

ACCP Report

American College of Clinical Pharmacy

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

Vol. 28, No. 5; May 2009

Best Paper and Poster Competition Won by Cavallari, Kleinow, and Kim

The winner of the Best Paper Award during the 2009 ACCP/ESCP International Congress in Orlando, Florida, was announced on Tuesday, April 28, 2009, at the beginning of the final Congress plenary session. New this year, each Best Paper finalist gave a 10-minute platform presentation and attended a special post-presentation question-and-answer session with the Congress's Best Paper Judging Panel. The winners of the Best Poster Awards were announced on Sunday, April 26, 2009, during the final Congress poster session. In all, 396 abstracts were presented at the Congress. Of these, 148 were reports of original research, 65 described innovative clinical pharmacy services, 47 described original research in progress, and 64 were student submissions. In addition, several papers were encore presentations of work that had been given in abstract form at other scientific meetings.

Joong D. Kim, from the University of Washington in Seattle, won the Best Student Poster Award for "Atenolol pharmacokinetics and excretion in breast milk during the first 6–8 months postpartum." Ms. Kim's coauthors on the poster were Gail D. Anderson, Megan L. Buchanan, Jinny K. Eun, Debra A. Brateng, Darcy B. Carr, David K. Blough, David E. Woodrum, Thomas R. Easterling, and Mary F. Hebert, all from the University of Washington in Seattle. The runner-up in this category was Philippe Colucci from the Université de Montréal in Montreal, Quebec, Canada, for "Bioequivalence potential of a new extended-release formulation determined by clinical trial simulations." Mr. Colucci had two coauthors, Jacques Turgeon from the Centre Hospitalier de l'Université de Montréal (Research Center) in Montreal, Quebec, Canada, and Murray P. Ducharme from Cetero Research in Cary, North Carolina. The other finalists were Claire Chapuis from the University Hospital in Grenoble, France; Benjamin Dropkin from Hamilton College in Clinton, New York; and Tobias Dreischulte from the University of Strathclyde in Glasgow, United Kingdom.



Joong Kim (left) accepts the Best Student Poster Award from ACCP John Murphy (right).

Megan E. Kleinow, from Detroit Medical Center in Detroit, Michigan, won the Best Resident and Fellow Poster Award for "Renal dysfunction is associated with reduced warfarin maintenance dose and increased INR instability."

Dr. Kleinow had three coauthors. The first coauthor from Detroit Medical Center on the poster was Jennifer L. Clemente; the second coauthor was Candice L. Garwood from Wayne State University in Detroit, Michigan; and the third coauthor was Peter Whittaker, from Wayne State University in Detroit, Michigan. The first runner-up in the Best Resident and Fellow Poster Award category was Natacha Beaulieu from Pharmacie Jean-François Guévin in Montreal, Quebec, Canada, for "Impact of access to clinical information on community pharmacists' interventions with polymedicated patients: a randomized controlled trial." Dr. Beaulieu had seven coauthors. Her coauthor from the Pharmacie Marc Champagne, in Montreal, Quebec, Canada, was Catherine Cellini. Dr. Beaulieu's coauthors from CSSS de Laval – Cité de la Santé, Laval, Quebec, Canada, were Amélie Garneau, Olivier Turpin-Lavallée, Hélène Lachance-Demers, and Alain Turcotte. Dr. Beaulieu's coauthors from CSSS de Laval – Cité de la Santé et Faculté de pharmacie, Université de Montréal, in Montreal, Quebec, Canada, were Lyne Lalonde and Marie-Claude Vanier. The second runner-up in the Best Resident and Fellow Poster Award category was Kathryn A. Connor from The Regional Medical Center at Memphis in Memphis, Tennessee, with the poster titled, "Differences in cell migration and protease secretion between normal and type-1 diabetic fibroblasts." Dr. Connor's coauthors, from Wayne State University, Detroit, Michigan, were William J. Lindblad, Mamata Vallury, and Anjan Kowluru. The other finalists were Jaewook Yang from the Western University of Health Sciences in Los Angeles, California, and Chen F. Fangting from Chang Gung Memorial Hospital – Kaohsiung, in Kaohsiung, Taiwan.

