

Should Organized Clinical Pharmacy Promote a Consistent Process of Patient Care Provided by Clinical Pharmacists That Can Apply to Any Clinical Practice Setting?

Part I: Why Seek a Consistent Clinical Pharmacy Practice?

2012 ACCP Public and Professional Relations Committee^a

Editor's note: This is the first installment of a four-part commentary that will appear monthly in successive issues of the ACCP Report. See the President's Column elsewhere in this issue for additional perspective on this commentary.

This is a wake-up call. We all know WHO we are. We are clinical pharmacists who are residency trained (and today, frequently board certified) who provide direct patient care.^{1,2} ACCP President Larry Cohen discussed the importance of "the WHO" in his column last month in the *ACCP Report*.³ ACCP has defined a clinical pharmacist as a pharmacist who "provides patient care that optimizes medication therapy and promotes health, wellness and disease prevention... clinical pharmacists assume responsibility and accountability for managing medication therapy in direct patient care settings."⁴ The pharmacy profession is actively contributing to quality patient care through clinical pharmacy services focused on identifying, resolving, and preventing medication-related problems, improving medication use, and optimizing individual therapeutic outcomes.

Now, we need to figure out WHAT, exactly, clinical pharmacists do to accomplish these ends. We know what we do in general terms, but we may not all do it the same way. We need to determine *more precisely* what we do and demonstrate it *consistently* to those outside the pharmacy profession. If we as a profession can't concretely describe what we do and/or if we can't deliver it consistently, how can the rest of the health care world be expected to appreciate our value?

As clinical pharmacy programs continue to expand within the health care system, one important limiting factor

is a lack of consistency. This serves as a potential barrier to the successful delivery of clinical pharmacy services to patients. The diversity of clinical practice within pharmacy has also resulted in fractionation within the profession that has led to considerable variability in the scope and models of pharmacist-directed patient care embraced by national pharmacy organizations. The emergence of these different models of care, together with various types of certification, may also confuse the definition of clinical pharmacy practice and the generalists or specialists who provide that care. Patients, other health care professionals, and payers understand what to expect regarding drug fulfillment (i.e., the management of the drug order/prescription and its delivery to the patient). However, patients and their families, other health care professionals, and payer organizations do not necessarily know what to expect when a clinical pharmacist provides care to a patient. Because of this variability, it's difficult even for an organization like ACCP to articulate what a given provider might expect if he or she collaborates with a clinical pharmacist to provide care in an inpatient or outpatient practice setting. Will the pharmacist assume responsibility for all drug therapy outcomes? That is, will he or she see the practice's patients and identify all problems associated with patient-specific drug therapy, educate patients and monitor their therapies, and resolve their drug therapy problems? One can't be certain.

Therefore, clinical pharmacy practice needs to be defined in a manner that can be applied across all patients, patient care settings, and types of practice. The model of practice should include the knowledge, skills, behaviors, and attitudes associated with high-quality pharmacist-directed patient care. Developing a clinical pharmacy practice model will not be easy, but it will provide a solid basis to direct the future of pharmacy education, training, and credentialing to meet the needs and expectations of patients and their families, health care professionals, payers, and society at-large. Developing this model is also necessary to ensure that the clinical

pharmacist is recognized as an essential member of the team of practitioners responsible for delivering care in a reformed health care system.

Some descriptions of medication management suggest that other health professionals can deliver this care. Without a uniform and consistent practice, will pharmacists be left out of the health care picture in the future?

Establishing a Consistent Practice Model for Patient Care

A unique opportunity exists for the clinical pharmacy discipline to reach a consensus on a consistent practice. Clinical pharmacist competencies have already been developed,⁵ but a uniform model of clinical pharmacy practice remains elusive. This model should outline and promote a logical sequence of processes that achieves the objective of improving patient outcomes. The process should include steps—or sequenced events—that will occur *every time* a clinical pharmacist sees a patient, no matter the setting, the conditions that are present, or the medications involved. The model should be articulable, measurable, codeable, and researchable. Others reading a description of the practice should be able to understand it, and clinical pharmacists should be able to readily implement it.

A consistent model of clinical pharmacy practice must meet the following criteria:

- Define the clinical pharmacist's education, training, and certification needs and requirements.
- Develop, evaluate, revise, and codify a model of practice.
- Facilitate effective coordination of medication therapy management practice among clinical pharmacists (continuity of service).
- Facilitate effective coordination of medication therapy management with other health professionals (interdisciplinary teams).
- Define reimbursement criteria, parameters, and processes.
- Measure the impact of the practice on patient care outcomes.
- Enhance research on clinical pharmacist activities and services by defining the practice and its desired outcomes.
- Provide an important additional element to quality improvement efforts by identifying clinical pharmacists' actions that could be modified to improve patient outcomes.

A consistent model of clinical pharmacy practice also must:

- Meet the laws and regulations for pharmacists at the state and federal levels.
- Accurately reflect the care delivered by clinical pharmacists.
- Hold clinical pharmacists accountable for patient outcomes.

Practice Models in Other Health Care Professions

Other health care professionals exhibit a consistent approach to patient care. When a patient or other health care professional interacts with a physician, nurse, physical therapist, or dentist, he or she knows exactly what to expect. Indeed, entire coding and billing processes have been built around these models of practice. Similar to this systematic approach as shown by other professions (e.g., routine dental examinations, the physician's history and physical examination), clinical pharmacy needs to establish a uniform model of practice that patients and other health care providers can expect to occur on a routine basis.

