establishment of a PAC at its February 2010 meeting to support and advance ACCP's advocacy agenda in Washington, D.C.

Why Establish a PAC?

In a representative democracy such as the United States, citizens have the right to contact their elected officials and educate them on issues in order to influence policy outcomes. However, with more than 600,000 Americans in every congressional district, it is logistically impossible for each citizen to build a meaningful relationship with his or her elected official.

Professional organizations such as ACCP therefore offer an alternative way for citizens to connect with elected officials by bringing together a mass of people with shared interests and beliefs on certain areas of public policy. ACCP already engages in direct lobbying, employing two fulltime government relations staff in Washington, D.C., and in grassroots advocacy, with more than 250 ACCP advocates. A PAC will serve as the third leg in the three-legged stool of political action, together with lobbying and grassroots action.

- A PAC is the only means by which ACCP can provide financial support to help elect pro-pharmacy candidates.
- Political contributions help raise ACCP's profile in Washington, D.C.
- Attending fundraising events offers an opportunity to secure face time with members of Congress or congressional staff.
- ACCP members can also attend events on behalf of the College and help improve their relationships with elected officials.

Legal Overview

A PAC is a legally defined entity organized to help elect political candidates. As the "sponsoring organization," ACCP would establish a "separate segregated fund" (SSF). ACCP can therefore absorb all the costs of establishing and operating the SSF and soliciting contributions to it, meaning that all money raised goes directly to supporting candidates.

PACs must report all financial activities, including direct donations and other expenses, to the Federal Election Commission (FEC), which makes the reports available to the public. The FEC has strict regulations about how PACs can raise money and how their funds may be used. With certain exceptions, a PAC can receive up to \$5000 from each member (per calendar year) and give up to \$5000 per candidate, per election (so \$10,000 per election cycle – once for the primary election, once for the general election).

The ACCP-PAC can only solicit contributions from its members—its "solicitable" or "protected" class. Because PACs cannot accept corporate contributions, this law puts ACCP in a position of relative strength, compared with corporate or business-related trade associations that represent corporations, not individuals. ACCP, as an individual member organization, has 11,000 members who can contribute to the PAC.

Why Support Your PAC?

The success of ACCP-PAC depends entirely on the support of ACCP members. Although the College recognizes the commitment ACCP members already make to the College and other professional organizations, this is clinical pharmacy's PAC and, as such, it presents a unique opportunity to raise ACCP's political profile and advance its advocacy agenda. A PAC will give ACCP members better access to legislators and political parties, as well as invitations to fundraisers where candidates are present and available to engage in policy discussions. Quite simply, not having a PAC puts ACCP at a disadvantage when operating in the political arena.

One of the key objectives of ACCP-PAC is to help ensure that candidates who understand the value of clinical pharmacy and have demonstrated their support for ACCP's issues are elected to Congress. ACCP's lobbying and grassroots activities are vital to educating members of Congress and raising awareness around clinical pharmacy issues, but this effort is wasted if ACCP's friends on Capitol Hill or other pro-pharmacy candidates are unsuccessful in their bids for office.

Finally, a PAC will help maximize the impact of a political contribution. Although individual campaign contributions made by ACCP members directly to candidates are important, such small-dollar donations often go unnoticed in an era of multimillion dollar election campaigns. By giving to ACCP-PAC, contributions will be pooled with those of other clinical pharmacy colleagues to ensure maximal impact.

ACCP will roll out a newly launched PAC in the coming months; look for further updates on how you can get involved in this exciting venture.

ACCP's New Address in Washington

As a reminder, ACCP's Washington office has moved. The new address is as follows:

American College of Clinical Pharmacy 1455 Pennsylvania Ave. NW Suite 400 Washington, DC 20004-1017 Telephone: (202) 621-1820

Fax: (202) 621-1819

Motion to quash subpoena in Melvin v. Doe. Available at http://www. aclu.org/technology-and-liberty/motion-quash-subpoena-melvin-v-doe. Accessed April 1, 2010.