Larisa H. Cavallari from the University of Illinois in Chicago, Illinois, won the Best Paper Award with the presentation titled "Genetic and clinical determinants of warfarin dose requirements in African Americans." Dr.



Megan Kleinow (right) accepts the Best Resident and Fellow Poster Award from ACCP President John Murphy (left).

Cavallari's coauthors from the University of Illinois were Kathryn M. Momary, Shital R. Patel, Nancy L. Shapiro, Edith A. Nutescu, and Marlos A.G. Viana. The first runners-up in the Best Paper competition were Ulrika Gillespie and Anna Alassaad from the University of Uppsala in Uppsala,



Larissa Cavallari (center) accepts the Best Paper Award from ACCP/ESCP International Congress Abstract Co-chairs Bradley Phillips (left) and Foppe van Mil (right).

Sweden, with the presentation titled "A comprehensive pharmacist intervention to reduce morbidity in patients aged 80 years or older: a randomized, controlled trial."

The second runner-up in the Best Paper competition was Sandra S. Garner from the Medical University of South Carolina in Charleston, with the presentation titled "Effect of computerized prescriber order entry with decision support on antibiotic errors in neonatal late onset sepsis." Dr. Garner's coauthors, also from the Medical University of South Carolina in Charleston, were Toby H. Cox, Michael G. Irving, Elizabeth G. Hill, Robin Bissinger, and David J. Annibale. The other finalists in this category were Nicholas B. Norgard from the University at Buffalo School of Pharmacy and Pharmaceutical Science, Buffalo, New York; Sule Apikoglu-Rabus from the Marmara University in Istanbul, Turkey; Hui-Ping Liu from the Taipei Medical University-Shuang Ho Hospital in Jhonghe City, Taiwan; Philip M. Clark from the Yeditepe University in Istanbul, Turkey; and Jason S. Haney from the Medical University of South Carolina in Charleston. Each winner received a plaque and \$250 to help offset travel expenses associated with attending the meeting. Serving as finalist judges for the three competitions in Orlando were Gretchen Brophy, Marie Chisholm-Burns, Rex Force, Brian Hemstreet, Hannelore Kreckel, Sunny Linnebur, Eric MacLaughlin, Gary Matzke, Varsha Metha, Mary Beth O'Connell, Beth Resman-Targoff, Cynthia Sanoski, Daniel Touchette, Barbara Wiggins, and Gary Yee.

The next abstract award competition will be held at the College's 2009 Annual Meeting, October 18-21, in Anaheim, California. The deadline to submit abstracts for the Annual Meeting is June 15. Abstracts should be submitted online at <http://accp.confex.com/accp/2009am/cfp.cgi>.

ACCP Engages Obama Administration and Congress on Health Reform, Key Advocacy Issues



ACCP staff, together with staff of other national pharmacist organizations, met with members of President Barack Obama's Health Care Reform Team on Tuesday, May 5, to urge the inclusion of pharmacists' clinical services in their framework for health care reform. The group presented joint principles, studies, and data on the role of pharmacists in patient care in all practice settings and emphasized the importance of supporting and expanding

pharmacist services that improve patient care outcomes and decrease health care costs as a component of the Administration's health care reform efforts.

Among the members of the reform team in the meeting was a physician whose own practice experience at one of the nation's leading cancer institutes included the services of clinical pharmacists. He challenged the group to articulate how similar services, which he found valuable in his practice, could be most effectively delivered in a health care system increasingly characterized by ambulatory care services for patients with multiple chronic diseases.

Using the [Pharmacy Principles for Health Care Reform](#), endorsed by a consortium of the national pharmacist organizations, the meeting focused on:

- Improving the quality and safety of medication use,
- Ensuring patient access to needed medications and pharmacy services, and
- Promoting pharmacy and health information technology interoperability.

In a follow-up communication, recently developed [principles](#) for incorporating pharmacists' clinical services within the framework of the patient-centered primary care medical home were also shared with the White House team. In a separate [May 11 letter](#) to newly confirmed Health and Human Services Secretary Kathleen Sebelius, ACCP Executive Director Michael Maddux summarized the clinical and economic benefit of clinical pharmacists' direct patient care services and the importance of including these services in health care reform proposals. Many observers regard Sebelius, the former governor of ACCP's home state of Kansas, as a progressive and analytical policy-maker who is open to new approaches to health care delivery. ACCP staff will follow up with the Secretary's office in the coming weeks to provide additional information on clinical pharmacists' services as details of the Administration's health care reform framework emerge.

