

Timothy J. Ives, Pharm.D., MPH, FCCP, BCPS; Editor Michael S. Maddux, Pharm.D., FCCP; Executive Director

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## Patka, Tam, Zheng Receive PRN Minisabbaticals

Several of the College's Practice and Research Networks (PRNs) have created opportunities for their members to expand their practice or research skills through a



minisabbatical experience. These programs are administered through the ACCP Research Institute. John Patka, Pharm.D., from Grady Health System in Atlanta, has been awarded the 2004 Central Nervous System PRN Minisabbatical. Vincent Tam, Pharm.D., BCPS, of the University of Houston College of Pharmacy, has received the 2004 Infectious Diseases PRN Minisabbatical. Hong Xia Zheng, Ph.D., University of Southern California, is the recipient of the 2004 Hematology/Oncology PRN Minisabbatical.

Dr. Patka is an Emergency Medicine Clinical Pharmacist at Grady Health System. During his minisabbatical, he will spend up to four weeks working with Denise Rhoney, Pharm.D., in the Neuroscience Intensive Care Unit at Detroit Receiving Hospital. There, he will focus on developing his knowledge and skills related to the care of and research involving patients with traumatic brain injury.

## See related article about the new Pain Management Minisabbatical.

Dr. Tam is an Assistant Professor at the University of Houston. His minisabbatical experience in the laboratory of R. Keith Poole, Ph.D., at Queen's University in Kingston, Ontario, will center on learning immunoblotting and polymerase chain reaction techniques to examine the contribution of efflux pumps to multi-drug resistance in *Pseudomonas aeruginosa*.

Dr. Zheng oversees the Clinical Pharmacogenomics Laboratory at the University of Southern California. William Evans, Pharm.D., FCCP, BCPS, will be the primary mentor for her one-month minisabbatical at St. Jude Children's Research Hospital in Memphis. She will extend her knowledge of hematology/oncology pharmacotherapy through clinical practice experience, and will work in Dr. Evans' laboratory to develop skills related to *MDR1* haplotyping. More information about the PRN minisabbaticals can be found in the "Research Institute" portion of the ACCP Web site at *http://www.accp.com/ClinNet/research.php*.

## **Call for Abstracts**

#### 2004 Annual Meeting October 24-27, 2004 Hyatt Regency Dallas-Dallas, Texas

All investigators in the field of clinical pharmacy and therapeutics, whether or not ACCP members, are invited to submit abstracts of papers to be considered for presentation at the ACCP Annual Meeting, October 24-27, 2004. All papers accepted for poster presentation, with the exception of Student, Resident, Fellow Research in Progress, will automatically be entered in the Best Poster Award competition.

All abstracts must be submitted ONLINE at *www.accp.com/abstract.php*. ACCP will not accept any abstracts submitted through U.S. mail or any other type of delivery.

Submission Deadline: June 30, 2004, 12:00 midnight, Pacific Daylight Time. Authors will be notified by e-mail of acceptance of their papers by August 15, 2004. For more information, visit www.accp.com/abstract.php.

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## **President's Column**

John A. Bosso, Pharm.D., FCCP, BCPS

#### Research: Who needs it?

Over the past year, the membership of the College has been deluged with talk and literature regarding the College's interest in and commitment to clinical pharmacy-related research. The College's Research Institute has "redefined" its fundraising efforts in the form of the new Frontiers Fund.



Numerous and ongoing appeals have gone out to the membership asking for contributions to the fund to help support the research of ACCP members. At the same time, member committees are addressing how research relates to our discipline, including appropriate ways to best train clinical pharmacists to perform different varieties of scholarly activity. Why is the College so attuned to the issue of scholarship by clinical pharmacists to the extent that it is (seemingly) constantly asking the membership to financially support the effort?