The nursing profession has been using a systematic approach to the care of the patient, "the nursing process," for more than 25 years. Although the process is dynamic and the steps are continually reevaluated, the basic tenets remain the same.⁶ The American Nurses Association describes the following five steps in this process: (1) assessment, (2) nursing diagnosis, (3) outcomes/planning, (4) implementation, and (5) evaluation.⁷

During the first step, assessment, nurses gather and review patient information from the patient, family, medical record, other nurses, and health care professionals (e.g., physical therapists). Data are collected through interview, observation, and physical assessment and include physiological, psychological, socioeconomic, and lifestyle factors. The nursing diagnosis is a clinical judgment of the patient's response to actual or potential health care needs based on the nurse's experience. The outcomes/planning step includes measurable goals for the patient based on the assessment and diagnosis steps. During implementation, nursing care provided to the patient is documented, including both longitudinal care and discharge planning. The last step is a continual evaluation of the effectiveness of nursing interventions and modifications in the original plan as needed.^{7,8} This process, used by nurses in all practice settings, provides a degree of consistency to nursing care. Identified benefits of the nursing process include quality control in the

provision of individualized care, professional growth, establishment of a foundation for nursing's scope of practice, and reinforcement of professional autonomy.⁸

The American Physical Therapy Association also provides standards of practice for physical therapy. These standards outline patient care management criteria, which include (1) patient/client collaboration, (2) initial examination/evaluation/diagnosis/prognosis, (3) plan of care, (4) intervention, (5) reexamination, (6) discontinuation of intervention, and (7) communication/coordination/documentation.⁹ The physical therapist's examination includes identifying the physical therapy needs of the patient, incorporating appropriate tests and measures to facilitate outcome measurement, and establishing a plan of care. The plan of care is based on examination, evaluation, diagnosis, and prognosis. It identifies goals and outcomes; describes the proposed intervention, including frequency and duration; and includes documentation.⁹

Models Based on Payers

Medications are a primary mechanism for managing health care costs by avoiding the use of other expensive and potentially unnecessary health services and improving quality of life. When consumers, payers, and regulatory agencies require more evidence documenting health care quality, the demand for process-of-care measures will grow.

Government Agencies

Medication Therapy Management (MTM) services were included in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to enhance patients' awareness of appropriate drug use, increase adherence to medication therapy, and improve the detection of adverse events. The U.S. Department of Health and Human Services is moving to shift the nation's health care toward a system based on value. Although the design of MTM programs within Medicare Part D is currently variable, a key to measuring the success of these programs will be uniform data collection and integration of these data to perform effective outcomes analysis.

The Centers for Medicare & Medicaid Services has efforts under way to identify MTM service best practices and raise the bar for Medicare Part D MTM programs (see the work being performed by the Patient Safety and Clinical Pharmacy Services Collaborative [PSPC]).¹⁰ The PSPC is a breakthrough effort intended to improve the quality of health care across America by integrating

evidence-based clinical pharmacy services into the care and management of patients with high-risk, high-cost, complex medical conditions. Despite these nationwide efforts, the level of services provided within these initiatives lacks consistency, which further complicates the interpretation of this nationwide compilation of data regarding the care provided by clinical pharmacists.

Other Payers

In the United States, where employer-provided health insurance is the norm, consortia of employers are also using quality measures to assess and select health care providers. These consortia are also beginning to incorporate evidence-based measures of structure and process. But without a consistent and reproducible practice, is it likely that clinical pharmacists will be included on this list of select providers? We think not.

Conclusion

Dr. Terry McInnis, a physician involved in the leadership of the Patient-Centered Primary Care Collaborative, summarized it best in her commentary in the October 2011 *ACCP Report*:

For pharmacists, I believe that you have come to one of the rare crossroads that will define the future of your profession. Either you will take your place as providers of care or your numbers will dwindle... I am a physician, and I say our profession and the patients we serve need you "on the team" as clinical pharmacist practitioners. But, will you truly join us?¹¹

As President Cohen stated in last month's presidential column, we know WHO we are. But now is the time for the clinical pharmacy discipline to reach a consensus on "the WHAT"—to determine, demonstrate consistently, and communicate clearly our practice. We will address the first step in this journey in next month's installment of this series, where we will provide a concise review of current clinical pharmacy practice models.

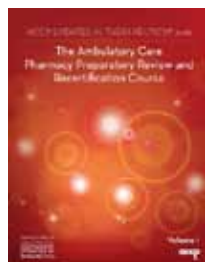
^a*Committee members: Ila Harris (Chair), Beth Phillips (Vice Chair), Eric Boyce, Sara Griesbach, Charlene Hope, Denise Sokos, and Kurt Wargo.*

References

1. Murphy JE, Nappi JM, Bosso JA, et al. American College of Clinical Pharmacy's vision of the future: postgraduate pharmacy residency training as a prerequisite for direct patient care practice. *Pharmacotherapy* 2006;26:722–33. Available at <http://www.accp.com/docs/positions/positionStatements/paper013.pdf>. Accessed April 23, 2012.