On the congressional front, both the Senate Finance Committee and the Senate Committee on Health, Education, Labor and Pensions are continuing their intense schedules of forums, hearings, and publication of draft documents on delivery system reform, coverage issues, and quality and safety. The Leadership for Medication Management coalition, coordinated by ACCP, continues to meet regularly with members of Congress and their health staff members to seek changes to the Medicare program. These changes would provide more comprehensive clinical services by pharmacists for beneficiaries who are either not eligible for MTM services under their Part D drug plan or who require a level or scope of services that exceeds what is currently available to them.

Finally, in response to the need for enhanced support for health professions education and training identified in the Senate Finance Committee's outline for health care reform, ACCP sent a [letter to Senate Finance Committee](#) Chairman Max Baucus (D-MT) this week urging restoration of Medicare funding support for specialized (PGY-2) pharmacy residencies as a component of his health care reform framework. In the letter, ACCP Associate Executive Director Ed Webb referenced the Senator's desire to promote greater collaboration among health care providers to achieve better care coordination. Describing the valuable and comprehensive interprofessional training experiences that are a hallmark of specialized residency training, ACCP also provided the committee with copies of the College's [position statement on residency training](#) and previous correspondence with CMS on the residency funding issue.

Respond to 2010 Committee Charge Survey by May 18

To help ACCP determine the important issues it will address next year, please respond to the College's annual survey at <http://www.accp.com/misc/commsurvey.aspx> by midnight (Central Time), Monday, May 18. The process of developing the College's 2010 committee and task force charges starts with individual ACCP members. The Board of Regents and staff will use their ideas, combined with input from other sources, to begin developing next year's committee and task force charges. Even if one has several suggested areas for ACCP to pursue, the survey will require only a few minutes to complete. Once next year's charges have been developed, follow-up e-mails will be sent to all members in late June and early July to determine their willingness to serve on a 2010 committee or task force. Responding to that follow-up e-mail will constitute the official communication to ACCP that members wish to serve on a 2010 committee or task force. At that point, even if they have no time to be on a committee this year, the College hopes that members will share their ideas regarding important issues to address or projects that should be undertaken by visiting the link above and providing suggestions.

International Congress Draws Delegates from 52 Countries to Orlando

During the last week of April, almost 1800 ACCP, ESCP, and PPAG members and nonmembers joined forces in Orlando, Florida, for 5 days of education and networking at the 2009 ACCP/ESCP International Congress on Clinical Pharmacy,

ACCP Updates in Therapeutics: The Pharmacotherapy Preparatory Course, and PPAG International Pediatric Pharmacy and Clinical Pharmacology Symposium. Delegates from 52 countries participated in the meeting, including clinical pharmacists from Brazil, Egypt, Lebanon, Taiwan, Saudi Arabia, and most European countries.

Nick Barber, B.Pharm., Ph.D., MR.Pharm.S., FRSM, from the University of London, kicked off the International Congress with the keynote address, "Protecting Our Patients: Clinical Pharmacy's Role in Safety and Error Prevention." This theme of placing patients first to make medicine safer was woven throughout the sessions during the meeting week. Curricular tracks on technology and medication safety; complementary and alternative medications; pharmacogenomics and culture's impact on medication use; and medication error assessment offered participants a chance to explore the latest data from a variety of perspectives, with faculty from around the globe presenting. In addition to more than 100 hours of educational programming, attendees enjoyed casual networking at the poolside Opening Reception, the PRN networking forums, and the Closing Reception at the Rosen Centre Hotel.

Handouts from meeting session are available online to all meeting registrants at www.accp.com, where they may also claim CE and evaluate the meeting sessions. If you were unable to make it to Orlando, Prep Course products are available for purchase through the ACCP Bookstore, www.accp.com/bookstore. Keep an eye on the ACCP Web site for information about your next opportunity for networking and education—the 2009 ACCP Annual Meeting, October 18–21, 2009, in Anaheim, California. Make plans to join ACCP at that meeting as we celebrate 30 years of excellence in clinical pharmacy practice, education, and research!

