

# ACCP Report

American College of Clinical Pharmacy

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

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## Best Poster Competitions Won by Parmenter, Guzzetta, Ybarra, and Ayrapetova

The winners of the Best Poster Awards from the 2008 ACCP Spring Practice and Research Forum were announced on Tuesday, April 8, 2008, at the conclusion of the day's poster session in Phoenix, Arizona. In all, 194 abstracts were presented at the Spring Practice and Research Forum. Of these, 80 were reports of original research, 36 described innovative clinical pharmacy services, 47 described original research in progress, and 35 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.

Mark A. Parmenter and Gina C. Guzzetta, from Midwestern University in Glendale, Arizona, won the Best Student Poster Award for "Diabetes risk, perceptions of risk, and physical activity patterns in an active older adult community." Mr. Parmenter and Ms. Guzzetta's coauthor on the poster was Erin Raney. The first runner-up in this category was Helen B. Kim from Touro College of Pharmacy in Vallejo, California, for "Mandating residencies for all pharmacy graduates by the year 2020: a study of existing programs' plans for expansion." Ms. Kim's coauthors were Hien Tran, Quang Bui, Faria Nusrat, Olivia Ng, Christina Thanawiwat, Danielle Richardson, Diane Nguyen, Quan Tran, and Julia Nguyen. The second runner-up was Alyssa M. Walker from the University of Colorado Denver School of Pharmacy for "Lopinavir/ritonavir (LPV/RTV) pharmacokinetics (PK) in human immunodeficiency virus (HIV)-infected cytochrome P450 (CYP) 3A5 expressers versus non-expressers." Ms.

Walker's coauthors were Christina L. Aquilante, Peter L. Anderson, Charles J. Foster, and Jennifer J. Kiser. The other Best Student Poster finalists were Jonathan Badger from the University of Wisconsin School of Pharmacy, Charles J. Foster from the University of Colorado Denver School of Pharmacy, and Tamar M. Rice from Mercer University College of Pharmacy and Health Services.



Nina Ayrapetova (left) accepts the Best Poster Award from ACCP President Gary Matzke.

Joseph V. Ybarra, from St. Luke's Episcopal Hospital in Houston, Texas, won the Best Resident and Fellow Poster Award for "Evaluation of high-dose atorvastatin for prevention of vasospasm in aneurysmal subarachnoid hemorrhage." Dr. Ybarra's coauthors were Thuy D. Nguyen, Miguel Salazar, Kevin W. Garey, Hesham Morsi, Elissa

F. Wible, and George A. Lopez. The first runner-up was Jessica Purcell from the Northeast Iowa Medical Education Foundation in Waterloo, Iowa, for "Adherence to osteoporosis and anticoagulation treatment guidelines in acute hip fracture patients." Dr. Purcell's coauthors were James D. Hoehns and Kristi Kavanaugh. The second runner-up was LaTonya R. Menefee from the University of Louisiana Monroe, College of Pharmacy in Monroe, Louisiana, with the poster titled "Assessment of third year pharmacy students' attitudes toward cultural competency before and after an educational intervention." Dr. Menefee's coauthors were Gagan Jain, Justin Sherman, Emily Evans, and Lesa Lawrence. The other Best Resident and Fellow Poster finalists were Todd Miano from Wake Forest University Baptist Medical Center and Megan N. Au from the Veterans Affairs Greater Los Angeles Healthcare System.

Nina Ayrapetova from Kingsbrook Jewish Medical Center in Brooklyn, New York, won the Best Poster Award with the poster titled "The incidence of malfunctioning sequential pneumatic compression devices." Dr. Ayrapetova's coauthor was Henry Cohen. The first runner-up in the Best Poster competition was



Joseph Ybarra (left) accepts the Best Resident and Fellow Poster Award from ACCP President Gary Matzke.



Best Student Poster Award Winners Gina Guzzetta (left) and Mark Parmenter (right) pose with ACCP President Gary Matzke.

Diana Bixner from the Pharmacotherapy Outcomes Research Center in Salt Lake City, Utah, for the poster titled “Clinical and economic outcomes in hepatitis C patients treated with peginterferon alfa-2a or peginterferon alfa-2b plus ribavirin.” Dr. Bixner’s coauthors were Teng-Chiao Chu and Tarek I. Hassanein. The second runner-up was James Backes from the University of Kansas Lipid, Atherosclerosis, Metabolic and LDL-Apheresis Center in Kansas City, Kansas, for the poster titled “Once weekly statin therapy effective and well-tolerated in patients with a prior statin intolerance.” Dr. Backes’ coauthors were Cheryl A. Gibson, Janelle F. Ruisinger, and Patrick M. Moriarty. The other finalists in the Best Poster category were Kelly C. Lee from the University of California, San Diego School of Pharmacy and Pharmaceutical Sciences in La Jolla, California; James Spalding from Astellas Pharma US, Inc., in Deerfield, Illinois; and David A. Sclar from Washington State University in Pullman, Washington.

Each winner received a commemorative plaque and \$250 to help offset travel expenses associated with attending the meeting. Serving as finalist judges for the three competitions in Phoenix were Cari Brackett, Lori Dickerson, Paul Dobesh, Marcus Ferrone, Mark Gonyeau, Laura Hansen, Mary Hayney, Brian Hemstreet, David Hoff, Robert MacLaren, Deborah Minor, Jo Ellen Rodgers, Cynthia Sanoski, James Tisdale, and Julie Wright.

The next abstract award competition will be held at the College’s 2008 Annual Meeting, October 19–22, in Louisville, Kentucky. The deadline to submit abstracts for the Annual Meeting is June 13. Abstracts should be submitted online at <http://accp.confex.com/accp/2008am/cfp.cgi>.

## Race to Louisville for the 2008 Annual Meeting

Mark your calendar for the 2008 ACCP Annual Meeting in Louisville, Kentucky, October 19–22. Meeting events will take place at the Kentucky International Convention Center, located in the heart of downtown Louisville. The home of the Kentucky Derby, “the most exciting two minutes in sports,” offers attendees a booming downtown and entertainment district.

