

ACCP Report

American College of Clinical Pharmacy

Mary T. Roth, Pharm.D., M.H.S., FCCP; Editor
Michael S. Maddux, Pharm.D., FCCP; Executive Director

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Travel Awards Support Student Attendance at 2007 Spring Forum

One of the best ways for student pharmacists to experience organized clinical pharmacy in action is to participate in an ACCP national meeting. This spring, through the generous support of individual members and PRNs, students gained the opportunity to do just that at the Spring Forum in Memphis by receiving travel grants and/or complimentary meeting registrations. The following students were recipients of 2007 ACCP Spring Forum Student Travel Awards:

Abril Atherton	Stephanie Knechtel
Stephanie Baringhaus	Christine Oramasionwu
Ivy Beck	Ashley Rosenquist
Sonya Chhatwal	Elizabeth Sarles
Brandon Deterding	Amy Schilling
Kevin Donahue	Jennifer Tan
Shannon Holt	Diana Wells

Travel awards encourage student attendance at ACCP meetings and help promote future involvement in the College. The next cycle of Student Travel Awards will be offered for the ACCP Annual Meeting, October 14-17, 2007, in Denver. 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, and who has completed at least one academic year in a professional pharmacy 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 bale to submit an online application later this summer for this fall's awards cycle. The call for applications for fall Student Travel Awards will be posted to the StuNet listserv when the online application is available in mid-July.

ACCP would like to recognize the following individuals and PRNs for their contributions to support the Student Travel Awards in 2007:

Daniel Abazia	Kristie Ramser
Andrea Anderson	Jo Ellen Rodgers
Scott Bergman	Erik Senuty
Lacy Blackwell	Melissa Blair
Ralph Raasch	Roger Brown

Tina Denetclaw
Lori Dupree
Jason Enders
Maria Griswold
Michael Kane
Emilie Karpiuk
Regina Kavadias
H. William Kelly
Michael Klepser
Erik Maki
Sarah McBane
Jennifer Phillips
Rachel Sykes

Toby Trujillo
Barbara Wells
Patricia Wigle
Suzanne Wortman
Robert Wright
Elizabeth Young
Adult Medicine PRN
Ambulatory Care PRN
Critical Care PRN
Education and Training PRN
Infectious Diseases PRN
Pharmacokinetics/Pharmacodynamics PRN

Donations to the Student Travel Award Fund helped support this spring's awards and will continue to fund awards supporting attendance at upcoming ACCP national meetings. All funds collected by the Student Travel Award Fund are applied directly to student meeting support; no funds are used for administrative or overhead expenses. If you would like to make a tax-deductible contribution to help support student attendance at an ACCP meeting, contact Jon Poynter, Membership Project Manager, at (913) 492-3311, or by e-mail at jpoynter@accp.com.

Best Poster Competitions Won by Chhatwal, Mohammed, Earhart

The winners of the Best Poster Awards from the 2007 ACCP Spring Practice and Research Forum were announced on Tuesday, April 24, 2007, at the conclusion of the day's poster session in Memphis. In all, 205 abstracts were presented at the Spring Forum. Of these, 96 were reports of original research, 46 described innovative clinical pharmacy services, 23 described original research in progress, and 40 were student submissions. In addition, a number of papers were encore presentations of work that had been presented in abstract form at other scientific meetings.

Sonya Chhatwal, from Mercer University College of Pharmacy and Health Sciences in Atlanta, Georgia, won the Best Student Poster Award for "Evaluate the prevalence of heteroresistance in community-associated methicillin-resistant *Staphylococcus aureus* isolates in an era of increased virulence and treatment failure." Ms. Chhatwal's coauthor on



Sonya Chhatwal (left) accepts the Best Student Poster Award from ACCP President Stuart T. Haines (right).

the poster was Vanthida Huang. Receiving honorable mention in the Best Student Poster Award category was Stephanie Knechtel from Ferris State University in Kalamazoo, Michigan, for “Relationship between clarithromycin minimum inhibitory concentration and survival in a pneumococcal murine lung infection model.” Her coauthors were Michael Klepser from Ferris State University and Erika Ernst, Douglas Keele, Ellen Roling, Loai Sa’adah, and Gary Doern from the University of Iowa. The second honorable mention was to Danielle Briones from the University of Tennessee for “Thiopurine methyltransferase genotype predicts thiopurine metabolites in children with acute lymphoblastic leukemia.” Ms. Briones’ coauthors from the St. Jude Children’s Hospital in Memphis, Tennessee, were John McCormick, Mary Relling, William Evans, Ching-Hon Pui, and Kristine Crews. The other finalist was Amy Schilling from the University of Houston College of Pharmacy.