Call for Abstracts

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

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

Abstracts may be submitted in one of the following categories:

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

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

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

Student Submissions: Submission criteria are those of an Original Research presentation. Partially completed data are acceptable for inclusion. Abstracts should provide an assessment of the likelihood of project completion by date of presentation. The presenting author must be a student.

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

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

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

Student Meeting Attendees Gain Practical Insights into Preparation for Postgraduate Training

Students attending the exclusive student session, “Navigating the Transition from Pharmacy School to Residency: Perspectives from Current Residents,” held at the recent ACCP/ESCP International Congress on Clinical Pharmacy, received tips, tools, and advice to prepare for postgraduate training. Attendees were able to interact directly with residents in PGY-1, PGY-2, and dual-degree programs.

Shannon Holt, Pharm.D., PGY-1 Pharmacy Practice Resident at Duke University Hospital, shared with students “Residency Prep 101: What to Do While You Are Still in Pharmacy School.” Dr. Holt provided students a detailed timeline of the residency application process, offered examples to help prepare a curriculum vitae and letter of intent, and shared key tips to prepare for the interview process.

Rachel Stratman, Pharm.D., BCPS, PGY-2 Critical Care and Chief Resident at the University of Kentucky’s UK HealthCare, together with Russell Attridge, Pharm.D., M.S. Candidate, and Specialty Resident in Pharmacotherapy at the University of Texas Health Science Center, gave students a real-world “day-in-the-life” perspective of residency training during their presentation, “Making the Most of Residency: Time Management and Lessons for Success.” Drs. Stratman and Attridge shared strategies they have employed to meet the many demands on a resident’s time and resources.

This practical hands-on approach to prepare for postgraduate training was well received by the attendees. Here is just a sample of the comments made by session participants:

- “The program was more specific to transitioning from a student to a resident; more applicable to where I am right now.”
- “[I enjoyed hearing from] successful residents with a broad range of experiences. Handouts with examples of CVs, cover sheets, and timelines were very helpful.”
- “I got so much out of this program. It was extremely informative and helpful!”

Even if you were unable to join us in Orlando, you can still obtain the meeting handout materials and slide presentations. Please [click here](#) to access these valuable career preparation materials.

Make plans now to join us at the ACCP Annual Meeting in Anaheim, California, October 17–21, 2009. Students attending this meeting will have the opportunity to network with a variety of clinical pharmacy leaders, attend the ACCP Residency Forum, showcase their research interests during the student poster session, and attend an exclusive session highlighting specialty career paths and opportunities within the clinical pharmacy profession.

Student Travel Awards and group meeting registration discounts will again be available for the upcoming Annual Meeting. Please visit the StuNet Web site at www.accp.com/stunet in the coming weeks for updated Annual Meeting information for students. We look forward to seeing you in Anaheim!



President’s Column

John E. Murphy, Pharm.D., FCCP

Knocking Down the Silos

In my presidential address this past October, I promised that ACCP would work toward breaking down barriers and toppling silos that limit the organization and our profession from moving forward. At the time, I was thinking most about how we pharmacists tend to talk to ourselves about the valuable services we provide while often missing the boat on getting the message to our colleagues in other professions. Although this is common among all professions, pursuing opportunities to change this behavior is worthwhile, at least in my opinion. One example of ACCP’s activities in this area that can help create change is the terrific paper prepared by the 2007 Task Force on Interprofessional Education (IPE) (<http://www.accp.com/docs/positions/whitePapers/InterProfEduc.pdf>). This document provides valuable background on efforts to develop programs that enhance the potential of health care providers to work together on high-performing teams to advance patient care. I am personally fortunate to be extensively involved in developing IPE programs and understand the many challenges associated with them as well as the potential for creating a new future health care delivery model. ACCP has also been extensively involved with the medical profession this year through its efforts to include the pharmacist in the medical home model being discussed as part of the Administration’s current health care reform agenda. We continue to reach out to other professions and to the patient advocate community whenever possible to advance the value of pharmacists providing clinical care to patients.