Arrive in Louisville a day early and attend one of the premeeting symposia on Saturday, October 18. Choose from topics in ambulatory cardiology, critical care nephrology, training for faculty and preceptors, leadership, or research and scholarship development—the newest ACCP Academy certificate program, which will be unveiled at this year’s Annual Meeting.

**FOR STUDENTS:** a special Saturday afternoon program, developed exclusively for student pharmacists, will focus on clinical pharmacy specialties and subspecialties, emphasizing the many career opportunities afforded by pursuing specialization.

The core of the Annual Meeting consists of four curricular tracks: (1) Translational Research: Predicting Patient Response to Pharmacotherapy, (2) Respiratory Disease Through the Continuum of Care, (3) Quality of Care: Will Pharmacy Have a Say?, and (4) Emergency Medicine. Other meeting highlights include:

- ACCP Academy Offerings—both elective and required courses
- The Annual ACCP Recruitment Forum

- Pharmacy Industry Exhibits
- PRN Focus Sessions
- Satellite Symposia
- Scientific Poster and Platform Presentations
- The Inaugural ACCP Academy Graduation Ceremony

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

## Abstract Submission Deadline for 2008 Annual Meeting Is June 13



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

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

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

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

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

All abstracts accepted for presentation (with the exception of Encore Presentations) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting. **Excluding student submissions, the deadline to submit abstracts is Friday, June 13, 2008, midnight, Pacific Daylight Time.** For more information about the Call for Abstracts and the 2008 Annual Meeting, please contact Emma Webb, Project Manager – Education, at (913) 492-3311, extension 20, or [emmawebb@accp.com](mailto:emmawebb@accp.com).

## ACCP Releases “Model Practice in Research”

### Third Installment in New Online Series

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

“Clinical and Experimental Therapeutics,” by Dr. Susan Fagan from the University of Georgia College of Pharmacy, describes a clinical and translational research program designed to develop new treatments for stroke patients. Dr. Fagan describes the unique Stroke Laboratory at the Norwood V.A. Medical Center in Augusta, Georgia, and highlights the outcomes and impact of the laboratory’s research. The first two model practices in this series, “A Pharmacist-Staffed Inpatient Antithrombosis Service,” by Dr. William Dager from the University of California Davis Medical Center, and “Model Practice in Clinical Pharmacy Education,” by Dr. Milap Nahata from the Ohio State University College of Pharmacy, were released in March and April, respectively. These model practices can be accessed from the ACCP Web site at <http://www.accp.com/modelpractices.php> and are also available to all student members through the StuNet Web page.

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

### President’s Column

Gary R. Matzke, Pharm.D., FCCP



#### Globalization of Pharmacy: The Cognitive Services Revolution

The chief force reshaping manufacturing today, according to David Brooks of the *New York Times*—technological change—may also be one of the driving forces behind the transformation of pharmacy in the 21st century. Brooks contends that the central process driving this change is not globalization but rather a skills revolution.<sup>1</sup> Pharmacy is clearly at this crossroad; we are faced with the dilemma that pharmacists in this demanding age—all pharmacists but especially those who provide direct patient care—will need to rely on their evolving set of cognitive skills to be relevant in the future and receive compensation for clinical services not linked to the provision of a product. The globalization paradigm emphasizes that information can now travel around the world in an instant. Indeed, products can be dispensed from anywhere in the world, but the most important part of this “dispensing” is the provision of the initial consultation (i.e., the information that makes use of the product relevant

to the individual patient). This may include the coaching necessary to stimulate the patient to take the medication correctly as well as the monitoring plan—a plan that works best when the patient is engaged in his/her own care through the establishment of an ongoing relationship with the pharmacist.

Unfortunately, the future of pharmacy lacks a clear focus for many in the profession, and it is certainly an unclear landscape for other health professionals, insurers, regulators, and legislators, as well as the public. Among the key issues are the hopes that, someday soon, pharmacists will routinely use the patient-oriented cognitive skill set that academicians have been instilling in graduates for years and that the public will recognize what it can and should expect when patients interact with the pharmacist. These related issues are currently being addressed by the College’s Clinical Practice Affairs and Public and Professional Affairs committees. The commentaries they are now preparing will be significant steps toward building a broader awareness of the skills pharmacists have and where, when, and how patients should expect to benefit from these skills. Such efforts are aligned with the 2015 Vision for Pharmacy Practice released by the Joint Commission of Pharmacy Practitioners in 2005.<sup>2</sup>

#### JCPP’s Vision of How Pharmacists Will Practice in 2015

(Excerpted from ref 2)

Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients’ therapeutic outcomes. In doing so, they will communicate and collaborate with patients, caregivers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- Rational use of medications, including the measurement and assurance of medication therapy outcomes.
- Promotion of wellness, health improvement, and disease prevention.
- Design and oversight of safe, accurate, and timely medication distribution systems.

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- The most trusted and accessible source of medications and related devices and supplies.
- The primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications.
- Valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

The recently announced revolutionary model of change for community pharmacy practice, “Project Destiny,” which was developed through a collaboration between the American Pharmacists Association (APhA), the National Association of Chain Drug Stores (NACDS), and the National Community Pharmacists Association (NCPA), is complementary to the direction in which ACCP is heading. Project Destiny is

intended to shape the future of community pharmacy practice through a multistep process of recognition and acceptance within the profession, together with efforts to change the public's perception of pharmacists, their skills, and the services they provide<sup>3</sup>:

“The concept of a *primary care pharmacist* is a fundamental component of the transformation strategy. In order for this model of practice to be successful, *primary care pharmacists*, the community pharmacists of the present, will have to demonstrate their value by assisting patients and their providers in the overall management of medications and specific conditions.”

Pharmacists of the future will have to use their cognitive skills to affect overall patient care, with a specific focus on the management of multiple conditions, including the use of medications prescribed by multiple providers. The authors of this statement suggest that the time to initiate change is now. Furthermore, they project that pharmacy will either “survive under protection of legislation or flourish under a market oriented model that yields improved patient outcomes and better economic sustainability.”