2. Saseen JJ, Grady SE, Hansen LB, et al. Future clinical pharmacy practitioners should be board-certified specialists. *Pharmacotherapy* 2006;26:1816–25. Available at http://www.accp.com/docs/positions/whitePapers/wp_phco200612.pdf. Accessed April 23, 2012.
3. Cohen LJ. The Who. *ACCP Rep* 2012;31:5–6. Available at <http://www.accp.com/docs/report/0412.pdf>. Accessed April 23, 2012.
4. American College of Clinical Pharmacy. The definition of clinical pharmacy. *Pharmacotherapy* 2008;28:816–7. Available at <http://www.accp.com/docs/positions/commentaries/ClinPharmdefnfinal.pdf>. Accessed April 23, 2012.
5. Burke JM, Miller WA, Spencer AP, et al. Clinical pharmacist competencies. *Pharmacotherapy* 2008;28:806–15. Available at <http://www.accp.com/docs/positions/whitePapers/CliniPharmCompTFfinalDraft.pdf>. Accessed April 23, 2012.
6. Doenges ME, Moorhouse MF, eds. *Application of Nursing Process and Nursing Diagnosis: An Interactive Text for Diagnostic Reasoning*, 4th ed. Philadelphia: FA Davis, 2003. Available at <http://faculty.ksu.edu.sa/73577/Documents/nursing%20prosses%20book.pdf>. Accessed April 23, 2012.
7. American Nurses Association. The Nursing Process. Available at <http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-You-Need/TheNursingprocess.html>. Accessed April 23, 2012.
8. Nursing Process. Cape Fear Community College. Available at <http://cfcc.edu/pn/documents/Module5.pdf>. Accessed April 23, 2012.
9. American Physical Therapy Association. Criteria for Standards of Practice for Physical Therapy. Available at http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Practice/Criteria-forStandardsofPractice.pdf. Accessed April 24, 2012.
10. U.S. Department of Health and Human Services. Health Resources and Services Administration (HRSA). Patient Safety and Clinical Pharmacy Services Collaborative [PSPC]. Available at <http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html>. Accessed April 19, 2012.
11. McInnis T. The most transformative force in health care or the demise of a profession? A commentary. *ACCP Rep* 2011;30:5–7. Available at <http://www.accp.com/docs/report/1011.pdf>. Accessed April 19, 2012.

2012 Ambulatory Care Pharmacy Preparatory Review and Recertification Course Instructional Materials Now for Preorder



Instructional materials are now available for the 2012 edition of ACCP Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course, the same course that is presented live each year during ACCP Updates in Therapeutics®.

ACCP Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course is ideal for pharmacy professionals who are preparing for the Ambulatory Care Specialty Certification

Examination administered by the Board of Pharmacy Specialties and for those seeking a self-paced review and refresher of disease states and therapeutics. Developed by board-certified pharmacists, the course content provides a comprehensive review of the knowledge domains covered in the Ambulatory Care Pharmacy Specialty Certification Examination. The course uses a case-based approach, with strong emphasis on the thought processes needed to solve patient care problems in each therapeutic area. *NEW* for 2012, the Ambulatory Care Pharmacy Preparatory Review and Recertification Course has been approved for BCACP recertification credit.

Course materials are presented in a variety of formats to suit different learning styles. Continuing pharmacy education credit is available upon successful completion of online posttests. The maximum number of continuing pharmacy education credits available for the preparatory course is 26.5 hours. Instructional materials are available in the following formats:

- **Course workbook.** Presenter handouts are provided in a bound book; these include case studies, study questions with answer explanations, and literature citations for further reference.
- **Online book.** Information contained in the printed course workbook is also available in this online version. The online book provides access to course workbook contents as Portable Document Format (PDF) files.
- **CD-ROM.** The CD-ROM includes the presenters' lectures, which are audio-synchronized to the slide presentations from the live program; these are also available in a downloadable MP3 file format. The CD-ROM is both PC and Macintosh compatible. (The CD-ROM is not CD-audio compatible.)
- **CD-ROM and Course Workbook with CPE.** This package includes the full course workbook and a CD-ROM, plus access to the Web-based posttests for continuing pharmacy education credit.
- **Web-based Online Course with CPE.** This combination provides participants with the online workbook and the presenters' lectures, which are audio-synchronized to the slide presentations from the live program; the lectures are also available in a downloadable MP3 file format. The online course additionally provides participants access to the Web-based posttests for continuing pharmacy education credit.
- **CD-ROM and Online Workbook with CPE.** This package includes the CD-ROM and full course online workbook, plus access to the Web-based posttests for continuing pharmacy education credit.

Instructional components also are priced for individual sale. Orders for the Ambulatory Care Pharmacy Preparatory Review and Recertification Course instructional materials may be placed online at <http://www.accp.com/bookstore/apc12.aspx>. Orders may also be placed by telephone at (913) 492-3311 or by fax at (913) 492-0088.

Product	Price	Member
Online course with 26.5 continuing education credits	\$525.00	\$360.00
Print book and CD-ROM package with 26.5 continuing education credits	\$545.00	\$380.00
Online book and CD-ROM package with 26.5 continuing education credits	\$535.00	\$370.00
Print book	\$240.00	\$155.00
Online book	\$230.00	\$145.00
CD-ROM	\$360.00	\$230.00

Recertification Products

Product	Price	Member
Online course with 26.5 continuing education/recertification credits	\$575.00	\$430.00
Online book and CD-ROM package with 26.5 continuing education/recertification credits	\$595.00	\$445.00
Print book and CD-ROM package with 26.5 continuing education/recertification credits	\$615.00	\$460.00



The American College of Clinical Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Activity Numbers (UANs) for Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review Course are as follows:

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Psychiatric Disorders and Oncology
Activity No. 0217-0000-12-010-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Diabetes Mellitus and Endocrine Disorders
Activity No. 0217-0000-12-011-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Nephrology, Obstetrics/Gynecology, and Men's and Women's Health
Activity No. 0217-0000-12-012-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Gastrointestinal Disorders, Epilepsy & Headache/Migraine, and Neurology: Alzheimer Disease and Parkinson Disease
Activity No. 0217-0000-12-013-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Transplantation, Immunizations, and Pulmonary Disorders and Smoking Cessation
Activity No. 0217-0000-11-014-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Dermatology/EENT, Infectious Diseases, and HIV & AIDS
Activity No. 0217-0000-12-015-H01-P (2.5 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Bone/Joint & Rheumatology, Biostatistics: A Refresher, and Study Designs: Fundamentals of Interpretation
Activity No. 0217-0000-12-016-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Cardiology I
Activity No. 0217-0000-12-017-H01-P (3.0 contact hours)

Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course—Cardiology II and Emergency Medicine
Activity No. 0217-0000-12-018-H01-P (3.0 contact hours)

All continuing pharmacy education activities associated with Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course are application-based activities. To receive continuing pharmacy education credit, the Web-based posttest must be successfully completed and submitted to ACCP by October 31, 2013. To receive BCACP recertification credit, the Web-based posttest must be successfully completed and submitted to ACCP by September 1, 2012.

Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of the Ambulatory Care Pharmacy Preparatory Review and Recertification Course are available at <http://www.accp.com/bookstore/apc12.aspx>.

Preorder Pharmacotherapy Preparatory Review and Recertification Course Instructional Materials



Home study materials can now be preordered for the 2012 Pharmacotherapy Preparatory Review and Recertification Course. The course is ideal for pharmacy professionals who are preparing for the Pharmacotherapy Specialty Certification Examination administered by the Board of Pharmacy Specialties (BPS) and for those seeking a self-paced review and refresher of disease states and therapeutics. In addition, Board Certified Pharmacotherapy Specialists (BCPSs) seeking recertification by continuing education may use the course to earn recertification credit.

Presented live at ACCP's Updates in Therapeutics® 2012, the Pharmacotherapy Preparatory Review and Recertification Course content provides a comprehensive review of the knowledge domains covered in the Pharmacotherapy Specialty Certification Examination. The course uses a case-based approach, with strong emphasis on the thought processes needed to solve patient care problems in each therapeutic area.

The home study materials will be available in a variety of formats to best suit your learning style. The on-line course, print workbook and CD-ROM package, and online workbook and CD-ROM package will be available for a maximum of 24.0 hours of recertification/continuing pharmacy education credit. Home study materials will be available on or around June 1, 2012.

Visit the ACCP Bookstore at www.accp.com/bookstore to preorder the newest edition of the Pharmacotherapy Preparatory Review and Recertification Course.

ACCP Academy Mentoring Opportunities



The ACCP Academy provides four unique professional development programs leading to certificates of completion in Career Advancement, Leadership and Management, Research and Scholarship, and Teaching and Learning. Designed to provide professional development in your main areas of responsibility, the ACCP Academy's certificate programs use a curricular-based approach to enhance enrollees' abilities.

Enrollees in the Academy attend interactive, live programs at ACCP meetings to earn credit toward a

certificate of completion. In addition to live programming, enrollees participate in mentoring opportunities and self-assessment activities and develop electronic portfolios that demonstrate their application of the concepts learned in Academy courses.

One-on-one mentoring is among the most effective strategies to develop the knowledge, skills, attitudes, and values of clinical pharmacy leaders, researchers, and teachers. Therefore, Academy enrollees are asked to identify a mentor (preferably from their home institution, if possible) with whom they will meet while participants enrolled in the Academy program. Mentors are expected to assist each participant in achieving program outcomes, meet regularly with their protégés, and provide opportunities for the protégé to observe and (if feasible) participate in the mentor's activity. To aid in your mentoring experience, review the article "A Guide to Mentoring—and to Being Mentored" (http://www.accp.com/docs/academy/leadershipAndManagement/AcademyNewsletter_1_1.pdf) written by Robert E. Smith, Pharm.D., director of the ACCP Academy Leadership and Management Certificate Program. If you are interested in serving as an Academy mentor, e-mail Zangi Miti at zmiti@accp.com.

Registration Ends May 22 for the 2012 ACCP Virtual Poster Symposium



Registration is still available for the first ACCP Virtual Poster Symposium to be held May 22–24, 2012. To register for the ACCP Virtual Poster Symposium, go to www.accp.com/myaccount, log-in, and click on the link "Register for ACCP Virtual Poster Symposium." Registration is free to all ACCP members.

Around 90 posters will be on display during the symposium. All posters will be on display from 8:00 a.m. on May 22 until 11:00 p.m. on May 24 for asynchronous viewing and comment. In addition, three interactive sessions are scheduled—Tuesday, May 22, from 7:00 p.m. to 9:00 p.m. (EDT); Wednesday, May 23, from 7:00 p.m. to 9:00 p.m. (EDT); and Thursday, May 24, from 7:00 p.m. to 9:00 p.m. (EDT). During these three interactive sessions, authors will be available for real-time question-and-answer sessions alongside their virtual posters.

Registration provides each attendee with access to the virtual posters, the opportunity to leave comments for the author, and the ability to contact the poster presenter

during the interactive sessions. To contact poster presenters during the interactive sessions, the attendee must be logged into a Skype account. To create a free Skype account, go to www.skype.com/intl/en-us/get-skype/.

The technology required for attendees is minimal—a broadband Internet connection, a current browser, and Skype (free software, and required only for interactive session participants). Registration for this symposium is available until May 22 at www.accp.com/myaccount.

New ACCP Student Program “Emerges” a Success

In response to an increasingly competitive market for residency positions, ACCP recently held its first offering of the program “Emerge from the Crowd: How to Become a Standout Residency Candidate.” More than 80 students registered for the new, 2-day program designed to educate first-, second-, and third-year students on how to maximize their ability to secure a residency position upon graduation.

On the basis of verbal and written feedback, the “Emerge from the Crowd” program was not purely motivational, but also provided students with valuable advice, concrete ideas, and solid action plans. The faculty panel that provided the 12 hours of interactive programming over 2 days was made up of leading clinical pharmacy residents, practitioners, educators, and scholars. They presented expert advice on developing leadership skills, gaining valuable work and professional experience,

networking, engaging in scholarly activity, writing CVs, achieving academic success, interviewing, selecting a residency program, and navigating the ASHP Midyear Clinical Meeting.