Rima Mohammad (right) accepts the Best Resident & Fellow Poster Award from ACCP President Stuart T. Haines (left).

Rima Mohammad, from the University of Tennessee College of Pharmacy won the Best Resident and Fellow Poster Award for “Octreotide versus octreotide and continuous infusion pantoprazole in the treatment of variceal hemorrhage.” Dr. Mohammad’s coauthors on the poster were Cesar Alaniz and Lynda Welage, both from the University of Michigan Health System and College of Pharmacy. Receiving honorable mention in the Best Resident and Fellow Poster Award category was Jeanna Miller from the University of Pennsylvania Health System for “The contribution of a pharmacy clinic on productivity in a private

physician practice.” Her coauthors at Johns Hopkins Hospital in Baltimore, Maryland, were Jeffrey Brewer and Gary Noronha. Other finalists in this category were Kelly Earhart from the University of Tennessee, Loai Sa’adah from Al Wasl Hospital, and Jignesh Patel from the University of Michigan.

Kelly Earhart from the University of Tennessee College of Pharmacy won the Best Poster Award for the poster titled “Activation of transcriptional regulatory networks associated with azole antifungal resistance in clinical isolates of *candida glabrata*.” Dr. Earhart’s coauthors were Kathy Barker, Lijing Xu, Ramin Homayouni, and P. David Rogers from the University of Tennessee; Thomas Edlind from Drexel University College of Medicine in Philadelphia, Pennsylvania; and Shelley Magill from Johns Hopkins University School of Medicine in Baltimore, Maryland. The first runner up in the Best Poster competition was Jignesh H. Patel from the University of Michigan College of Pharmacy in Ann Arbor, Michigan with the poster titled “2-Hydroxypropyl beta cyclodextrin transmembrane clearance during in vitro continuous venovenous hemodialysis.” Dr. Patel’s coauthors were Mariann Churchwell from the University of Toledo College of Pharmacy in Toledo, Ohio; Julie Seroogy and Steven Barriere from Theravance, Inc., in South San Francisco, California; and Bruce Mueller from the University of Michigan. The second runner up in the Best



Kelly Earhart (right) accepts the Best Poster Award from ACCP President Stuart T. Haines (left).

Poster competition was John Murphy from the University of Arizona College of Pharmacy in Tucson, Arizona, with the poster titled “Research experiences and research-related coursework in the education of entry-level doctors of pharmacy: a 9-year update.” Dr. Murphy’s coauthors were Marion Slack and Kevin Boesen from the University of Arizona, and Duane Kirking from the University of Michigan, Ann Arbor. The other best poster finalists were David Rychly from the University of Georgia College of Pharmacy, Cathleen Edick from Ferris State University, and Marybeth Boudreau from Eastern Maine Medical Center.

Each winner received a plaque and a \$250 grant to help offset travel expenses associated with attending the meeting. Serving as finalist judges for the three competitions in Memphis were Edward Foote, Curtis Haas, Emily Hak, Laura Hansen, David Knoppert, Alan Lau, Robert MacLaren, Gary Matzke, Kathleen Stringer, Robert Rapp, Anne Spencer, Timothy Welty, and Julie Wright.

The next abstract award competition will be held at the College’s 2007 Annual Meeting, October 14-17, in Denver, Colorado. The deadline to submit abstracts for the Annual Meeting is June 15. Abstracts should be submitted online at <http://accp.confex.com/accp/2007am/cfp.cgi>.

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Courtesy of the Denver Metro Convention and Visitors Bureau

Set Your Sights on the 2007 Annual Meeting in Denver

Mark your calendar for the 2007 ACCP Annual Meeting in Denver, Colorado, October 14-17. Meeting events will take place at the Colorado Convention Center, located in the heart of downtown Denver. This mile-high city offers attendees the best of both worlds—a booming downtown and entertainment district resting at the base of the beautiful Rocky Mountains.