*Project Destiny's Vision for Community Pharmacy*<sup>3</sup>

- Community pharmacists will fulfill the role of a primary care pharmacist, serving as a trusted and effective resource that is valued by consumers, prescribers, health care funders, and payers for their clinical and medical management expertise.
- The primary care pharmacist will demonstrate value by working with consumers to navigate throughout the health care delivery system and improve health outcomes through better medication and condition management.
- Working collaboratively with the health care delivery and financing systems, the primary care community pharmacist will focus on managing medications, positively impacting health outcomes, reducing overall health care system costs, and empowering consumers to actively manage their health.

So what can we learn from the global pharmacy community regarding the process of transformation of pharmacy practice? For decades, the clinical pharmacy movement has been pioneered and led by research and practice innovations that have largely emanated from the United States. However, as we enter the 21st century, many other countries have begun to redefine the roles and expectations of pharmacists. None has given pharmacists as much power as Great Britain.<sup>4-6</sup> Pharmacists began training to be supplementary prescribers in 2003, and more than 900 pharmacists in England are now qualified to prescribe in collaboration with a physician. This is analogous to the United States' collaborative drug therapy management (CDTM) partnerships now authorized in 44 states.<sup>5</sup> In 2006, Great Britain expanded the scope of pharmacy practice to include treating patients once pharmacists completed appropriate training. To qualify as an “independently prescribing pharmacist,” pharmacists must take a 9-week course and document at least 30 hours of

experience treating patients under a physician's supervision.<sup>4</sup> Although the number of non-physician prescribers remains small, their ranks are growing, and the government hopes they will someday become the norm. More than 300 pharmacists are now qualified and registered as independent prescribers in England.<sup>5</sup> Pharmacists who have met the standards may prescribe any licensed medicine for any medical condition they are competent to treat. In addition, changes to regulations will soon enable pharmacist prescribers to prescribe controlled drugs independently. Independent pharmacist prescribing is an important step toward increasing patient access to medications, making better use of pharmacist skills, and improving patient outcomes.

The leadership of the United Kingdom's National Health Service has stated that for pharmacy to take its rightful place as a clinical profession that fully contributes to the care of the public, individual pharmacists will have to assume greater clinical responsibilities and meet greater expectations with regard to ensuring patient safety, delivering quality care, and being accountable for patient outcomes. This futuristic vision from the governmental health care establishment has contributed to radical change within the pharmacy profession in the United Kingdom—pharmacy practice has indeed entered a new era there. In addition to the developments stated, the United Kingdom has established recognition of new roles and responsibilities:

- Pharmacists with special interests, including dermatology, diabetes, drug misuse, and anticoagulant monitoring.
- Consultant pharmacists, working mainly in hospitals but with the potential to extend into primary care, who have expertise in specialties such as pediatrics, mental health, geriatrics, critical care, cancer, and HIV.
- Community pharmacists developing local clinical services.
- An expanded role for pharmacy technicians that includes the provision of more services directly to the public, including medication reconciliation and medication discharge counseling.<sup>5</sup>

While the United Kingdom has moved aggressively in support of broadened pharmacist responsibilities, the free market system of health care in the United States has not endorsed this concept, despite a decade of emerging evidence that documents the benefits of clinical pharmacy services.<sup>7,8</sup> The FDA recently entertained the possibility of implementing a third class of drugs that would be available through a pharmacist's “prescription.”<sup>9</sup> The ultimate benefits of this approach will only be achieved if there is an expectation of, and policy support for, active patient-centered interaction between pharmacists and consumers that enhances patients' understanding and appropriate use of such “third-class” medications. Evidence from other countries using pharmacist-only systems for access to designated medications suggests that these benefits are substantial and that they are valued by consumers.<sup>10</sup>

Finally, there are at least two other initiatives on the horizon that may move the U.S. pharmacy community closer to the reality of pharmacy practice that is emerging in England. First, the clinical pharmacy demonstration projects, which were funded by the Health Research and Services Administration from 2000 to 2002, were undertaken to ascertain if access to medications, when delivered as part of comprehensive pharmacy services, makes a substantial

and affordable contribution to improvements in the health status of the predominantly low-income populations served by community health centers (CHCs). Data from these demonstration projects have spawned a new wave of funding for the expansion of pharmacy practice models in CHCs. The provision of disease state management services by clinical pharmacists, which “appeared to add value to the CHCs and ... suggested that ... further research should evaluate patient outcomes,” will now be rigorously assessed in 40 centers across the country. If these data are conclusive and positive, perhaps then Medicare and other providers will consider changing their payment policies to recognize clinical pharmacy services as a legitimate approach to care. Second, progress on the legislative front is also moving forward with the introduction last month of [H.R. 5780 – The Medicare Clinical Pharmacist Practitioner Services Coverage Act](#) by Representative Heather Wilson (R-NM).<sup>11</sup> This legislation proposes the provision of payment under Medicare Part B for “pharmacist clinicians” and “clinical pharmacist practitioners” who have been granted “prescriptive authority ... by New Mexico and North Carolina state statute(s).” These new terms define pharmacists who meet the unique “advanced credential” standards of each respective state, and thus, as the bill is currently written, only these select individuals would be eligible to receive payment from Medicare. At least in theory, by changing state practice acts to amend CDTM rules and regulations to mirror those in New Mexico and North Carolina, other pharmacists could also become eligible for Medicare Part B payment for pharmacist services.

Many exciting opportunities lie ahead for the pharmacy profession. Expansion of the scope and responsibilities of pharmacists and pharmacy technicians in all practice settings (community, institutional, and other environments) is on the horizon. Now is clearly a time to actively speak out to all who will listen so that we can express with a unified voice our willingness to accept greater clinical responsibilities and deliver the level of care that the public deserves. This is not only the challenge for a few key leaders, but rather for all pharmacists. Will you accept this challenge?