However, the story I want to tell in this missive relates to breaking down silos within our profession. ACCP has always worked to be at the cutting-edge in advancing clinical pharmacy practice. Of course, we were not the only organization desiring to move the profession in a clinical direction, but we certainly have always pushed the limits. Unfortunately, the lack of formal recognition of pharmacists as health care providers has long hampered the full-fledged development of clinical pharmacy. Therefore, in addition to focusing on a variety of important issues related to advancing the delivery of direct patient care by clinical pharmacists, gaining provider status has been a major goal of ACCP for several years. This goal is not simple to achieve, and our chance of making it happen by working alone is unlikely. Therefore, we have been working diligently with the other national pharmacy organizations for the past few years through collaborations such as the Joint Commission of Pharmacy Practitioners, the Leadership for Medication Management, and the Council on Credentialing in Pharmacy. These groups examine the best ways to communicate the dramatic changes occurring in the profession, which are allowing us to move away from a product focus and toward assuming responsibility for enhancing medication-related outcomes for our patients. I don’t think organized pharmacy has ever spoken so directly from the same page. Our message remains difficult to sell because politicians too often observe limited patient care services when receiving their prescriptions. It is difficult to make the case that

pharmacists should be paid for patient care services when they aren't provided consistently. We in pharmacy often beat ourselves up about this, when the reality is that most pharmacists would be happy to switch from dispensing and minimal counseling to more extensive patient care roles if they were paid to provide them. I do not know of any other health care providers who work for free (excluding, of course, pro bono work), and we cannot provide patient care services without being compensated either.

For these reasons, ACCP has consciously chosen to work with pharmacy organizations across the entire profession to convince politicians that a new and better health care system would have to recognize the value pharmacists could provide to patients. In a recent example of this, Ed Webb and representatives of several of the major pharmacy organizations met with President Obama's health care transition team. They stressed the importance of embracing change instead of continuing to pursue outmoded and unsuccessful models of care delivery. For this message to resonate and lead to change this year, pharmacists from all settings will have to stress to their legislators what could happen if we are given provider status. Therefore, I urge all members to break down any mental silos you might have toward other segments of the profession and band together to create the opportunity for pharmacy we all want to see in the new health care system that will emerge from current reform efforts. Please rest assured that ACCP will continue to seek ways to lead the evolution of clinical pharmacy, but our chances to do so will be dramatically increased if pharmacists receive their rightful recognition as health care providers. Down with the silos.

ACCP StuNet Advisory Committee Applications Due June 15

Attention student pharmacists: Would you like to become more involved with the American College of Clinical Pharmacy? ACCP student members who want to develop leadership skills, expand opportunities for student pharmacists within



ACCP, and introduce other students to the many facets of clinical pharmacy are encouraged to apply for appointment to the 2009–2010 ACCP National StuNet Advisory Committee.

The National StuNet Advisory Committee is an ACCP committee composed of members appointed each year by the ACCP President. Members generally serve a 1-year term, and the committee is typically composed of 8–12 members. The leadership of the committee is also appointed by the ACCP President.

Leadership positions include the Chair (1-year term), the Vice Chair (2-year term; serves first year as the Vice Chair and then assumes the Chair position during the second year), and the Secretary (1-year term). If you are a student interested in serving on the 2009–2010 ACCP National StuNet Advisory Committee, either as a member-at-large or in a leadership role, please visit <http://www.accp.com/stunet/advisoryCommittee.aspx> for more information about the committee and how to apply. The deadline for applications is June 15, 2009.

ACCP PBRN Registry Tops 300 Members More Clinicians Encouraged to Join



More than 300 individual ACCP members have joined the ACCP PBRN Registry since the online registry went live at the end of January 2009. An additional 257 pharmacists have joined from other existing PBRNs. A list of ACCP PBRN members by individual PRN appears in the table that follows.