Arrive in Denver a day early and attend a premeeting symposium on Saturday, October 13. Choose from topics in advocacy; faculty and preceptor development; leadership and management; controversies in cardiovascular pharmacotherapy; and glycemic control in hospitalized patients. Are you a student trying to decide on your future career path? Check out “Navigating the Roadmap From Student to Pharmacy Professional” on Saturday afternoon. This program is designed specifically for student pharmacists.

The core of the Annual Meeting is composed of four curricular tracks. This year’s tracks are 1) The New Evidence Base-Complementary and Alternative Medicine, 2) Surrogate Markers in Research and Clinical Practice, 3) The Scholarship of Teaching, and 4) Approach to Complex Drug Interactions-Clinical and Research Applications. Other meeting highlights include:

- ACCP Academy Programming in Teaching/Learning and Leadership/Management
- The ACCP Recruitment Forum
- Pharmaceutical Industry Exhibits
- PRN Focus Sessions
- Satellite Symposia
- Scientific Poster Presentations

Watch the ACCP Web site in June for complete meeting and registration information.

ACCP Partners With Ohio State Distance Learning Leadership Program

Through an agreement with The Ohio State University (OSU), ACCP members are eligible to enroll in the Latiolais Leadership Program’s “Essence of Leadership” distance

learning curriculum (http://www.pharmacy.ohio-state.edu/latiolais/LLP_description_2006.pdf) at a substantial discount. Designed for aspiring leaders who are seeking to improve their leadership abilities, this 6-month ACPE certificate/CE program is offered through OSU’s College of Pharmacy and College of Business. The distance learning certificate program provides 60 hours of continuing education credit and consists of six courses, each of which is completed over a 1-month period.

Program faculty include nationally recognized pharmacy leaders from both Ohio State and other institutions, and highly acclaimed faculty from OSU’s Fisher College of Business. Those enrolled in the Essence of Leadership curriculum develop leadership skills through a combination of assigned self-study; recorded lecture and interactive discussion; asynchronous discussion, including questions, assignments, and projects; and self-assessment. A final examination is used to measure leadership competencies. The cost of this 6-month program is \$4000 for ACCP members and \$5000 for nonmembers.

The Essence of Leadership curriculum provides ACCP members with a comprehensive distance-learning program that complements ACCP’s other leadership development offerings: The ACCP Leadership Experience, a 5-day intensive course offered in cooperation with Leaderpoint, LLC (<http://www.leaderpoint.biz/>) that develops exceptional management skills; and the ACCP Academy’s Leadership and Management Certificate Program (<http://academy.accp.com/leader.asp>), a 2–3 year leadership and management development program that is delivered as live programming during ACCP’s fall and spring meetings.

For more information about any of the leadership development opportunities now available to ACCP members, visit the links above or contact Wendi Sima, Education Project Manager, at (913) 492-3311, or wsima@accp.com.

Abstract Submission Deadline for 2007 Annual Meeting is June 15

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts of papers to be considered for presentation at the 2007 Annual Meeting, October 14-17, 2007, in Denver, Colorado. Abstracts must be submitted online at <http://accp.confex.com/accp/2007am/cfp.cgi> and 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.

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.

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

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Student Submissions: Submission criteria are those of an Original Research presentation. Partially completed data are acceptable for inclusion. Abstracts should provide an assessment of the likelihood of project completion by date of presentation. The presenting author must be a student. The exclusive deadline for student abstracts is Friday, July 6, 2007, midnight, Pacific Daylight Time.

All abstracts accepted for presentation (with the exception of Encore Presentations) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting. Excluding student submissions, the deadline to submit abstracts is Friday, June 15, 2007, midnight, Pacific Daylight Time. For more information about the Call for Abstracts and the 2007 Annual Meeting, please contact Emma Webb, ACCP’s Professional Development Coordinator, at (913) 492-3311, extension 20, or emmawebb@accp.com.