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## 2008 Pharmacotherapy Preparatory Course Available Online

The *2008 Updates in Therapeutics: The Pharmacotherapy Preparatory Course* is now available as an online educational program through the ACCP Online Educational Center at <http://www.accp.com/bookstore/ppc08.php>.



The online program duplicates the live program, featuring the same lectures and slide presentations as well as handouts, and offers up to 21.0 contact hours of continuing pharmacy education credit. This program will be available for online access through October 31, 2009. The lectures from the *2008 Pharmacotherapy Preparatory Course* are also available on a CD-ROM.

Presenters are Debra Barnette, Linda Bressler, Robert DeYoung, Edward Foote, Brian Hemstreet, Tudy Hodgman, William Kehoe, Teresa Klepser, Kirsten Ohler, Jo Ellen Rodgers, Melody Ryan, Gordan Sacks, Curtis Smith, Anne Spencer, and Ceresa Ward.

The *2008 Pharmacotherapy Preparatory Course* covers the following topics:

- Acute Care Cardiology
- Ambulatory Care
- Biostatistics
- Clinical Trial Design
- Critical Care
- Endocrine and Metabolic Disorders
- Fluids, Electrolytes, and Nutrition
- Gastrointestinal Disorders
- General Psychiatry
- Geriatrics
- HIV/Infectious Diseases
- Infectious Diseases
- Men’s and Women’s Health
- Nephrology
- Neurology
- Oncology Supportive Care
- Outpatient Cardiology
- Pediatrics
- Pharmacokinetics

All program content was developed and coordinated by ACCP members and staff.

### ACCP Research Institute Announces Recipients of 2008 Fellowships



The 2008 Sanofi-Aventis Oncology Research Fellowship was awarded to Andrea Eberly, Pharm.D., B.S., from the University of Washington in Seattle. Her preceptor is Jeannine S. McCune, Pharm.D., BCPS, BCOP. The 2008

Ortho-McNeil Infectious Diseases Research Fellowship was awarded to Heather Owens, Pharm.D., M.S., from the University of Southern California School of Pharmacy in Los Angeles. Her preceptors are Annie Wong-Beringer, Pharm.D., FCCP, and Paul Beringer, Pharm.D., BCPS, FCCP. Congratulations to both winners.

## ACCP Research Institute Issues Call for 2008 Investigator Development Grant Proposals

The Research Institute is currently accepting proposals for the 2008 Investigator Development Research Awards. It is anticipated that up to \$40,000 of support will be awarded in 2008 for the Investigator Development Research Awards. The purpose of these awards is to provide funding for projects that will contribute to the investigator's research career; promote the safe, effective, and cost-effective use of medication; and advance the practice of clinical pharmacy. These awards support the research efforts of ACCP full or associate members who qualify as new investigators (i.e., 10 or fewer years since completion of their formal training or first academic appointment).

The deadline for submission of applications is Thursday, May 15, 2008, at 5:00 p.m. CST. For more information and to download application materials, go to <http://www.accp.com/frontiers/research.php>.

## Now Accepting Applications for 2008 Mini-sabbatical Opportunities:

### Hematology/Oncology, Pain and Palliative Care, and Infectious Diseases

Looking for a way to expand your clinical or research skills? A mini-sabbatical may be right for you. Members of ACCP Practice and Research Networks (PRNs) are encouraged to take advantage of this exclusive opportunity offered by three of ACCP's PRNs. Mini-sabbaticals are open to ACCP members who wish to gain experience or expand their skills in practice and/or research under the guidance of experts in a particular therapeutic area. The mini-sabbaticals offered this year for their respective PRN members are:

- Hematology/Oncology PRN Mini-sabbatical
- Pain and Palliative Care PRN Mini-sabbatical
- Infectious Diseases PRN Mini-sabbatical

The deadline for applications is **June 2, 2008**. Check the Web site at <http://www.accp.com/frontiers/research.php> for more information.

## 2008 Frontiers Fund Campaign: Realizing Clinical Pharmacy's Potential

The 2008 Frontiers Fund Campaign signals a new beginning for the Research Institute. Frontiers Fund donations in 2008 will support new programs and awards for clinical pharmacists to enhance their scholarship and professional growth. Whether you are a new graduate, clinical practitioner,

pharmacy educator, or researcher, the ACCP Research Institute can help you realize your professional development goals. A list of all the generous 2007 contributors to the *Frontiers Fund* can be found at <http://www.accp.com/frontiers/contributors.php>. Donations to the *Frontiers Fund* can be made in memory of a loved one or in honor of a survivor, mentor, or friend. Your tax-deductible gift can be made online by major credit card at [www.accp.com/frontiers](http://www.accp.com/frontiers).



## Annual Research Institute Fund-raising Event

In fall 2008, the Research Institute will host a gala salute to the Frontiers Fund at the annual meeting in Louisville, Kentucky. If you have asked yourself—"What is the impact of the Frontiers Fund on individuals and our organization?"—please join us for this celebration. The Research Institute will not, however, hold a silent auction this year in Louisville. The reason is simple: during the past few years, the event has *not* been sufficiently profitable to justify its continuation as an annual Institute fund-raising event. Nonetheless, the Research Institute extends its sincere thanks to all of the auction's past donors, volunteers, and participants. Please watch future issues of the *ACCP Report* for details about a *new* Research Institute fund-raising event at the Fall 2008 Annual Meeting. We look forward to your continued support of the Research Institute and hope to see you at the 2008 gala in Louisville.

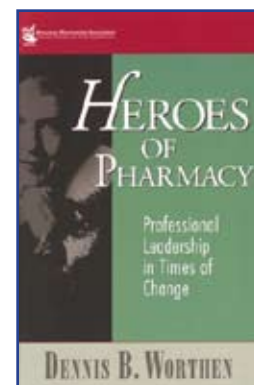
## New at the ACCP Bookstore This Month

Wondering what's new at the ACCP bookstore this month?