Buckley v. Valeo. 424 U.S. 1 (1976). U.S. Supreme Court. Decided January 30, 1976. Available at http://www.law.umkc.edu/faculty/ projects/Ftrials/conlaw/buckleySP.html. Accessed April 1, 2010.

Seeking a
Special Gift for a
New Graduate?
Consider Clinical
Pharmacy in the
United States:
Transformation
of a Profession



As we enter the graduation season, ACCP has the perfect gift suggestion for the graduating pharmacy student, resident, or fellow.

Drs. Robert M. Elenbaas and Dennis B. Worthen have written a compelling historical analysis of the profession of clinical pharmacy. Detailed accounts of the development of clinical pharmacy are presented, including lively personal reflections from key players in the profession's history. These stories are told in the context of the social, cultural, political, economic, and scientific developments of the past century. This fully illustrated book will educate and enlighten newcomers to the profession as they begin their careers.

Click here to order your copy of Clinical Pharmacy in the United States: Transformation of a Profession. The member price is \$39.95; the nonmember price is \$59.95. To ensure that your copy arrives in time for graduation, please allow 7–10 days for shipment.

Lorenz Named 2010–2011 ACCP-ASHP-VCU Congressional Healthcare Policy Fellow

Joshua Paul Lorenz of Columbus, Ohio, has been named the 2010–2011 Congressional Healthcare Policy Fellow. The fellow program, which focuses on legislative policy analysis and development, is offered through a collaboration between ACCP, the American Society of Health-System Pharmacists, and Virginia Commonwealth University School of Pharmacy.

Lorenz earned his doctor of pharmacy degree in 2009

from Butler University College of Pharmacy and Health Sciences in Indianapolis. While enrolled at Butler, he also earned a master of business administration degree. He will complete a PGY1 pharmacy practice residency affiliated with The Ohio State University in June.



"The program had a dramatic increase in the number of qualified applicants this year," said Gary R. Matzke, a past ACCP president

and the founding director of the fellow program. "The selection committee, composed of eight individuals from the sponsoring organizations and past fellows, was delighted with this increased interest by pharmacists in healthcare policy."

The Congressional Healthcare Policy Fellow program, the country's first such program for pharmacists, was established in 2006. The current fellow, Stephanie Hammonds, works in the Majority Health Policy Office of the Health, Education, Labor and Pensions Committee of the U.S. Senate – previously under the leadership of Senator Edward M. Kennedy (D-Mass.) and now chaired by Senator Tom Harkin (D-Iowa).

Lorenz will begin his fellowship September 1, spending 1 month with the ASHP government affairs staff and 1 month with the ACCP government and professional affairs staff. In November, he will begin working as a policy fellow on a congressional committee or with the personal staff of a U.S. senator or representative.

The congressional placement process is guided by the three fellow program developers: Matzke, Associate Dean for Clinical Research and Public Policy at VCU School of Pharmacy; Edwin Webb, ACCP Associate Executive Director; and Brian Meyer, Director of ASHP's Government Affairs Division.

"I applied for this fellowship to have a role in shaping the policy that impacts the lives of my patients and other health care professionals every single day," says Lorenz. "I look forward to working with legislators to create meaningful and effective health policy while helping foster improvements in the health of those in the United States."

Originally from Fairfield, Ohio, Lorenz is pursuing his goal of practicing direct care with underserved patients by completing an ambulatory care pharmacy practice residency at The Ohio State University College of Pharmacy. He works with patients at the Columbus Neighborhood Health Center, a group of five federally qualified health centers with a multicultural population. He also is completing a longitudinal rotation at the Ohio Pharmacists Association, focusing on policy analysis and public communication with special emphasis on the Ohio Health Care Coverage and Quality Council Payment Reform Task Force.

Lorenz's previous volunteer work includes providing diabetes and medication education to homeless and Hispanic populations at Mercy Franciscan at St. Raphael's in Hamilton, Ohio, and tutoring and mentoring homeless children in the School on Wheels program in Indianapolis. Advanced pharmacy practice experience includes rotations in administration and management at Richard L. Roudebush Veterans Affairs Medical Center, general medicine at Community Hospital East, managed care/health care policy at Eli Lilly, and community practice at CVS/pharmacy, all in Indianapolis.