ACCP Releases MTM Commentary

The 2006 ACCP Clinical Practice Affairs Committee commentary, “Medication Therapy Management Services (MTMS): Application of the Core Elements in Ambulatory Settings,” is now available on the ACCP Web site at http://www.accp.com/position/pos_AmCare.pdf. Approved by the Board of Regents at its January 2007 meeting, the commentary makes recommendations to enhance the “Medication Therapy Management in Community Pharmacy Practice Framework” developed by the American Pharmacists Association (APhA) and the National Association of Chain Drugstores (NACDS) Foundation. The APhA-NACDS framework provides guidance for pharmacists delivering MTMS in community pharmacy settings. The Clinical Practice Affairs Committee paper offers suggestions for expansion of the framework to facilitate delivery of MTMS in both the community pharmacy and other practice settings. It is anticipated that this commentary will assist practitioners in all ambulatory practice settings as they seek to establish innovative MTMS.

President’s Column

Stuart T. Haines, Pharm.D., FCCP, BCPS



Building Capacity: Making Residency Training for Pharmacists in Direct Patient Care Roles an Expectation

The number of individuals who wanted to pursue residency training this year (2007) soared. More than 2100 individuals participated in the residency matching program this year. Of course, this is the first time that PGY2 residency programs

have been included in the match, so the number is inflated, but only slightly, by that cohort. If you look at just the PGY1 statistics, you can see that there has been sustained growth in the number of individuals seeking residency training, as well as considerable growth in the number of residency programs and positions over the past decade (see table).

Growth in PGY1 Residency Programs, Positions, and Applicants: 1998 to 2007

	1998	2002	2007
PGY1 Residency Programs (Accredited)	247	380	653
PGY1 Residency Positions (Accredited)	582	887	1612
PGY 1 Residency Applicants (in Match)	737	802	1900

Data from American Society of Health-System Pharmacists Accreditation Services (personal communication, J. Teeters)

Unfortunately, the growth in the number of positions has not kept pace with the growth in the number of applicants. Moreover, the number of positions-even if the present rate of growth is sustained-is simply not enough to meet societal needs and thereby realize ACCP’s vision.

ACCP's Vision

By 2020, ACCP believes that postgraduate residency training should be a prerequisite for pharmacists who enter direct patient care roles.

To advance this vision and to foster profession-wide dialogue, ACCP leaders and members have asked the House of Delegates within the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the American Association of Colleges of Pharmacy (AACP) to consider similar policy statements-endorsing the concept that residency training is a necessary credential for new graduates to acquire if they wish to engage in direct patient care roles. The 2004 ACCP Task Force on Residencies articulated the College’s arguments in favor of this policy. I encourage ACCP members to read (yet again) the white paper published in *Pharmacotherapy* (<http://www.accp.com/position/paper013.pdf>). Whether residency training should be mandated by state law and become part of the licensure process OR whether it should remain voluntary and a critical element in institutional credentialing, clinical privileging, and payment, is another debate. For the foreseeable future, I believe residency training should remain voluntary. However, appropriate policies are needed that strongly encourage residency training and that discourage employers from permitting those not adequately trained to perform certain direct patient care tasks.

Does this mean that EVERY pharmacist in the future should complete a residency prior to entering practice? No. There will likely be some pharmacist roles that will not

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require residency training. For example, pharmacists in the future who primarily focus on the order fulfillment role may not need residency training, but may instead require additional postgraduate training in the areas of robotics, informatics, and systems engineering. Similarly, pharmacists who pursue a research career may or may not require residency training, depending on the type of research they plan to engage in. A graduate degree (Ph.D. or M.S.) and/or fellowship training would be appropriate for those individuals. And pharmacists whose primary role is to develop institutional or public policy should probably have a Master's or Ph.D. degree in Public Health, Health Policy, or Health Care Management.