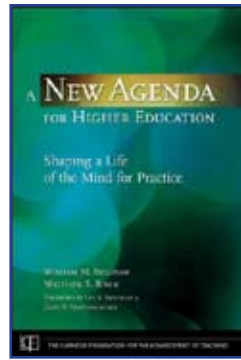
*Heroes of Pharmacy: Professional Leadership in Times of Change* by Dennis B. Worthen is our newest offering. Anyone currently in the pharmacy profession has been influenced by the leaders who have gone before. This book comprises 30 essays profiling the professional lives of American pharmacists who changed the way we use medicines worldwide and, in so doing, changed the profession of pharmacy. You will want to read these insights into two centuries of professional progress in education, practice (both institutional and community), manufacturing, government, publishing, and association leadership.

We continue to focus on expanding our Teaching and Learning educational resources. This month, we have six new titles that will assist new and seasoned clinical pharmacy faculty in inspiring their students:

- *A New Agenda for Higher Education: Shaping a Life of the Mind for Practice* by William M.



Sullivan. For more than a decade within pharmacy, periodic calls have been made for an integration of professional and general or liberal education. This new book extends the argument. In collaboration with the Carnegie Foundation for the Advancement of Teaching, the authors propose that “practical reasoning” be the common goal of liberal and professional education, using theory and critical thinking to solve problems that graduates encounter in their professional, civic, and personal lives.



- *What the Best College Teachers Do* by Ken Bain. Winner of the Virginia and Warren Stone Prize awarded annually for an Outstanding Book on Education and Society, this book offers valuable answers to the question, “What makes a great teacher great?”
- *Developing Outcomes-Based Assessment for Learner-Centered Education* by Amy Driscoll and Swarup Wood strives to empower faculty to develop and maintain ownership of assessment by articulating the learning outcomes and evidence of learning that are appropriate for their courses and programs.
- *Leaving the Lectern* by Dean A. McManus records the story of how one professor at a research university used a form of active learning to change the way he taught—from traditional lecture and examinations to cooperative learning and student projects.
- *The Skillful Teacher* by Stephen D. Brookfield. This second edition offers inspiration and down-to-earth advice to new and experienced teachers, showing them how to thrive on the unpredictability and diversity of classroom life.
- *Student-Assisted Teaching: A Guide to Faculty-Student Teamwork*, edited by Judith E. Miller, James E. Groccia, and Marilyn S. Miller, is a handbook providing a range of models for student-assisted teaching partnerships. This innovative book will assist faculty in making learning more student-centered, more effective, and more productive.

These new titles are available at the ACCP online bookstore at <http://www.accp.com/bookstore.php> or by calling (913) 492-3311.

## Holding People Accountable? A Managerial Misnomer

*Editor’s note: ACCP collaborates with LeaderPoint to bring you a series of articles on popular topics in leadership and management. For information on the upcoming 2008 ACCP Leadership Experience, June 17–20 in Kansas City,*

*MO, please go to <http://www.leaderpoint.biz/accp.htm>. Registration remains open, although space is limited.*

“My management style is that you don’t overmanage your people. You don’t second-guess them. You let them make mistakes. You hold them accountable.”  
Former Gillette CEO James Kilts

This might sound like boilerplate language from just about every management text you’ve ever read, but coming from Kilts, who successfully turned a slumbering corporate giant into a nimble corporate power, it is sound advice. Still, Kilts’ words can be easily misunderstood, especially in terms of the concepts of accountability and responsibility. Managers too often misconstrue accountability as a justifiable measure for punishing people for underdelivering—and it results in a misapplication of the concept of accountability.



Managers today are concerned with getting more done using fewer resources, which means they must accomplish two goals: (1) extract high levels of results and (2) nurture, develop, and foster the growth of employees. In the role of being in charge, managers must engage in a number of functions, including planning, implementing, and monitoring.

In **planning**, managers identify consequences (the major objectives they seek to achieve) and the specific outcomes that can lead to those consequences.

**Implementing** involves work and objectives to other people—creating and maintaining work contexts that enable them to focus on performance.

But to get outstanding results through the efforts of others, and develop and refine them along the way, managers must assign **accountability** for the substantial goals expected and established by the manager.

It is the manager’s job to create and communicate clear expectations for what others must accomplish – not necessarily what they should do or how they should do it. And articulating the significance of what others must accomplish sets the stage for them to *take responsibility* for what must be done.

*Responsibility* is the expectation one creates for oneself; it cannot be assigned like accountability. Simply assigning work to people does not mean they will take responsibility for doing it – or doing it right. Often, people think of responsibility as a character trait: “He is not a responsible person” is typical. But responsibility for accomplishing work or a desired outcome can rest as much with the manager as with the employee. An effective manager will find ways to enable others to actively, willingly, and even enthusiastically *take responsibility*. At any rate, the manager retains the responsibility until they do.

When implementing through others, managers should assign what must be done in a way that helps them take responsibility – and clear-cut accountabilities make a big difference. Vague expectations, which wind up getting left to interpretation, confuse people; it is hard for them to take responsibility for things they don’t understand.

Open discussion, negotiation, and resolution of accountabilities clarify what is expected. By engaging in this

dialogue and making sure that expectations are understood, people have the opportunity to take responsibility. If they are unclear or uncertain about the expectation or its parameters, the dialogue gives people a chance to take action such as seek clarity or request more authority or resources. Other things managers can do to help people take responsibility:

- Remove distracters so people can focus on performance related to work.
- Establish compelling common goals that bring people together – this lends deeper meaning to the expectation(s).
- Encourage and promote cooperation so that people will help each other in seeking common ends.
- Assign peers as resources – those who are best able to point out ways to move the work along.
- Provide meaningful feedback, as close to the work as possible, on progress.
- Celebrate significant successes; people are more likely to take responsibility when morale is high.
- Be absolutely clear about where decisions are to be made and what resources are available.
- Finally, when individuals fail to contribute, provide leadership to help them reframe how they think about the work. Coercion, punishment, and the threat of “holding people accountable” are never effective alternatives.

For managers to get exceptional results *and* help people grow, individuals must willingly take responsibility for accomplishing great things.