He participated in the Paul Ambrose Scholars Program in Washington in 2008, was named Outstanding Student of the Year by the Indiana Pharmacists Alliance in 2008, and received Butler University's Health Sciences Student Assembly Award in 2007.

To learn more about the Congressional Healthcare Policy Fellow program, visit http://www.pharmacy.vcu.edu/sub/ prospective/postgrad/publicpolicy/default.aspx.

Critical and Urgent Care Is the Next Book in the PSAP-VII Series

Caring for the critically ill patient is the focus of the second book of the *Pharmacotherapy Self-Assessment Program*, seventh edition (PSAP-VII). *Critical and Urgent Care* provides evidence-based information on topics such



as severe sepsis, toxicology, transplantation, fungal and bacterial infections, and commonly seen disorders, as well as medication errors and adverse drug reactions in the ICU.

The first module centers on caring for special patient populations seen in the ICU, including patients with obstetric emergencies and those who have had cardiovascular surgery or liver transplants. The second module takes up the challenging aspects of managing bacterial and fungal infections, as well as the clinical syndrome of severe sepsis and various thromboembolic disorders. The third module focuses on the medical management of patients admitted to the ICU with drug overdose or acute exacerbations of common conditions such as chronic obstructive pulmonary disease, hypertension, seizures, and diabetes mellitus. This module also contains chapters discussing commonly seen adverse drug reactions and medication errors in the ICU.

Each PSAP chapter has an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist. The *Critical and Urgent Care* book is designed to assist pharmacists who want to:

- Demonstrate an understanding of common ICU complications occurring after liver transplants and develop strategies to prevent/treat them.
- Design treatment plans for managing right heart failure, atrial fibrillation, and coagulopathies after cardiac surgery.
- Devise a treatment strategy for women who are experiencing massive postpartum hemorrhage and severe preeclampsia.
- Evaluate benefits and risks associated with adjunctive sepsis therapies including corticosteroids and drotrecogin alfa (activated).
- Construct a reasonable prophylactic, preemptive, or empiric antifungal therapy regimen for a patient in the ICU.
- Design individualized or global strategies, by interpreting antibiotic susceptibility testing, to prevent further resistance and manage patient-specific infections.
- Design interventions for preventing and identifying heparin-induced thrombocytopenia in critically ill patients.
- Devise an appropriate pharmacotherapy plan for a patient with hypertensive emergency, diabetic ketoacidosis, status epilepticus, or exacerbation of chronic pulmonary obstructive disease.
- Analyze the use of general management strategies for acute poisoning.
- Construct a treatment and monitoring plan for a critically ill patient with an acute drug-induced disorder.
- Devise prevention strategies for medication error and adverse drug events.

 Output

 Devise prevention strategies for medication error and adverse drug events.
 - Critical and Urgent Care will be released April 15 and

is the second of 11 books in the PSAP-VII series. The book offers 19.0 continuing pharmacy education hours for those who successfully complete all three modules. All PSAP books are available in both print and online formats. All PSAP-VII books feature an updated, reader-friendly design; a Baseline Resources Box with suggested background information on the chapter topic; and shorter chapters focusing on only the most recent updates.

Other books in the PSAP-VII series include Cardiology; Women's and Men's Health; Pediatrics; Chronic Illnesses; Oncology; Geriatrics; Science and Practice of Pharmacotherapy; Infectious Diseases; Neurology/Psychiatry; and Gastroenterology/Nutrition.

PSAP offers the most up-to-date and comprehensive information available on recent drug therapy advances. Each book will expand your knowledge in the therapeutic area covered. PSAP-VII is priced as follows (shipping and handling charges will apply):

	Member Price	Nonmember Price
Single Books		
Print	\$75.00	\$100.00
Online	\$65.00	\$90.00
Print and Online	\$105.00	\$130.00
Full Series (11 b	oooks)	
Print	\$435.00	\$635.00
Online	\$385.00	\$570.00
Print and Online	\$635.00	\$820.00

For specific information on the release dates, continuing pharmacy education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit www.accp.com/bookstore/psap7.aspx and place your order through the online bookstore. Please use code BR0707 when ordering PSAP-VII.