ACCP PBRN Members by PRN^{a,b}

PRN	PBRN Registered Members (5/7/09)	% Each PRN Membership	No. of Members of Each PRN
AMBU	64	6.02	1064
AMED	36	4.76	756
CADM	11	4.98	221
CARD	43	5.44	791
CNSY	8	5.30	151
CRIT	62	5.15	1204
DINF	7	3.59	195
EDTR	26	9.49	274
EMED	8	6.90	116
ENDO	14	8.14	172
GERI	12	5.77	208
GLIN	14	8.86	158
HMON	26	4.91	529
IMTR	20	8.40	238
INDU	3	1.21	248
INFD	53	4.63	1144
NEPH	13	7.18	181
OCEC	7	4.79	146
PAIN	17	7.49	227
PEDI	21	4.76	441
PKPD	5	3.47	144
WOMN	11	8.40	131

^aMembers may select more than one PRN.

^bTotal individuals registered = 302.

The ACCP PBRN registry is open to all ACCP members who are involved in direct patient care or have access to patients for research purposes. No research experience is required. However, like any human subject research project, the ACCP PBRN requires each member to have taken part in human subjects protection training. If your institution does not offer this training, a no-cost online training module is available. Contact the ACCP PBRN at prbn@accp.com for more information.

More Clinicians Needed

Not many pharmacists have been exposed to PBRN research and are thus not familiar with it. Recently, a member expressed her interest in joining the ACCP PBRN but was concerned that she was “just a clinician” and had no research experience. In fact, both clinicians and clinical researchers are the type of members we are looking for to join the ACCP PBRN. In particular, clinicians (whom we often refer to as

PBRN members), many of whom may or may not have any research expertise, are much needed. Practice-based research cannot be conducted without clinicians because they are essential in generating research ideas from practice and helping to translate research findings into practice. The role of the ACCP PBRN is to provide collaborative opportunities among members and clinician-researchers, as well as the informatics infrastructure, data collection tools, training and education, grant writing, IRB consent form templates, and other services to our members. We share one common goal in desiring to solve practice questions through practice-based research efforts.

However, a certain amount of work will be required of each site wanting to participate in any particular study. Members will need to obtain IRB approval at their local level before enrolling if unable to use central IRB approval. More importantly, each ACCP PBRN member and site may choose the studies in which it wants to be involved. It is a win-win situation for both the clinicians and clinical researchers.

Members interested in learning more about PBRNs or the ACCP PBRN in particular are encouraged to visit our Web site at www.accpri.org/pbrn. We are currently developing a demonstration project for the PBRN. According to the Board's direction, this project will have the potential to involve as many ACCP PBRN members as possible, regardless of their practice settings. Once the demonstration project is well under way, we will begin opening up the ACCP PBRN to individual grants and proposals from our membership. Please stay tuned for updates as we move forward. In the meantime, we encourage you to register today. To our fellow established pharmacist PBRN researchers, we ask that you register your PBRN with us. The Registry can be found at <http://www.accpri.org/pbrn/registration.aspx>.

Now is the time to join the ACCP PBRN. We want to show our external funding agencies the capacity and unique capabilities and strengths that will make the ACCP PBRN not only the first national clinical pharmacy PBRN, but also representative of the depth and breadth of experience that makes ACCP unique. Please contact us at pbrn@accp.com if you have any suggestions or comments.

Developing Guidelines for ACCP-Industry Interactions: An Update

As announced in last month's issue of the *ACCP Report*, the ACCP Board of Regents (BOR) charged a three-member task group representing the BOR, the ACCP Research Institute Board of Trustees, and the *Pharmacotherapy* Board of Directors to develop draft guidelines on organization-industry relationships for consideration by all three boards beginning next month. The members of the task group are ACCP Past President Gary Matzke (Virginia Commonwealth University), Research Institute Trustee Richard De Leon (Amgen), and *Pharmacotherapy* board member Glen Schumock (University of Illinois).

A resulting draft of the guidelines that reflects the preliminary consensus of all three boards will then be released to PRN leaders, chapter officers, and the ACCP membership at-large for comment. After receipt of PRN, chapter, and individual member input, the three boards will draft and adopt a final guidelines statement for implementation on January 1, 2010. The timetable originally established for this policy development process is detailed below.

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

Auburn University Motivational Interviewing Training Institute Announces July 31–August 2 Training Program

The Auburn University Motivational Interviewing Training Institute (AU MITI) will offer an institute for intensive motivational interviewing (MI) skills development training from July 31 to August 2, 2009. This institute, which includes 22 hours of continuing pharmacy education, is designed to help clinical practitioners achieve excellent case management goals and patient clinical outcomes with the MI skills they develop in the MITI training.