Let me precede my answer by defining some terms. The attentive reader has already noted that I've used the terms research and scholarship interchangeably. Are they the same thing? Yes, and by contemporary definitions, research (in its traditional sense) is actually a subcategory of scholarship. Many, if not most, academicians ascribe to Ernest L. Boyer's definition of scholarship. Boyer identified four realms of scholarship in his 1990 treatise "Scholarship Reconsidered: Priorities of the Professorate": 1) discovery, 2) integration, 3) application, and 4) teaching. Research, in its traditional sense, would fall into the first category, discovery. When many of us "clinical practice" types hear or read the term research, it conjures up images of test tubes and white mice. (Truth be told, research often includes mice of other colors as well.) However, the scholarship of discovery, including traditional research, is really defined by the generation of new information or facts. Thus, it can be carried out in settings other than the laboratory. The other three areas of scholarship involve the interpretation and application of facts as well as the consequences (outcomes) of those interpretations and applications, all assessed through the application of the scientific method. An example of the

scholarship of discovery to which all practicing clinical pharmacists should be able to relate is the rigorous measurement of the outcomes of clinical pharmacy interventions on patient outcomes. In that context, scholarship is not just something for those of us who are academically based.

Given these definitions and clarifications, I would propose that the College is committed to supporting scholarship as it relates to the foundation and practice of clinical pharmacy. Still not convinced, as a nonresearcher, that this applies to you? How many of us have been asked by health system administrators, third-party payers, or physicians to document the worth of our clinical practices? How many have been asked to prove that our interventions improve patient outcomes, decrease the length of hospital stays, and/or decrease costs? I would venture to guess that many of us have, and more important, many more will be challenged with this request in the future. We're probably pleased that so much of this research has already been conducted and certainly hope that somebody among us will keep doing it. Maybe a lot of us wish that we knew how to do this ourselves. I think it is rather a "no-brainer" that this type of scholarship is vital to our place in the health care delivery system. Although perhaps few of us will actually be engaged in this type of scholarship, most of us will benefit from it. What about other forms of scholarship? Where does the new knowledge of pharmacotherapy that we apply to patient care every day come from? (Another no-brainer.) Do we think that we, as clinicians, and our patients benefit directly or indirectly from the generation of that new knowledge? I would hope so. Do we take pride in the fact that at least some of this new knowledge is generated by other clinical pharmacists? Again, I would hope so. If nothing else, we should appreciate that the stature and influence of our discipline is elevated in the eyes of our sister health professions simply by the fact that we are contributing to that body of knowledge that is constantly improving patient care. After all, we wouldn't even be considered a *discipline* by others if we didn't generate a portion of the knowledge that we use in professional practice.

Personally, I am very proud that ACCP has an unflagging commitment to scholarship within the discipline of clinical pharmacy. Although successes in supporting clinical pharmacy research have been modest to date, the College has responded by redoubling its efforts to establish a financial base to expand scholarship within our discipline, including the training of future clinical scientists. It is true that we have relied heavily on our partners in the pharmaceutical industry to fund this enterprise. Hopefully, we can continue to rely on them in the future. However, we as individual practitioners also must share in this commitment. The time is right. We have to step up to the plate and establish ourselves as a true discipline through our overt support of and participation in scholarship.

We have lots of opportunities for making "charitable" (and tax-deductable) contributions in life. Without meaning to diminish the worthiness of contributing to many traditional charities and other causes, I would argue that contributing to our profession in ways that help it mature and grow in importance in American health care is also a very worthwhile investment for all of us to make on an ongoing basis. In fact, I propose that contributing to ACCP's Research Institute so that it can maintain and expand its support of scholarship related to our discipline represents an important investment in the future of our profession. Surely, this is a worthy cause.

## Available July 2004, Reserve Your Copy Today!

#### Pharmacogenomics: Applications to Patient Care

*Pharmacogenomics: Applications to Patient Care* is designed to prepare pharmacists to integrate pharmacogenomic principles into practice. The publication teaches the basics of genetics and pharmacogenomics, and discusses applications in specific therapeutic areas. Scheduled for release in July 2004, Pharmacogenomics is available in both print and online formats. Continuing pharmacy education credit is available.

*Pharmacogenomics: Applications to Patient Care* is composed of three modules described below. The chapters in each module have important structural elements to reinforce learning. Each chapter includes:

- content outlines
- learning objectives
- key words and abstract
- self-assessment questions
- references

#### Module 1: Fundamentals of Applied Human Genomics

This module introduces genetics and molecular and cellular biology, and how these disciplines can be used to explain the possible genetic basis for variability in drug response. The module discusses bioinformatics, including major database resources as well as methods and the application of bioinformatic studies to pharmacogenomics. Module 1 also presents ethical issues in genomics and introduces genomic applications in human health, including the potential to change the diagnosis, classification, and treatment of common diseases.