Admittedly, not everyone agrees that residency training should become a prerequisite for new graduates to enter direct patient care roles. Some argue that the doctor of pharmacy degree adequately prepares graduates for these roles. Therefore, they argue, additional training is redundant, costly, and only exacerbates the pharmacist shortage. I agree that our pharmacy graduates today are better prepared for patient care roles than any previous generation of pharmacists. Many graduates eagerly seek direct patient care responsibilities and want to manage drug therapies. Yet most of them lack the depth of experience and "clinical maturity" to practice independently. Although schools of pharmacy can (and should) provide students with a breadth of experiences in many areas of practice, by design these experiences are relative short (usually 4 - 6 weeks) and occur in a variety of settings, each with its own patient care practice procedures, technologies, and culture. Moreover, students are ... well ... students. They pay tuition and therefore are primarily in a learner's role, a role where they are not held legally responsible for their actions. Of course, residency training may have some goals and objectives in common with doctor of pharmacy experiential rotations. However, the experiences are often much more rich because they occur in a single institution under the guidance of preceptors who all work together. Residents are licensed professionals who are paid for their contributions to patient care and who are held responsible for their actions. A residency is a transitional time for individuals to gain the confidence and clinical maturity to become independent practitioners.

If you believe residency training is necessary to best prepare pharmacists for direct patient care roles, the argument shouldn't be about WHETHER the vision is correct, but about HOW to achieve it.

Others have argued against residency training as a prerequisite for new graduates in direct patient care roles. They believe that such a prerequisite is unrealistic because there simply are not enough residency positions to meet current demand, and it is highly unlikely that by 2020 there will be 7500 residency positions to meet the anticipated needs. I agree that the number of residency programs and positions haven't kept pace and that the problem is likely to get worse if we don't make this a priority for the profession. Yes, there are also several barriers to achieving the vision. The need for more financial resources to create new residency positions would top my list. Creating an

abundance of rewarding patient care positions in community pharmacy is another. But to argue against residency training as a prerequisite for direct patient care roles simply because the goal is difficult to achieve is, in my opinion, a cop-out. If one believes that residency training is necessary for pharmacists to be well prepared for patient care roles, the argument shouldn't be about WHETHER the vision is correct, but about HOW to achieve it.

To reach our vision for the future of pharmacy, we need to build much more capacity. Similar to what we've witnessed with regard to increasing the number of pharmacy graduates, increases in the number of individuals who complete residency training will occur by developing new programs AND by expanding the number of positions within existing programs. It may come as a surprise, but the rapid increase in pharmacy graduates in recent years has been primarily due NOT to new pharmacy schools but rather to expanding enrollments in existing schools. Likewise, increases in the number of pharmacy residency positions must come primarily from existing programs. Although we undoubtedly need to develop new residency programs-and many practice sites are ripe for such development (e.g., community pharmacy and family medicine residency programs)-doubling, tripling, and quadrupling the number of residency positions in existing programs will have the biggest impact. The vast majority of pharmacy residency programs in the United States have fewer than four trainees, and the largest program in the country has 10 PGY1 residency positions. By contrast, according to the latest information available on the American Medical Association's FRIEDA (the Fellowship and Residency Interactive Electronic Database) website, there are 388 accredited Internal Medicine residency programs in the United States, roughly equivalent to the current number of pharmacy practice (PGY1) residency programs. But the number of Internal Medicine medical residents is 21,000 and the number per residency program is 56! Even much smaller physician disciplines, such as Family Medicine, typically have 20 or more residents in their programs.

I think the lessons from pharmacy schools and medical residency training programs are clear: we need to build the capacity of our existing programs. Existing programs have some distinct advantages. First, they have needed infrastructure, institutional commitment, and experienced preceptors. Second, financial commitments to accreditation and administrative costs for such things as advertising, recruitment, and program oversight have already been made, and these types of program expenses are relatively fixed. Although residents cannot and should not provide the level of service, quantitatively or qualitatively, that more experienced practitioners render, they are an important part of the work force and they can meaningfully contribute to the delivery of care. The decision to expand the number of pharmacist positions versus the number of resident positions within a given institution is one that each employer must weigh, whether the employer is a corporate entity managing hundreds of community pharmacies or a small community hospital with 100 beds. But I would argue that an investment in expanding the number of residency training positions is money well spent. Indeed, this investment will pay long-term dividends for both our patients and the pharmacy profession.

Research Award Deadlines Approaching

ACCP Frontiers Career Development Research Awards exist to support previously unmet or underserved areas of Pharmacy-Based Health Services Research, Clinical Research, or Translational Research. All ACCP members are encouraged to apply. Frontiers Research Awards may range from \$10,000 to \$30,000, depending on the proposal's requisite budget. **Application Deadline is June 1, 2007** - For more information, visit <http://www.accp.com/frontiers/research.php>.