The program’s effectiveness is best represented by some of the anonymous feedback from student participants.

- “Great conference. It was very insightful and beneficial.”
- “AWESOME! Answered all my questions and actually made me feel good about what I am doing while pushing me to better myself.”
- “I liked the chance to learn what residency programs are looking for in candidates and being able to talk to actual residents.”
- “I like the variety of the topics presented and all of the speakers gave very helpful insight on how to become a competitive residency applicant.”

Watch for dates for the next “Emerge from the Crowd” conference on the ACCP Students page at www.accp.com/stunet.

To reach a broader audience with this important information, ACCP is developing *The ACCP Field Guide to Becoming a Standout Pharmacy Residency Candidate*. The guide will offer a multiyear, stepwise approach for students to maximize curricular and extracurricular experiences. Executive Editor Jerry L. Bauman, Pharm.D., FCCP, FACC; Associate Editor Keri A. Sims, Pharm.D., BCPS; and an expert team of authors and reviewers will provide valuable insights and advice to students seeking to position themselves as standout residency candidates. Look for this publication to be available from the ACCP Bookstore in late 2012.

2012 Annual Meeting Call for Abstracts

Submit abstracts online at <http://accp.confex.com/accp/2012am/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 presentation at the 2012 Annual Meeting.

Abstracts may be submitted in one of the following categories:

Original Research: Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoecconomics, 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. Partly completed

data are acceptable for inclusion. Abstracts should provide an assessment of the likelihood of project completion by the date of presentation. The presenting author must be a student.

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

Submission Deadline

All abstracts accepted for presentation (with the exception of Encore presentations) in the Original Research, Clinical Pharmacy Forum, and Late Breaker

categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster and platform sessions during the meeting. The deadline to submit abstracts in Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Friday, June 15, 2012, midnight (PST). The deadline to submit abstracts in Student Submissions and Late Breakers is Friday, July 6, 2012. Authors will be notified by e-mail of acceptance of their papers by Wednesday, August 1, 2012.

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

President's Column

Lawrence J. Cohen, Pharm.D., FCCP, BCPP



WHAT Was I Thinking?

In fall 2011, I charged the 2012 Public and Professional Relations Committee with a daunting task: to develop a series of commentaries to address the question, “Should organized clinical pharmacy promote a consistent process of patient care provided by clinical pharmacists that could apply to any clinical practice setting?” **WHAT was I thinking?** It sounds easy, but it is more complicated than you might think. As most of you are aware, ACCP has published a definition of clinical pharmacy (please see <http://www.accp.com/docs/positions/commentaries/Clinpharmdefnfinal.pdf>). We have also developed a comprehensive list of *Clinical Pharmacy Competencies* (please see <http://www.accp.com/docs/positions/whitePapers/CliniPharmCompTFfinalDraft.pdf>). Isn't that enough? Well, not exactly...

What remains is for our discipline to describe, beyond a reasonable doubt, “The WHAT.” That is, our discipline needs to define, articulate with clarity, and demonstrate consistently WHAT clinical pharmacists do to improve patients' drug therapy outcomes. Let me explain. Individually, we all employ a method to address a new or returning patient in our own clinical practices. We have developed our own approaches to conducting an interview, performing a detailed assessment, and formulating plans for drug therapy management and monitoring. However, there is a significant degree of variability

in how we all do this. Should we not invest the time and effort to determine whether there is a single, consistent approach to direct patient care that results in reproducible, optimal patient outcomes? In addition, when we are asked by patients, other health professionals, and payers to demonstrate that we can consistently deliver better patient-specific outcomes, shouldn't we be well positioned to do so? We can debate the merits of precise patient care rubrics and even discuss which organ system is most important, but it seems to me that embracing a consistent, reproducible approach to direct patient care would position clinical pharmacists to maximally leverage their activities to the benefit of patients.

To be honest, a “cowboy” mentality remains within sectors of our discipline that has existed since I was a student. Many of you have seen this, right? It's sometimes manifested by an attitude of fierce independence (“You can't tell me how to practice!”) and dogged autonomy (“I'll do whatever I want to do”). Indeed, when I've encountered external evaluators responsible for assessing clinical pharmacy practices in various patient care settings, these evaluators have said to me, “If you've seen one (clinical pharmacist's practice), you've seen one.”

Is it unreasonable or unrealistic to expect that the clinical pharmacy discipline could embrace a consistent process of direct patient care? Such a process is already in place in many disciplines, and we should be able to develop a defined process and procedure for clinical pharmacy practice so that other health care professionals know WHAT we do and WHAT kind of outcomes can be expected from our direct patient care activities.

Remember the last time you visited your dentist? Okay, I loathe going to the dentist, too. However, I recognize that the care I receive from my dentist is consistent and reproducible—dentists employ the same procedure every time. They start their examination with tooth No. 1 and proceed through tooth No. 32; they evaluate the gums and tongue; they inquire about the patient's general health status. And every dentist does it the *same* way. Hence, I know exactly what process to expect when I visit my dentist. Some of you are aware of my humble beginnings in health care as a nursing assistant. At that time, I observed a nursing process that is still in practice today: assessment, nursing diagnosis, outcome planning, implementation, and evaluation—a five-step process that is repeated with every patient and on every nursing unit regardless of the acuity of care. During the physician's routine physical examination, a *review of systems* approach is used to be certain one evaluates and considers the "whole patient" in the same manner every time; shortcuts can lead to missed signs/symptoms that can result in diagnostic misadventures.