## New Members

Thomas Addison	Danielle Britt
G. Ola Adejuwon	Gary Brooks
Sarah Adriance	Jude Broussard
Gita Akhavan-Toyserkani	Debra Brown
Kristen Allison	Kamaria Brown
Jamie Allman	Lisa Brown
Nancy Alvarez	Laura Buckley
Cecily Amato	Jacinda Byrd-Smith
Calvin Anderson	David Campana
Hurdle Anderson	Katherine Carey
Ann Anthony	Sylvain Casimir
Gustavus Aranda	Judith Caspellan
Jonthan Badger	Laura Casteel
Zhinus Bahraini	Christine Castillo
Brandon Bailey	Scott Castor
Jennifer Baker	Jeffrey Cavanaugh
Kristina Ballinger	Steven Chen
Rhea Battle	Su-Fen Chen
Raman Baweja	Feibi Chi
Melanie Belcher	Yuen Chin
Marty Bennett	Ashely Choi
Lettitia Bernard	Shanna Christensen
Fernand Betancourt	Kristine Chu
Hemali Bhagat	Nikolina Cingel
Michael Biglow	Karen Collrell
Sheila Bigner	Ana Couriel
Danielle Blacharski	Casey Covrett
Leora Blander	Magdalena Cudny
Wayne Bohenek	Joli Dace
Aurora Breckenfeld	Michelle Delcorral

Eugene DeMambro  
 Kim DeRhodes  
 Ann Dieren  
 Tynesha Dodd  
 Monica Domadia  
 Maria Drake Ware  
 Bridget DuMont  
 George Dunham  
 Randy Durr  
 Kim Dwyer  
 Eberenna Egwu  
 Kathleen Eipers  
 Laurie Elmes  
 Rian Extavour  
 Jennifer Faccio  
 Lindsey Farrell  
 Anthony Fatalo  
 Nathan Fewel  
 Andrea Finkler  
 Kristen Finley  
 Eileen Fischer  
 Glory Fletcher  
 Charlene Flowers  
 Stephanie Flowers  
 Mary Foy  
 Julie Frick  
 Amaris Fuentes  
 Anita Fung  
 Jacob Funk  
 Demetria Gaines  
 Howie Ganser  
 Monica Golik  
 Ann Gorman  
 Laura Governale  
 Kasey Greathouse  
 Kelley Griffith  
 Ivette Grubb  
 Gabretta Guerin  
 Chara Gunawardhana  
 Gina Guzzetta  
 Jennifer Halsey  
 Jacob Hanlin  
 Jill Harding  
 Alicia Hardy  
 Suzanne Havican  
 Amanda Heeren  
 Pieter Helmons  
 Adrienne Hill  
 Shaynan Hill  
 Nathalie Hinman  
 Gabrielle Hitchcock  
 David Hoffman  
 Renee Holder  
 Cory Holland  
 Monica Holmberg  
 Rebecca Horne  
 Brandon Howard  
 Jacquelyn Howe  
 Fauzia Hussain  
 Ogechi Ikediobi  
 Rebecca Jacobi  
 Schirger James  
 Aroonjit Jenkosol  
 Daniel Jimenez

Chris Johnson  
 Stephanie Johnson  
 Douglas Joseph  
 Lisa Joseph  
 Dean Kang  
 Aaron Katz  
 Alison Keillor  
 Corey Kennelly  
 Kyunghee Kim  
 Hope Kimura  
 Kenneth Knipp  
 Allison Kobin  
 Julianne Koch  
 James La Tourette  
 Melissa Lamoreaux  
 Michael Larkin  
 Hope Le  
 Pascal Le Corre  
 Amy Lee  
 Joyce Lee  
 Ted Lee  
 Kimberly Lehrfeld  
 Teresa Lenaerts  
 Robert Leopold  
 Kevin Leung  
 Li Li  
 Yanhua Li  
 Mary Liddelow  
 Jerald Limcolioc  
 Dana Lorenz  
 Katherine Low  
 Kimberly Lowman  
 Beverly Lukawski  
 Linda Luu  
 Cynthia Ly  
 Joshua Mallow  
 Mary Martin  
 Donald Matson  
 Carleton Maxwell  
 Edith Uzo Mbachu  
 Brian McBride  
 Clinton Mc Cormick  
 Tamela McCreadie  
 Kevn McDermott  
 LeeAnn McGinley-Wright  
 Katie McKillip  
 John McKnight  
 Melanie McLeod  
 Hina Mehta  
 Michele Meredith  
 Marie Michael  
 Lesley Miller  
 Monte Monfore  
 Betsy Moore  
 Jim Moore  
 Meghan Morgan  
 Akane Morii  
 Fungisai Mugwagwa  
 Era Murphy  
 Carl Murray  
 Suhey Nash  
 Jennifer Neal  
 Nolan Ngo  
 Tina Ngo

Carolyn Nguyen  
Lauren Nguyen  
Nicholas Nguyen  
Phuong Nguyen  
Marc Nienhuis  
Kristin Nobrega  
Heidi Noon  
Charlie Norconk  
Emily Oh  
Melissa Opsahl  
Debbie O'Sullivan  
Molly Panasantikul  
Tina Park  
Kerri Parks  
Mark Parmenter  
Nikhil Patel  
Dipika Patel  
Jagruiti Patel  
Rina Patel  
Swati Patel  
Jay Peloquin  
Jennifer Peng  
Alexandra Perreiter  
Rachel Perritt  
Emily Peterson  
Lynn Pierzchalski-Goldstein  
Heidi Pillen  
Megan Pintens  
Faith Powell  
Maria Pozo  
Tricia Rader  
Monika Rajpal  
Delicia Ratliff  
Arzo Razaq  
Kristen Reed  
Ronald Reed  
Don Reeder  
Jennifer Reeves  
Ramona Reyes  
Stewart Reyna  
Whitney Rice  
Kristen Richter  
Pam Richter  
Angela Riley  
Melinda Robbins  
Adriana Robles  
Ingrid Robotham  
Matthew Rodriguez  
Latrice Roebuck  
Rebecca Roush  
Alexis Rumbin  
Danielle Russell  
Becky Rutledge  
Andrea St. Hill  
Ellyn Schill  
Alison Schlang  
Scott Schmelder  
Kathryn Schultz  
Christie Schumacher  
Ruth Scroggs  
Sheila Seed  
Dorinda Segovia  
Paul Senuty  
Leslie Servidio