Investigator Development Research Awards support the research efforts of ACCP members who qualify as new investigators (i.e., individuals within 10 years of completion of their formal training or first academic appointment). The various awards provide grants of \$20,000. The purpose of these awards is to provide funding for research projects that will contribute to the development of the principal investigator's research career; promote the safe, effective, and cost-effective use of medications; and advance the practice of clinical pharmacy.

- ACCP Pharmacotherapy Research Award
- Amgen Hematology/Oncology Research Award
- Amgen Nephrology Research Award
- AstraZeneca Health Outcomes Research Award
- Watson Laboratories Anemia Research Award



Application Deadline is July 16, 2007 - For more information, please visit <http://www.accp.com/frontiers/research.php>.

Did you know that you can donate your speaker's honorarium directly to the Research Institute's Frontiers Fund? Here's how.

Many ACCP members are invited to serve as speakers for a variety of continuing education programs throughout the year, and they receive an honorarium in return for their time. You can donate your speaker's honorarium directly to the Research Institute and will be given credit for a contribution in the amount of the honorarium. Honoraria so transferred are neither taxable nor tax deductible. Use the form at <http://www.accp.com/frontiers/honordon.pdf> to authorize the transfer of an honorarium from another institution. For additional information, contact Cathy Englund at ACCP by phone at (913) 492-3311 or by e-mail at cenglund@accp.com.

Clinical Lipidology Certification Established

The Accreditation Council for Clinical Lipidology (ACCL), an independent certifying organization, has developed

standards and an examination in the field of clinical lipidology for health care practitioners who manage and treat patients with lipid and other related disorders. The ACCL certification program is open to licensed pharmacists, nurses, nurse practitioners, physician assistants, dietitians, clinical exercise physiologists/specialists, and other health professionals.

To become credentialed, candidates must meet a set of basic eligibility criteria and fulfill specific training requirements for their profession. Although rigorous, the requirements have been designed to provide any advanced health care provider with demonstrated knowledge and experience in lipidology as an avenue to become certified as a Clinical Lipid Specialist. Those who meet the basic eligibility criteria and training requirements are eligible to take the certifying examination. The content of the examination focuses on metabolism of lipids; the genetics, diagnosis, and management of dyslipidemias and metabolic syndrome; pharmacologic therapy; and the fundamentals of nonpharmacologic therapy, including nutrition, exercise, and behavior and compliance. The examination is constructed at the upper level of difficulty and consists of 200 - 250 multiple-choice questions. For more information, visit the ACCL Web site at www.lipidspecialist.org.

Awards, Promotions, Grants, etc.

Jerry Bauman, Pharm.D., FCCP, BCPS, has been named Dean at the University of Illinois at Chicago College of Pharmacy....**Eric Boyce**, Pharm.D., has been appointed Associate Dean of Academic Affairs and Professor of Pharmacy Practice at the University of the Pacific School of Pharmacy.... **Rebecca Finley**, Pharm.D., M.S., was recently selected as the Founding Dean of the Jefferson School of Pharmacy at the Jefferson College of Health Professions in Philadelphia....**Joseph Hanlon**, Pharm.D., M.S., BCPS, is the 2007 recipient of the American Geriatric Society's Edward Henderson Award in recognition of Dr. Hanlon's research and publications focusing on elder care.... **Daren Knoell**, Pharm.D., FCCP, Associate Professor at the Ohio State University College of Pharmacy, received a grant in the amount of \$371,800 from the National Heart, Lung, and Blood Institute for a study titled "The Cytoprotective Role of Zinc Transporters in Human Lung Epithelia".... **Jim Koeller**, M.S., was recently named President-Elect of the Hematology/Oncology Pharmacy Association....**Tom Larson**, Pharm.D., FCCP, and **Henry Mann**, Pharm.D., FCCP, have been appointed as Associate Deans for Clinical Affairs at the University of Minnesota College of Pharmacy....**Gene Morse**, Pharm.D., FCCP, BCPS, received a grant in the amount of \$80,000 from the Campbell Foundation for a project titled "Novel Assays for Antiretroviral Intra/Extracellular Measurements"....**Kim Powell**, Pharm.D., M.S., was recently appointed Regional Dean - Abilene at the Texas Tech University Health Sciences Center College of Pharmacy....**Randall Rowen**, Pharm.D., has been named Campus Dean for the South Carolina College of Pharmacy....**Ted Tong**, Pharm.D., Associate Dean at the University of Arizona College of Pharmacy in Tucson, received the 2007 Procter & Gamble Lambda Sigma National Leadership Award.