Prior editions of PSAP have been approved by the Board of Pharmaceutical Specialties (BPS) for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification; similar approval is being sought

for PSAP-VII. ACCP is accredited by ACPE as a provider of continuing pharmacy education.

New PSAP Audio Companion on Sale



ACCP expands its audio learning options with the release of the Audio Companion for PSAP-VII Book 2, *Critical and Urgent Care*. This

new way to access information provides book content in the portable MP3 format, letting you listen and learn anywhere.

An Enhancement to the Print Edition

The Audio Companion is a studio recording, made by professional readers, of the chapter text and learning objectives. Designed to enhance the print and online books, the Audio Companion does not include the annotated bibliographies or self-assessment questions found in each book chapter.

Releases May 1, 2010

The Audio Companion for *Critical and Urgent Care* will be available May 1, 2010.

Chapters in Critical and Urgent Care (PSAP-VII Book 2)

- Obstetric Emergencies in the ICU
- ICU Considerations After Liver Transplant
- Managing Cardiovascular Surgery Intensive Care Unit Patients
- Fungal Infections in the ICU
- Contemporary Issues and Novel Strategies to Manage Infections in the Critically Ill
- Update In Severe Sepsis and Septic Shock Management
- Thrombotic and Bleeding Disorders in the Critically Ill
- Safe Drug Use in Critically Ill Patients
- Adverse Drug Reactions in Critically Ill Patients
- Medical Emergencies Leading to ICU Admission
- Updates in Toxicology"

Audio Companion purchasers will receive e-mail instructions on how to download the book onto their computer. The files can then be loaded onto a listening device or burned onto an audio CD.

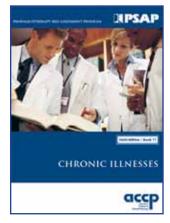
Order now and reserve your copy!

PSAP-VII Critical and Urgent Care Audio Companion (MP3 Format)

	<u>Member</u>	Nonmember
Single Book Price	\$25	\$40

Discounts Now Available on the PSAP-VI Series

The release of *Chronic Illnesses* concluded the sixth edition of the *Pharmacotherapy Self-Assessment Program* (PSAP-VI). Now, all 11 books in this edition of ACCP's popular home study program are available at a discounted price.



PSAP books provide

the latest clinical information for the pharmacist who wants to keep abreast of evidence-based updates on select patient care topics. The PSAP-VI books cover Cardiology, Nephrology, Neurology/Psychiatry, The Science and Practice of Pharmacotherapy, Infectious Diseases, Pulmonary and

Critical Care, Women's and Men's Health, Health Promotion and Maintenance, Gastroenterology/Nutrition, Oncology, and Chronic Illnesses.

Most PSAP-VI books are still available for ACPE continuing pharmacy education credit. For faculty information, sample chapters, and available CPE hours, click here. See the table below for discount pricing information on PSAP-VI full-series and single book purchases. Shipping and handling charges apply only to print books. To place your PSAP-VI book order, click here.

PSAP-VI	Member Price	Nonmember Price
Full-Series Print	\$250	\$375
Full-Series Online	\$225	\$350
Full-Series Combo	\$375	\$500
Single Print Book	\$45	\$60
Single Online Book	\$35	\$50
Single Combo Book	\$60	\$75

New Web-Based CE Program Now Available on ACCP Web Site

Looking Beyond the "Obvious" to Promote Bone Health is now available on the ACCP Web site. Approved for 2 hours of continuing pharmacy education credit, this program focuses on promoting bone health in postmenopausal women and patients receiving systemic therapy for breast or prostate cancer. Click the following link to view the program: http://www.accp.com/education/freeCEPrograms.aspx. This program is available at no charge to all ACCP members.