The early-bird registration discount deadline is July 1—tuition for each institute is \$550, but tuition is discounted to \$500 for those who register before the early-bird registration deadline. Registration for this and future institutes is now open at www.cmsa.org/aumiti. Additional details about the institute are available at the Web site. Please note that space is limited to the first 50 registrants.

Institute cofounders and facilitators Drs. Bruce Berger, Jan Kavookjian, and Bill Villaume engage institute participants in a unique learning environment within the beautiful Auburn University campus, not far from the Atlanta airport. To learn more about the program and to see what past attendees have said about the value of the AU MITI experience, visit www.cmsa.org/aumiti.

New Research Institute Grant



Deadline for Applications: June 1, 2009

Have you ever wanted to experience what it is like to work with top-notch scientists at a state-of-the-art bioanalytical laboratory? Do you need additional data to strengthen or extend existing research proposals in order to secure more funding? The Research Institute is pleased to announce a new funding opportunity for full and associate ACCP members.

An extended listing of bioanalytical tests performed on your own stored research samples is available. The PPD Bioanalytical Fluid and Tissue Sample Grant Award supports the bioanalytical research efforts of ACCP member researchers. As a grantee, you would travel to a state-of-the-art PPD facility in Richmond, Virginia, or Madison, Wisconsin, to work with and learn from on-site scientists. The grant covers the costs related to each grantee's travel, sample shipping, and analyses while at PPD. The deadline for applications is June 1, 2009. The application is available at <http://www.accpri.org/bioanalytical/index.aspx>.

Explore Publishing Opportunities with ACCP

The American College of Clinical Pharmacy is always seeking to develop new publications and products in conjunction with ACCP members. If you have an idea for a book, teaching aid, monograph, or other informational product that you believe should reach a market that includes clinical pharmacists, faculty, students, and/or allied health care practitioners, we would like to talk with you about working with ACCP to publish and market your ideas.

Here is your opportunity to develop a resource to advance knowledge and, at the same time, enhance your professional development. Publishing with ACCP can help establish your professional reputation while giving you the opportunity to make a significant contribution to the clinical pharmacy field.

To discuss your publication/product ideas and explore opportunities with ACCP, please contact Janel Mosley, Publications Project Manager, at jmosley@accp.com, or visit <http://www.accp.com/docs/bookstore/proposal.pdf> to complete an ACCP Publishing Proposal.

New Members

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|----------------------|---------------------|
| Oluremi Abayomi | Brittany Allen |
| April Abbott | Obianuju Allen |
| Dalia Abdelhalim | Amy Anderson |
| Al Abrahamsen | Hailey Anderson |
| Amanda Abrahamsen | Christina Andrade |
| Beatrice Adams | Rebecca Arcebido |
| Danyel Adams | Amy Armiutrou |
| Linsi Adams | Amelia Arnold |
| Keith Adcock | Andrew Arter |
| Berook Addisn | Nicole Asal |
| Narin Ahmed | Folabi Ashimi |
| Ganiat Ahmed-Wanorue | Bernadette Asias |
| Jill Ahstadt | Anthony Au |
| Simou Ahu | Emiliya Bagdasarian |
| Rezurta Ajuti | Ryan Baker |
| Diane Akin | Stefanie Baker |
| Lulu Al-balbeesi | Jennifer Barker |
| Nerissa Alday | Jeff Barnes |
| Elizabeth Alford | Tiffany Barrios |
| Paul Algeo | Kassandra Bartelme |