New Members

Orly Anconina
Kevin Anger
Jennifer Bailey
Angelina Bannister
Lea Becker
Tara Chen
Nicole Conklin
Sadie Cox
Emily Dotson
Dana Dutcher
Ross Eardley
Cher Enderby
Keith Fester
Susan Flaker
Leah Hart-Banks
Tina Hatzopoulos
Michelle Ho
Jessica Holt
Anne Hurley
Karrie Jones
Scott Kaczorski
Tippu Khan
Jihoi Kim
Kristina Klein-Bradham
Linda Lawless
Yong Lee
Younghae Lim
Megan Matak
Samantha Mumford
Natalie Paul
Candy Peskey

Radhika Pisupati
Kari Prokopf
Xiaoying Quan
Ilka Ratsaphangthong
Mary Rhoads
James Ross
Erica Russell
Stephan Sadikian
Nana Safo
Sheila Sandberg
Matthew Sapko
Toni Schaeffer
Robin Schermerhorn
Amanda Schlein
Brandon Schminke
Gerald Scucci
Timothy Self
Marc Semprebbon
Patricia Simms
Kristin Smith
Leah Smith
Richard Smith
Jennifer Strickland
Rachel Strub
Michael Sweet
Jeffery Tichenor
Katherine Ung
Marcos Viera
Laura Vigland
Amanda Zelek

Moved or Moving? Changed Your E-mail Address?

Update Your Contact Information Online

ACCP members can update their contact information 24/7 on the ACCP Web site by following the procedures below.

1. Go to www.accp.com.
2. Choose My ACCP on the left side menu, then click on Contact Information.
3. Enter Username and Password to login. You will go to the Renew Dues page. (If you have a current bill for membership dues, you will see RENEW DUES on the blue, lefthand menu and on the right side tabs. Be sure to update your contact information before making your dues payment.)
4. Click on your name under Profile in the blue menu on the left.
5. Review your contact information. This is the information that other ACCP members can see about you.
6. To change your contact information, click Edit in the upper right options bar.
7. Make your changes and submit.

If you do not know your username and password, please contact the ACCP staff at membership@accp.com, or (913) 492-3311.

The following individuals recently advanced from Associate to Full Member:

Noll Campbell
Peter Golenia
Vanthida Huang
Cheng Qing Li
Sze Wee Ng
John Niewoehner

New Member Recruiters

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

Mayela Castillo
Michael Crouch
Susan Eade-Parson
Michael Kane
Mary Manning
Karen Petros
Dwayne Pierce
Andrea Sargent
Zachary Stacy

**Faculty Position
Director of Problem-Based Learning
School of Pharmacy
Texas Tech University Health Sciences Center**

The Texas Tech University Health Sciences Center School of Pharmacy (SOP) is seeking applicants for the newly created position of Director of Problem Based-Learning (DPBL). The DPBL will provide vision and strategic direction for the problem-based learning (PBL) initiatives of the SOP, as well as overall leadership for pedagogic evaluation, outcomes assessment, and faculty development for all PBL curricular experiences. The DPBL will work in concert with the Associate Dean of Academic Affairs, Division Chairs, and faculty teaching teams to ensure the equivalency of individual PBL experiences across campuses and consistency of instruction across all PBL-based courses.

Requirements. Qualified candidates should have a Doctoral degree (Pharm.D., Ph.D., or equivalent) with experience in professional pharmacy education preferred. The successful candidate will have a faculty appointment as a nontenured, assistant/associate professor in one of the academic departments of the SOP, dependent upon the qualifications of the individual. The DPBL will fulfill general faculty responsibilities (teaching, practice, scholarship, and service) matching his/her respective faculty appointment, together with a distribution of effort commensurate with a leadership position in the SOP. The opportunity to transfer to a tenure-track position can be negotiated.