Pharmacotherapy Pearls

Pharmacotherapy Top 10 List Stephen E. Cavanaugh, B.A.

Last year, there were 315,274 views of articles on *Pharmacotherapy*'s online journal, which is hosted at Atypon-Link (at *http://www.atypon-link.com/PPI/loi/phco*). This is a significant increase from 2008's 267,096 views. This year's



most frequently viewed article was downloaded 3592 times versus last year's top-viewed article at 2051 times! Overall, 2009's top 10 had substantially more views (20,313) than in 2008 (14,350). Subscribers view articles for free, whereas nonsubscribers view abstracts for free but pay to view these articles. The number of times an individual article is viewed is an unofficial index of the clinical utility and importance of that article. The top 10 *Pharmacotherapy* articles viewed from April 2009 through March 2010 are listed below:

Rank	Title (Publication Date) (Number of Views Online)	Author(s)	Dept.				
1	Attention-Deficit-Hyperactivity Disorder: An Update (June 2009) (3592)	Julie A. Dopheide, Pharm.D.; Steven R. Pliszka, M.D.	TR				
2	Antimicrobial Dosing Concepts and Recommendations for Critically Ill Adult Patients Receiving Continuous Renal Replacement Therapy or Intermittent Hemodialysis (May 2009) (3289)	Brett H. Heintz, Pharm.D.; Gary R. Matzke, Pharm.D.; William E. Dager, Pharm.D.	TR				
3	Antimicrobial Dosing Considerations in Obese Adult Patients: Insights from the Society of Infectious Diseases Pharmacists (August 2007) (2159)	Manjunath P. Pai, Pharm.D.; David T. Bearden, Pharm.D.	SA				
4	Therapeutic Monitoring of Vancomycin in Adults: Summary of Consensus Recommendations from the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists (November 2009) (1772)	Michael J. Rybak, Pharm.D., MPH; Ben M. Lomaestro, Pharm.D.; John C. Rotschafer, Pharm.D.; Robert C. Moellering Jr., M.D.; William A. Craig, M.D.; Marianne Billeter, Pharm.D.; Joseph R. Dalovisio, M.D.; Donald P. Levine, M.D.	SA				
5	Treatment of Hepatorenal Syndrome (October 2009) (1766)	Tyree H. Kiser, Pharm.D.; Robert MacLaren, Pharm.D.; Douglas N. Fish, Pharm.D.	TR				
6	Agents for the Decolonization of Methicillin-Resistant Staphylococcus aureus (March 2009) (1604)	Kevin W. McConeghy; Dennis J. Mikolich, M.D.; Kerry L. LaPlante; Pharm.D.	TR				
7	Vitamin D and Cardiovascular Disease (June 2009) (1565)	Carrie W. Nemerovski, Pharm.D.; Michael P. Dorsch, Pharm.D.; Robert U. Simpson, Ph.D.; Henry G. Bone, M.D.; Keith D. Aaronson, M.D.; Barry E. Bleske, Pharm.D.	TR				
8	Dabigatran Etexilate: An Oral Direct Thrombin Inhibitor for Prophylaxis and Treatment of Thromboembolic Diseases (November 2008) (1541)	Brooke E. Baetz, Pharm.D.; Sarah A. Spinler, Pharm.D.	TR				
9	Weight-Based Dosing of Enoxaparin in Obese Patients with Non-ST-Segment Elevation Acute Coronary Syndromes: Results from the CRUSADE Initiative (June 2009) (1515)	Sarah A. Spinler, Pharm.D.; Fang-Shu Ou, M.S.; Matthew T. Roe, M.D., MHS; W. Brian Gibler, M.D.; E. Magnus Ohman, M.D.; Charles V. Pollack, M.D., M.A.; Karen P. Alexander, M.D.; Eric D. Peterson, M.D., MPH	ORA				
10	Ceftobiprole: First Cephalosporin with Activity Against Methicillin-Resistant <i>Staphylococcus aureus</i> (May 2009) (1510)		TR				
ORA =	ORA = original research article; SA = special article; TR = review of therapeutics.						

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

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