In my view, clinical pharmacists need to adopt a similarly consistent practice. Such a "consensus practice model" should involve an approach that every clinical pharmacist can embrace and that can be validated and promoted to all stakeholders. So, I hope that you'll read with interest part I of the Public and Professional Affairs Committee commentary, which is featured as the lead story on page 1 of this issue of the *ACCP Report*. For the next 4 months, the committee will help guide us down the road toward considering the question regarding the need for a consistent clinical pharmacy practice approach. Through this series of commentaries, readers will become familiar with the major issues surrounding this controversial question. The commentary series will also set the stage for an unprecedented Keynote Session and expert panel discussion at the 2012 ACCP Annual Meeting in Hollywood, Florida, on October 21. Later that afternoon, Annual Meeting attendees will have the opportunity to participate in a special Town Hall Meeting and provide "in-the-trenches" grassroots input into this discipline-wide discussion.

As always, all ACCP members are invited to provide the Board of Regents and me with input on this issue. E-mail me at lawrence-cohen@att.net or log-in to the ACCP Feedback site at <http://www.accp.com/feedback/index.aspx> and express your opinions there. Remember, the Board of Regents receives all of these comments on at least a quarterly basis; hence, your

voice will be heard. Stay tuned for more perspectives on this subject in my upcoming July and September president's columns. And yes, I'll still be asking in those columns "WHAT was I thinking?!"

ACCP Member Spotlight: Nicole Gillespie



Editor's note: ACCP's Member Spotlight is a new, bimonthly ACCP Report series that serves to highlight and provide visibility to ACCP members with respect to their career paths, contributions, and experiences with ACCP. If you would like to nominate someone to be featured, visit the Web site at <http://www.accp.com/membership/spotlight.aspx>. Nominations are accepted on a continuous basis. Members who are selected will be asked to complete a biographical sketch and brief questionnaire for use in developing their member spotlight summary.

Dr. Nicole Gillespie is an assistant professor and clinical pharmacist at Creighton University School of Pharmacy and Health Professions in Omaha, Nebraska. Dr. Gillespie became interested in chronic disease management and lifestyle medicine while earning her Pharm.D. degree and completing her postgraduate training at Creighton. During her residency, she worked closely with the Creighton University Cardiovascular Risk Reduction Program and helped implement the university's Diabetes Mellitus Risk Reduction Program. After completing her residency, she elected to stay on as faculty while working full-time with the Risk Reduction Programs at Creighton. Each service enrolls Creighton University employees with chronic disease states, including hypertension, hyperlipidemia, and diabetes. Each pharmacist-run service takes a multidisciplinary approach toward patient care using dietitians, physical therapists, exercise physiologists, and licensed mental health care practitioners. The Risk Reduction teams at Creighton also work closely with each participant's physicians to optimize medication therapy, increase participant education, and incorporate lifestyle medicine to improve participant outcomes. She also serves as a preceptor for students at this unique clinical practice site. The faculty appointment gives her the opportunity to teach about what she loves—prevention—and expose students to the effect pharmacists can have on the health and quality of life of their patients. In addition to precepting students, Dr. Gillespie lectures in various didactic courses and works

with the residents from the Creighton University Community Pharmacy Residency Program.

Dr. Gillespie is active in local, state, and regional organizations. She is president-elect of the Midwest College of Clinical Pharmacy and an appointed member of the legislative committee for the Nebraska Pharmacists Association. She was awarded Distinguished Young Pharmacist of Nebraska by the Nebraska Pharmacists Association and Pharmacists Mutual, and she received the Governor's Point of Light Award for her group volunteer work in the community.

Dr. Gillespie chose the pharmacy profession, specifically preventive pharmacy, because she believes there is a void in this type of care in the current health care system. She believes that health care has become increasingly effective at treating acute problems, but less so at avoiding these problems altogether, and that clinical pharmacists are armed with the tools necessary to bridge this gap. They are experts in optimizing chronic disease medication regimens, capable of monitoring, assessing efficacy, and increasing patient education and medication adherence. With the help of additional lifestyle medicine training, pharmacists can be extremely effective at decreasing chronic disease risk and improving patient outcomes, including quality of life. As a result, they can make a significant impact on preventing costly hospital and emergency department visits, which are of paramount importance in the state of our current health care system.

The obesity epidemic, as well as the increasing incidence of chronic disease in the pediatric population, has been a big influence on Dr. Gillespie's career, and she believes that as health care providers, we need to focus more on improving in this area for our patients. Moreover, together with obesity and chronic disease comes decreased quality of life. If the obesity and chronic disease trends continue to move in the current direction, there is a gloomy forecast for our future. One of her career goals is to seek out solutions to help patients take control of their health. One individual who has been extremely influential on Dr. Gillespie's career is her mentor and colleague Dr. Thomas L. Lenz, Pharm.D., M.A., FA-CLM. Dr. Lenz has been a proponent of lifestyle medicine in pharmacy practice for years. He wrote the book *Lifestyle Modifications in Pharmacotherapy*, started an elective lifestyle modifications course for pharmacy students at Creighton, conceived and developed the Cardiovascular Risk Reduction Program, and continues to advocate for additional lifestyle-related education to health care professionals and students.

Dr. Gillespie believes that ACCP is, in many ways, an excellent venue to foster ideas and promote the profession of pharmacy. The mission and philosophy of the organization clearly indicate that the advocacy for the advancement of human health and expansion of pharmacy practice are among the reasons ACCP exists. This community of advocacy is extremely important in shaping the future of our profession. Furthermore, being a member of ACCP has afforded her the opportunity to take part in this community and have a voice in its advocacy endeavors. She is grateful for the networking, idea sharing, and continuing education ACCP provides and hopes to give back to the organization by continuing to further the risk reduction programs at Creighton and by encouraging involvement to her colleagues and students.