Contact Information. Applicants should send a letter of application, curriculum vitae, and three letters of reference to:

**Shane Greene
Search Committee Chair
Texas Tech School of Pharmacy
VA Medical Center, Bldg 7 - R119A
4500 S Lancaster Rd
Dallas TX 75216
E-mail: shane.greene@ttuhsc.edu
Telephone: (214) 372-5300, x 235
Fax: (214) 372-5020**

Interested applicants must also access <https://jobs.texastech.edu/> to complete a brief online application.

For More Information. More information about the TTUHSC School of Pharmacy can be found at <http://www.ttuhsc.edu/sop/>

**Dean
College of Pharmacy
University of Texas**

The University of Texas at Austin invites nominations and applications for the position of Dean, College of Pharmacy.

The University of Texas at Austin is the oldest and largest of the University of Texas System's 15 component institutions. It has a main campus of more than 350 acres and 115 buildings, approximately 50,000 students, about 2,800 faculty members, and a staff of more than 14,500. The College of Pharmacy has 44 tenure/tenure-track faculty, 45 nontenure-track faculty, and 518 students enrolled in the doctor of pharmacy degree program.

As chief executive officer of the college, the dean is expected to provide vision and leadership for the college. We are looking for a dynamic, congenial leader with outstanding abilities in communication, research, and scholarship; administration; fund-raising; teaching; and service to the community. Evidence of having secured financial support for research and/or educational purposes and knowledge of, or experience in, raising funds from alumni and in the public and private sectors must be shown. The dean reports to the Executive Vice President and Provost of the university.

The candidate must qualify for appointment to the rank of professor with tenure in an academic unit of the college and have an earned Ph.D. in Pharmacy or a related pharmacy field and/or a Pharm.D. with appropriate residency or fellowship training. An undergraduate pharmacy degree (B.S. or entry-level Pharm.D.) is preferred. The dean must demonstrate a strong national and international record of academic accomplishment.

We welcome interested parties to submit application materials by June 15, 2007. Review of applications will begin immediately and will continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), along with a curriculum vitae and the names of 5 references, to phrmdean@uts.cc.utexas.edu. For more information, contact:

Robert O. (Bill) Williams III, Ph.D.
Johnson & Johnson Centennial Professor of Pharmacy
Consultative Committee for the Selection of the Dean of Pharmacy
College of Pharmacy
The University of Texas at Austin
Austin TX 78712
E-mail: phrmdean@uts.cc.utexas.edu

The University of Texas is an Equal Opportunity and Affirmative Action employer.

**Clinical Pharmacy Coordinator
Children's Hospital of Alabama
Birmingham, Alabama**

About Children's Health System:

The Children's Hospital of Alabama, a component of Children's Health System (CHS), is a not-for-profit, comprehensive children's health care system and the sole Level I trauma center and health care provider specializing in the care of pediatric patients within the state of Alabama. Since 1911, CHS has grown to become a leading center of pediatric research, training, and specialized care in the Southeastern U.S. Home to one of the largest pediatric outpatient centers in the nation, Children's Hospital, licensed for 275 beds, is also home to world-renowned laparoscopic surgeons, state of the art technology, the largest pediatric burn center in the southeastern U.S., and a leading pediatric hematology/oncology center and stem cell transplant program.

Job Description:

Children's Hospital of Alabama is seeking a Clinical Pharmacy Coordinator responsible for day-to-day functions of the pharmacy department. This individual will supervise the pharmacy staff and students assigned to provide clinical pharmacy services.

Qualifications:

The successful candidate must be a graduate of an accredited school of pharmacy, and possess a current pharmacy license and a controlled substance registration certificate. Qualified applicants must also possess the Pharm.D. degree. Completion of an American Society of Health-System Pharmacists accredited residency is preferred. Experience in a pediatric pharmacy practice, including state-of-the art unit dose drug distribution systems and active clinical pharmacy services, is desirable.

Contact us:

For more information, or to apply confidentially online, please visit www.chsys.org.

Children's Hospital of Alabama is an Affirmative Action/Equal Opportunity Employer.