#### Module 2: Fundamentals of Pharmacogenomics

Module 2 presents the pharmacogenetics of oxidative drug metabolism and Phase II drug metabolism, including current and potential clinical applications to tailor drug therapy. The module presents drug transporter pharmacogenetics, including localization and function, genetic variability, and related clinical consequences.

The text explores drug target pharmacogenetics and pharmacogenomics, the role of genetic variability in drug targets on drug efficacy and toxicity, and the application of drug target pharmacogenetics and pharmacogenomics to individualize drug therapy. The authors also discuss the role of pharmacogenomics in drug discovery, development, and its future impact in clinical practice.

#### Module 3: Pharmacogenomic Applications in Patient Care

The third module discusses current and future pharmacogenomic applications for several therapeutic areas, including

Oncology and hematology: the role of pharmacogenetics in carcinogenesis, clinical use of pharmacogenomics and pharmacogenetics in oncology pharmacotherapy, and the use of pharmacogenomics in developing new antineoplastic agents.

Cardiovascular disease: the effects of drug metabolizing, drug transporter and drug target gene polymorphisms on cardiovascular drug responses, the potential impact of genetic variation on responses to cardiovascular drugs, and the potential for pharmacogenomics to improve cardiovascular disease management.

Transplantation: the current understanding of clinical pharmacogenomics in the pharmacotherapy of patients undergoing transplantation, identifying candidate genes, establishing outcome markers, and analyzing this information in patients undergoing transplantation.

Other chapters in Module 3 discuss pharmacogenomic applications in infectious diseases, psychiatry, central nervous system disorders, immunology, and respiratory diseases.

#### **Pricing Information**

*Pharmacogenomics: Applications to Patient Care* is available in both print and online formats. Single modules may be purchased only in the online format.

Pharmacogenomics: Applications to Patient Care, printACCP member price:\$79.95Nonmember price:\$114.95

Pharmacogenomics: Applications to Patient Care, online ACCP member price: \$59.95 Nonmember price: \$89.95

Pharmacogenomics: Applications to Patient Care,print and onlineACCP member price:\$104.95

Nonmember	price:	\$154.95

#### Single modules (online only):

Fundamentals of Applied Human Genomics ACCP member price: \$29.95 Nonmember price: \$49.95

Fundamentals of Pharmacogenomics ACCP member price: \$29.95 Nonmember price: \$49.95

Pharmacogenomic Applications in Patient Care ACCP member price: \$29.95 Nonmember price: \$49.95

Reserve your copy of *Pharmacogenomics: Applications to Patient Care* today! Your order will ship when the book is released in July 2004. Mention code **R0504** when you place your order by phone at (816) 531-2177 or at the ACCP Online Bookstore at *http://www.accp.com/bookstore.php*.

Development and publication of Pharmacogenomics: Applications to Patient Care was assisted by an educational grant from Amgen, Inc. ACCP gratefully acknowledges their support.

## **New! Pain Management Minisabbatical**

Check out the new Minisabbatical just added for members of the Pain Management Practice and Research Network (PRN). The minisabbatical provides an opportunity for members of the Pain Management PRN to gain or expand their practice or research skills under the guidance of an expert mentor.

Applicants must be members of the Pain Management PRN. The host mentor must have demonstrated clinical or research experience in areas of interest that will serve to enhance the applicant's practice or research program.

Additional information can be downloaded from the ACCP Web site at *www.accp.com/ClinNet/ripainmini.php*.

Application Deadline: June 1, 2004.

ACCP Research Institute 3101 Broadway, Suite 650 Kansas City, MO 64111 (816) 531-2177 E-mail: accp@accp.com

## **New Members**

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#### Awards, Promotions, Grants, etc.