2012 ACCP Clinical Pharmacy Challenge – Register Your Team Now



ACCP's national pharmacy student team, now in its third year, offers eligible teams the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2012 ACCP Annual Meeting in Hollywood, Florida.

ACCP Clinical Pharmacy Challenge team registration is available online. Check out your competition by viewing the [list of schools](#) entering the 2012 ACCP Clinical Pharmacy Challenge. This list will be updated with each team registration.

Please note that all team registrations must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP College of Pharmacy Faculty Liaison. All team registrations must be completed by the September 4, 2012, deadline. Click [here](#) to register.

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a "quiz bowl" format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a local competition. ACCP will provide a written examination that institutions may use as a basis for their local competition, if they so

desire. This examination is available by e-mail request, and it may be requested by the ACCP Faculty Liaison or registering faculty member. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Hollywood, Florida, October 20–22, 2012. See <http://www.accp.com/stunet/compete/overview.aspx> for the full competition schedule.

Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive three complimentary student full meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a \$750 cash award (\$250 to each member) and a commemorative team plaque. The winning team will receive a \$1500 cash award (\$500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison. If no ACCP Faculty Liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility is September 4, 2012.

Click [here](#) for more information or contact Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

From the Desk of the ACCP PBRN Community Advisory Panel Vice Chair: The Clinician's Laboratory

Rex W. Force, Pharm.D., FCCP, BCPS



The nice thing about all clinicians is that we have a laboratory. I'm sure that most of us encounter issues every day that deserve scholarly inquiry. My own career

has benefited substantially from these events, and my participation in practice-based research networks has been defined by these opportunities.

Recently, a physician colleague of mine came into my office after precepting a resident physician and asked if I knew how many women of childbearing potential in our practice were receiving ACE inhibitors. I didn't know off the top of my head, but a quick search of our electronic health record generated a worrisome answer: quite a few young women in our practice with hypertension and diabetes were receiving these medications. If they were to become pregnant, their babies might be at risk for congenital malformations. Because our practice belongs to a practice-based research network, we were able to engage others in answering questions related to this therapeutic issue. In relatively short order, seven practices in the Pacific Northwest were evaluating the effectiveness of a quality improvement intervention designed to improve the documentation of consent and use of appropriate contraception in women of childbearing potential who were receiving ACE inhibitors, angiotensin receptor blockers, or statins.

Working together on research teams enhances our ability to answer clinically relevant questions. Multicenter studies enhance the external validity of results and achieve power not available from smaller sample sizes. In addition, when we work together to address a research question, we are more likely to produce quality work; the more brains working on an issue, the better the solutions. Research teams realize efficiencies that are not possible when working alone.

It is our job as clinical pharmacists to move our profession forward. I would encourage everyone to consider joining the ACCP Practice-Based Research Network. This network offers all of us a larger laboratory in which to ask questions, generate answers, and ultimately improve the care we provide our patients.

ACCP Research Institute Offers No-Cost Human Subjects' Training

Are you interested in participating in research, but have little or no training? A good place to start is completion of your human subjects' protection training. The ACCP Research Institute contracts with the CITI Program to offer research ethics education to all ACCP members, free of charge.

As of January 1, 2011, the ACCP Research Institute Board of Trustees and the ACCP PBRN central IRB require that all ACCP PBRN members who participate in research projects complete 10 modules within CITI Program Training. No other training is accepted. Members may access the training modules at <http://www.citiprogram.org> and select ACCP Research Institute as their institution. If you already use CITI Program Training at your site, you may also affiliate with the ACCP Research Institute and complete any of the PBRN's required modules that you may not have completed already.

Upon successful completion of the required components, don't forget to update your human subjects' training certificate within your PBRNConnect portfolio. A list of FAQs regarding CITI Program Training is available on PBRNConnect under Step 3 at <http://www.accpri.org/signin/index.aspx>.

Please contact us with your questions at pbrn@accp.com.

Applications for a Leadership Position on the 2012–2013 National Resident Advisory Committee Due June 15

Are you a resident or fellow who is interested in becoming more involved in ACCP? The American College of Clinical Pharmacy encourages postgraduate trainees who want to enhance their leadership skills, network with colleagues across the country, and interact with clinical pharmacy leaders to apply for appointment to a leadership position on the 2012–2013 National Resident Advisory Committee.

The National Resident Advisory Committee is a standing committee composed of resident, fellow, or graduate student members appointed each year by the ACCP President-Elect. Members serve a 1-year term, and the committee is typically composed of 8–12 members. Appointed leadership positions include:

- Chair (1-year term)
- Vice Chair (1-year term)

The committee serves in an advisory capacity to the ACCP Board of Regents and staff, providing feedback and assistance in developing new programs and services for postgraduate trainee members consistent with the College's vision of clinical pharmacy practice, research, and education.

The committee meets in person at the College's Annual Meeting in October and communicates by conference call and e-mail to complete its assigned charges. Appointees to the National Resident Advisory Committee will receive a complimentary meeting registration to attend the ACCP Annual Meeting held during their committee term. To obtain additional information on the application process or to enter your application, please visit <http://www.accp.com/membership/rac.aspx>. The deadline for applications is June 15, 2012.