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| Timothy Bassell | Cassandra Clement |
| Jaime Bastian | Kende Clemons |
| Shelene Bauer | Francoise Cleveland |
| Shaneka Baylor | Candace Cloud |
| Alysa Beard | Katlyn Cochran |
| Tischa Becker | Helena Coelho |
| Bethany Bedford | Dominique Comer |
| Andrew Beers | Zach Conroy |
| Theresa Behanne | William Coolidge |
| Gillian Bell | Jen Cooper |
| Chad Belton | Erin Corica |
| Timothy Bensman | Suzannah Cox |
| Jakub Berek | Melissa Creel |
| Erin Bethea | Jeffrey Cruz |
| Adam Biesek | Nicholas Cummings |
| Julie Billedo | Kevin Curler |
| Shelly Billington | Joycelyn Curry |
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| Dareen Bleibel | Kelly Daniels |
| Dayla Boldt | Questin Darcey |
| Silvia Boos | Robin Davis |
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| Lindsay Bouwkamp | Anthony DeMonte |
| Marty Boyd | Andrew DeMotto |
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| Vanessa Bradley | Patricia DeScioli |
| Amber Brave Rock | Melissa Diamond |
| Martin Breen | Allison Dias |
| Adam Bress | David Dillinger |
| Lizbeth Brice | Nancy Dinew |
| Traci Bricker | Brian Dinh |
| Ben Brocious | Jayne Dinsmore |
| Jennifer Bronzell | Lisa Dixon |
| Marlana Brookhart | Daniel Dohoan |
| Marissa Brunelle | Jenna Domzalski |
| Michelle Bryson | Megan Ducker |
| Quang Bui | Kelsey Duplaga |
| Vien Bui | Jenkaa Dzekashu |
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| Kyle Burcher | Heather Edwards |
| Kimberly Burkhalter | Christine Eisenhower |
| Arielle Burnett | Jill Ellis |
| Amy Burton | Joslyn Emerson |
| Meredith Bush | April Engquist |
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| Shannon Buxell | Sarah Essenpreis |
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| Jackie Carter | Amanda Etnyre |
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| Christine Chim | Jessica Fleshman |
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Ericka Hyllick	Tyler Madere	Katerine Palacios	Eddie Saito

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Nicole Salath
Sorapy San
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Regina Sau
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Christopher Smith
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Melanie Stevenson
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Michael Storey
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Kiran Suryadevara
Steph Swain
Chad Swiney
Katelyn Sylvester
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Anderson Tan
Poonam Tanna
Kirsten Tasca
Daisy Tawiah

Demetria Taylor
Keilia Taylor
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Peter Terreri
Amy Terrol
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Annie Tran
Jessica Tran
Thuytram Tran
Tuong Vi Tran
Wenisa Tran
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Holly Tumlin
De Anna Turner
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Siu Hiu Wu
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Annie Yang
Kazong Yang
Keli Yates
George Yoachum
Jeffrey Yochum
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Aaron York
Andrew York
Allison Young
Jen Young
Katie Young
Neil Young
Aylin Yucel
Emre Yucel
RaeAnna Zatarski
Laura Zeigler
Xuan Zhou
Nicholas Zielinski
Daniel Zubrzycki

**The following
individuals recently
advanced from
Associate to Full
Member:**

Luis Alfonso-Serrano
Melissa Foldi
Christine Groth
Billie-Jo Hyde
Connie Saltsman
Jeremy Thomas
Kathryn Timberlake
Karen Williams

New Member Recruiters

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

Jack Brown
Andrew Cale
Elias Chahine
Dave Dixon
Pramodini Kale-Pradhan
Kristin Montarella
Keri Naglosky
Brooke Patterson
Erin St. Onge
Amanda Sweet
Hai Tran

**Faculty Positions
Department of Pharmacy Practice
University of Illinois at Chicago**

The Department of Pharmacy Practice invites applications for one or more tenure track faculty positions beginning August 16, 2009. The ranks of the position(s) are assistant or associate professor. Duties include research, teaching, and clinical practice. Areas of specialization are open, but the following areas are targeted: translational research in oncology, pharmacokinetics, and pharmacogenomics.

Qualifications: Pharm.D. degree with residency, fellowship, or Ph.D. required. Academic experience and fellowship preferred.

This search will remain open until the positions are filled. For full consideration, please send a formal letter of interest with a curriculum vitae listing three professional references by June 15, 2009, to:

**Arnold S. Diaz
Attn: Pharmacy Practice Search Committee
Department of Pharmacy Practice (M/C 886)
College of Pharmacy Practice
University of Illinois at Chicago
833 S. Wood Street
Chicago, IL 60612**

By e-mail: Send application materials to practicejobs@uic.edu.

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