Elisabeth Sharp  
Paul Shaw  
Kelly Shields  
Whitney Shields  
Francis Simon  
Abbi Smith  
Karen Smith  
Melanie Smith  
Roy Snider  
Shereef Soliman  
Dwight Song  
Rosy Suleman  
Carl Sullivan  
Padma Sundareshan  
Jennie Swearngen  
Valorie Swensen  
Mia Ta  
Caroline Taazieh  
Kyle Tadaki  
Thomas Takashima  
Jaime Thomas  
Keri Tillman  
Christopher Tobiason  
Mandy Torres  
Rolando Torres  
Michael Tran  
Raelene Trudeau  
Chad Tuckerman  
Poonam Patel Tzorfas  
DeAnne Udby  
Eva Ung  
Sean Ustic  
Mari Uto  
Christina Valencia  
Stephen Valerio  
Yari Valle  
Lindie Van Tonder  
Andrew Varker  
Peter Varvatsis  
Logan Vasina  
Brad Vaughan  
Tami Vaughan  
Stephanie Vickers  
Tam Vu  
Lois Vuoncino  
Kristine Wall  
Karen Waller-Gaffney  
Uerica Wang  
Cheryl Ward  
Julie Warren  
Brittany Warrick  
Acaysia Webster  
Veronica West  
Brooke Whitmore  
Laura Wicks  
Courtney Widmer  
Courtney Wilcox  
Evan William  
Robert Wills  
Yurie Woo  
Amanda Worshum  
Michael Wu  
Liu Xinyue  
Miki Yamashita-Kaneuchi

Stella Jonghee Yoo  
Melissa Yowonske  
Yilong Zhang

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

Zulma Bueno  
Terry Clark  
Bruce Doepker  
Nadia Hellenga  
Kenneth Roberts  
Katie Speidel  
Marcia Walker

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

Heather Bieber  
Jill Burkiewicz  
Sheryl Chow  
Steven Erickson  
Karen Fogarty-Monserud  
Michael Kruse  
Tran Le  
David Luke  
Gary Matzke  
Scott McConnell  
Maryam Rejali  
P. David Rogers  
Shane Scott  
Maureen Smythe



## College of Pharmacy

### Faculty Position Assistant or Associate Professor Pharmaceutics/Biopharmaceutics

The College of Pharmacy at Oregon State University invites applications for a 12-month tenure-track position in pharmaceutics at the assistant or associate professor level. The successful candidate will join a dynamic group devoted to using molecular techniques, micro/nanotechnology, cell culture, genetically modified rodent models, and other novel approaches to optimize drug delivery and drug absorption. Candidates should possess research experience in pharmaceutics or biopharmaceutics and will be expected to establish a vigorous, extramurally funded research program training graduate students and postdoctoral fellows in their area of expertise. Teaching responsibilities include participation in pharmaceutics and biopharmaceutics courses within the Pharm.D. program and graduate courses in the candidate's research specialty.

A Ph.D. degree is required in pharmaceutics, biopharmaceutics, or a related field. Candidates with innovative postdoctoral experience, evidence of securing research funding, and potential for teaching in pharmaceutics and biopharmaceutics will be given preference.

A complete job description and an online application form can be found at <http://oregonstate.edu/jobs>. Applicants should, in addition, send a personal letter describing their research plans and teaching interests, a curriculum vitae, and the names and complete contact information of at least three references to:

**J. Mark Christensen, Ph.D.**  
**Chair, Faculty Search Committee**  
**Department of Pharmaceutical Sciences**  
**Oregon State University**  
**203 Pharmacy Building**  
**Corvallis, OR 97331-3507**  
**Telephone: (541) 737-5788**  
**E-mail: [jmark.christensen@oregonstate.edu](mailto:jmark.christensen@oregonstate.edu)**

The position becomes available after September 15, 2008, and will remain open until a suitable candidate is found.

*OSU is an AA/EO Employer and has a policy of being responsive to the needs of dual-career couples.*



# KAISER PERMANENTE®

## Clinical Pharmacy Specialist Kaiser Permanente Colorado

Kaiser Permanente, the nation's largest privately sponsored health care delivery system, has exciting opportunities for motivated clinical pharmacy specialists in Cardiac Risk, Cardiology, and Primary Care in the Denver/Boulder metropolitan area. Successful candidates will participate in the planning and implementation of region-wide programs to optimize drug therapy outcomes in this progressive managed care setting. Opportunities are available for educating pharmacy students and residents. Research participation is encouraged.

A Doctor of Pharmacy degree with a postgraduate year 2 (PGY2) residency, or equivalent experience, and a Colorado pharmacist license are required. Board certification is required within 3 years of the date of employment.

Kaiser Permanente Colorado's Pharmacy Department employs over 600 individuals with more than 100 clinical pharmacy specialists and clinical pharmacists in areas such as Anemia Growth Factor, Anticoagulation, Asthma/Allergy, Cardiac Risk, Cardiology/Heart Failure, Continuing Care, Diabetes, Drug Information, Gastroenterology, Infectious Diseases, Mental Health, Nephrology, Neurology, Oncology, Palliative Care, Primary Care, Rheumatology, Research, Solid Organ Transplant, Call Center, and International Travel.

We offer an excellent salary and benefits package. Support for continuing education, professional memberships, and board certification is included. Enjoy the Rocky Mountains while shaping the development of premier clinical pharmacy services in the not-for-profit managed care environment.