Diane Beck, Pharm.D., former Professor at the at the Harrison School of Pharmacy at Auburn University, was selected by the American Association of Colleges of Pharmacy as the 2004 AACP Robert K. Chalmers Distinguished Pharmacy Educator. Dr. Beck completed 25 years of service on the faculty at Auburn University in March 2004 and in April assumed a new position at the University of Florida in Gainesville as Director of Educational Initiatives in the College of Pharmacy's Office of Distance, Continuing and Executive Education. In fall 2003, Dr. Beck was elected as the 2005-06 AACP President.....Magaly Rodriguez de Bittner, Pharm.D., BCPS, Associate Dean for Academic Affairs at the University of Maryland School of Pharmacy, recently was installed as the 2004-05 Vice President of the American Pharmacists Association (APhA) Foundation .....Stephanie Gardner, Pharm.D., Ed.D., Interim Dean and Professor, recently was named Dean of the University of Arkansas for Medical Sciences College of Pharmacy.....Patricia Kroboth, Ph.D., FCCP, Interim Dean and Professor at the University of Pittsburgh School of Pharmacy, has been appointed Dean of the School.....Raylene Rospond, Pharm.D., FCCP, Interim Dean and Professor of Pharmacy Practice at Drake University, recently was named Dean of the College of Pharmacy and Health Sciences.....Carrie Sarvis, Pharm.D., Assistant Professor of Pharmacy Practice, recently was selected as Faculty Preceptor of the Year at the Drake College of Pharmacy and Health Sciences ..... Leigh Vaughan, Pharm.D., MBA, RAC, recently received his MBA from San Diego State University and Regulatory Affairs Certification from the Regulatory Affairs Professional Society. Dr.Vaughan also has assumed a new position as Senior Director of Regulatory Affairs & Compliance at Drug Safety Alliance, Inc., in Durham, NC.....Sarah Westberg, Pharm.D., Assistant Professor of Pharmacy Practice at the University of Minnesota-Duluth, was a recipient of a 2004 APhA Academy of Pharmacy Practice and Management Presentation Merit Award as the primary author of a contributed research paper entitled "Pharmaceutical Care Evaluation of Non-English Speaking Patients."

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The following individuals recently advanced from Associate to Full Member:

Regina G. Cregin Hiral Desai Brent A. Hall Jessica M. Swearingen

#### **New Member Recruiters**

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

Brian Baird Margueritte S. Centeno Larry A. Dent Jeffrey Fudin Stephanie D. Garrett Irene T. Ho William J. O'Hara

## Clinical Pharmacist - Pediatrics Edward Hospital

#### Position Description: Clinical Pharmacy Practitioner

#### Practice or Research Specialty/Focus: Pediatrics, NICU, PICU

**Position Description:** Like infants and children, Edward Hospital is growing! Come and join an exciting team of medical professionals providing extraordinary care to pediatric patients! We are looking for a Pediatric Clinical Pharmacist to provide clinical pharmacy services to the inpatient pediatric programs. Responsibilities include: practicing with physicians; active participation in multidisciplinary patient rounds; pharmacy staff development; experiential training of pharmacy students and residents; therapeutic drug monitoring; nutrition support; protocol development; medication safety; drug utilization and quality improvement; and education of health care professionals, patients, and families. Also, the Pediatric Clinical Pharmacist will be responsible as an active team member to collaborate on progressive distributive pharmacy services for infants and children. Teaching opportunities are available through our affiliations with Midwestern University and our ASHP-accredited pharmacy practice residency.

**Required or desired credentials or experience:** The successful candidate will possess a B.S. or Pharm.D. degree from an accredited school of pharmacy. A pediatric specialty residency or equivalent experience is desired; Illinois pharmacy licensure or eligibility is required.

**Description of institution/organization:** Edward Hospital is a 236-bed, full-service medical center that is Edward Hospital & Health Services' largest facility. Located on a 50-acre campus just south of downtown Naperville, Illinois, Edward Hospital offers everything from experienced primary care to the latest diagnostic and treatment procedures. Our clinical services are delivered by physicians and staff who are leaders in their fields. Our expertise and standards have been accredited by several respected health care organizations.

Salary Range: DOE

Please e-mail resumes to **Darlene Gartner-Pinion:** Darlene.Gartner-Pinion@cardinal.com