Qualified applicants should send a letter of interest, a curriculum vitae, and three letters of reference to:

**Beth Chester, Pharm.D., BCPS**  
**Quality & Clinical Pharmacy Manager**  
**Kaiser Permanente Colorado**  
**16601 East Centretech Parkway**  
**Aurora, CO 80011**  
**Telephone: (303) 326-7612**  
**E-mail: [beth.chester@kp.org](mailto:beth.chester@kp.org)**

*Kaiser Permanente is an AA/EEO Employer.*

**Chair  
Division of Pharmacy Practice  
University of Missouri–Kansas City  
School of Pharmacy**

The School of Pharmacy is seeking a qualified and motivated individual for the position of Chair of the Division of Pharmacy Practice. The responsibilities of this position include the administration of a team of 30 faculty members on two campuses (Kansas City and Columbia) located at multiple practice sites; the mentoring and recruitment of new faculty; the oversight of both division and interdisciplinary research programs; the coordination and delivery of didactic instruction; and participation in the planning of new school initiatives. The division includes both pharmacy practice and sociobehavioral faculty. The Chair reports directly to the Dean of the School of Pharmacy and has interactions with other units involved in health care professional education.

The successful candidate should have a terminal doctoral degree (Pharm.D. or Ph.D.), be eligible for pharmacist licensure in the state of Missouri, and have significant career accomplishments that would qualify the individual for the rank of associate professor or professor. Nontenured, tenure-track, and tenured individuals will all be considered. Preference will be given to individuals with prior administrative experience and/or an exemplary record in professional leadership. Salary will be commensurate with experience. The position will be available on or after September 1, 2008. For full consideration, applications should be received by July 1, 2008.

UMKC is a comprehensive research university exemplifying the values of education first, innovation, accountability, diversity, and collaboration. The School of Pharmacy is one of the four health professional schools on the UMKC “Hospital Hill” campus and is housed in a new facility. The Division of Pharmacy Practice is the largest of the three divisions in the School of Pharmacy, interfacing with the Division of Pharmaceutical Sciences and the Division of Pharmacology and Toxicology. For more information about UMKC, visit [www.umkc.edu](http://www.umkc.edu) or <http://pharmacy.umkc.edu>.

UMKC recognizes that a diverse faculty, staff, and student body enrich the educational experiences of the entire campus and greater community. To this end, UMKC is committed to recruiting and retaining faculty, students, and staff who will further enrich campus diversity. In this regard, the university makes every attempt to support their academic, professional, and personal success.

Nominations and applications indicating interest in the position, a complete curriculum vitae, and the names of three references should be forwarded to:

**Robert W. Piepho, Ph.D.  
Chair, Search Committee  
School of Pharmacy  
University of Missouri–Kansas City  
2464 Charlotte Street, HSB 2315  
Kansas City, MO 64108-2718  
Telephone: (816) 235-1609  
E-mail: [piephor@umkc.edu](mailto:piephor@umkc.edu)**

*Applicants who are not U.S. citizens must state their current visa and residency status. UMKC is an AA/EEO Employer. Women, minorities, veterans, and individuals with disabilities are encouraged to apply. All final candidates will be required to successfully pass a criminal background check before beginning employment.*



**Clinical Assistant Professor  
Psychiatric Pharmacy**

The College of Pharmacy at the University of Texas at Austin is seeking applications for a psychiatric pharmacist for a nontenure-track faculty position at the rank of clinical assistant professor within the Pharmacy Practice Division. The successful candidate must have an earned Doctor of Pharmacy degree from an ACPE-accredited school of pharmacy, be licensed or eligible for licensure in the state of Texas, have successfully completed a psychiatric pharmacy residency or have gained equivalent experience, and be able to demonstrate teaching ability. The successful applicant will be expected to teach in the Pharm.D. program, provide instruction in the graduate program in Pharmacy Practice and Pharmacy Administration, and teach residents specializing in psychiatry and psychiatric pharmacy. Most organized coursework is team-taught. Clinical service that supports resident and Pharm.D. student education is expected. The successful candidate will have the opportunity to collaborate with tenured and tenure-track faculty on research and scholarship.

We welcome qualified applicants to submit their application materials by July 1, 2008. Review of applications will begin immediately upon receipt and will continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), together with a curriculum vitae and the names of three references, to the following e-mail address: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu).

All inquiries should be sent to:

**Sherrie Bendele**  
**Program Coordinator**  
**The University of Texas at Austin**  
**1 University Station, A1910**  
**Austin, TX 78712-0124**  
**E-mail:** [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu)  
<http://www.utexas.edu/pharmacy/>

*Qualified women and minorities are encouraged to apply.  
The University of Texas is an Affirmative Action, Equal Opportunity Employer.*



**Assistant, Associate, or Full Professor  
Emphasis in Psychiatric Pharmacy Research**

The College of Pharmacy at the University of Texas at Austin is seeking applications for a psychiatric pharmacist for a research-intensive tenure-track assistant professor or a tenured associate or full professor. The qualified individual must have research training (fellowship, M.S., or Ph.D.) in an area that is conducive to conducting research in psychiatric pharmacy. Current research programs focus on mental health outcomes and health services research. Qualified candidates must have an earned Doctor of Pharmacy degree from an ACPE-accredited school of pharmacy, be licensed or eligible for licensure in the state of Texas, and be able to demonstrate teaching ability. Appointment as associate professor or full professor requires demonstrated and sustained extramural grant support and research and scholarship achievements consistent with appointment to that rank at a research-intensive university. In addition to performing cutting-edge research, the successful applicant will be expected to teach in the Pharm.D. program, provide instruction in the graduate program in Pharmacy Practice and Pharmacy Administration, and teach residents specializing in psychiatry and psychiatric pharmacy. Most organized coursework is team-taught.

We welcome qualified applicants to submit application materials by July 1, 2008. Review of applications will begin immediately upon receipt and will continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), together with a curriculum vitae and the names of three references, to the following e-mail address: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu).

All inquiries should be sent to:

**Sherrie Bendele**  
**Program Coordinator**  
**The University of Texas at Austin**  
**1 University Station, A1910**  
**Austin, TX 78712-0124**  
**E-mail: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu)**  
**<http://www.utexas.edu/pharmacy/>**

*Qualified women and minorities are encouraged to apply.  
The University of Texas is an Affirmative Action, Equal Opportunity Employer.*