New Titles and Top 10 Bestsellers at the ACCP Bookstore

Top 10 Bestsellers

At the recent ACCP Updates in Therapeutics® in Reno, meeting attendees visited the popular On-site Bookstore and took away valuable publications to add to their professional libraries. From the wide selection of titles at the bookstore, the top 10 books purchased by your colleagues are:

- [Clinical Pharmacist's Guide to Biostatistics and Literature Evaluation](#)
- [Clinical Faculty Survival Guide](#)
- [Antibiotic Basics for Clinicians](#)
- [Johns Hopkins ABX Guide](#)
- [Antibiotics Simplified](#)
- [Pharmacotherapy Flash Cards](#)
- [The Top 100 Drug Interactions](#)
- [Parenteral and Enteral Nutrition Manual](#)
- [Lange Smart Charts: Pharmacology](#)
- [Pocket Guide to Critical Care Pharmacotherapy](#)



Visit the [ACCP Online Bookstore](#) to preview these popular publications as well as many other resources chosen to best enhance your practice experience.

New Titles in the ACCP Bookstore

While visiting the [Online Bookstore](#), check out the recently added publications, including:

Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management, Third Edition

– Cipolle RJ, Strand L, Morley P.



Pharmaceutical Care Practice provides the basic information necessary to establish, support, deliver, and maintain medication management services. This trusted text explains how a practitioner delivers pharmaceutical care services and provides a vision of how these services fit into the evolving health care structure.

Whether you are a practicing pharmacist or a student seeking to improve your patient care skills, *Pharmaceutical Care Practice* provides the step-by-step implementation strategies necessary to practice in this patient-centered environment.

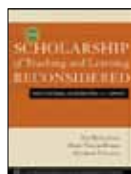
This practical guide to providing pharmaceutical care will help you:

- Understand your growing role in drug therapy assessment and delivery.
- Learn an effective process for applying your pharmacotherapeutic knowledge to identify and prevent or resolve drug therapy problems.
- Establish a strong therapeutic relationship with your patients.
- Optimize your patients' well-being by achieving therapeutic goals.
- Improve your follow-up evaluation abilities.
- Document your pharmaceutical care and obtain reimbursement.
- Work collaboratively with other patient care providers.

The patient-centered approach advocated by the authors, combined with an orderly, logical, rational decision-making process assessing the indication, effectiveness, safety, and convenience of all patient drug therapies, will have a measurable positive impact on the outcomes of drug therapy.

The Scholarship of Teaching and Learning Reconsidered: Institutional Integration and Impact

– Hutchings P, Huber MT, Ciccone A.



Drawing on experience with the individuals, campuses, and professional associations affiliated with the Carnegie Academy for the Scholarship of Teaching and Learning

and the Institutional Leadership Program, this important resource examines four critical areas in which engagement with the scholarship of teaching and learning can have a significant effect. This book is intended for a broad audience of campus leaders, faculty, and people in foundations and other educational associations with an interest in supporting new directions in teaching and learning.

Important topics covered include:

- Why the Scholarship of Teaching and Learning Matters Today
- Teachers and Learning
- The Scholarship of Teaching and Learning, Professional Growth, and Faculty Development
- The Scholarship of Teaching and Learning Meets Assessment
- Valuing—and Evaluating—Teaching
- Getting There: Leadership for the Future

ACCP Publications continues to be your best source for ensuring lifelong learning in the areas of therapeutics, research, teaching, pharmacy practice, and leadership. Visit our Web site often to find your best deal on the finest resources for your professional development.

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 2012–2013 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 2012–2013 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, 2012.

New Members

Hamoud Almutairi	Kyle Hendry
Badr Alshubaily	Ann Hils
Majed Al Yami	Brooke Hollands
Tara Anderson	Sarah Hood
Diana Andrade	Julie Hoover
Heather Archer	Christopher Hughes
Nathan Ash	David Huygues
Aaron Atkins	Ann Mary Isacc
Tara Boren	Mohammad Islam
Guy Armel Bounda	Rabia Jamali
Amanda Brahim	Gabriella Janke
James Braun	Yi-Kai Jiang
Amy Brooks	Michael Johnston
Katie Brush	Moteb Khoarani
Emily Bullington	Paul Kilgore
Michael Bundang	Myong-Jin Kim
Rema Carrera	Michael Kirsch
Meghan Caylor	Desiree Kosmisky
Xing Chen	Paul Krogh
Tami Coppler	Allison Lardieri
Jennifer Cortes	Erin Latta
Marcus Costner	Candace Lawrenz
Ted Crum	Mee Le
Elaine Cuaresma	Katherine Lee
Jennifer Czapinski	Malene Lee
Nelvin Daniel	Nancy Leonard
Narinder Darar	Alice Lim
Jeremy Deni	Ethan Lovell
Hien Duong	Jennifer Lu
Charles Durham	Linda Lu
Jojo Entsuah	Melody Maa
Deborah Evans	Melissa Makii
Rickey Evans	Bernice Man
Rachel Feierabend	Carolyn Maness
Brian Fernandez	Rebecca Marraffa
Erica Fleming Winfield	Shinichi Masuda
Stephen Fry	Maria Maunz
Kevin Frye	Joyce McCarthy
Albert Garcia	Shelley McIntire
Shabnam Gaskari	Michelle McKay
Donna Germann	Sue McKinsey
Angela Gohlke	Sara Micale
Ahmed Gomaa	JoEllen Miller
Benjamin Guiastrenec	Kerri Monahan
Spenser Harris	Sarah Montgomery
Emily Heath	Felicia Moody
Kerry Heinzelmann	Hala Mouwakeh
Sarah Hemker	Prasanna Narayanan

Dat Ngo
Nhan Nguyen
Trinh Nguyen
Judith Obong
Kenesha Pace
Debora Palmer
Khushbu Patel
Pratima Patel
Yesha Patel
Adam Patterson
Rachel Pavelko
Denise Pinal
Lisa Pistorin
Jennifer Pruskowski
Adam Pugacz
Kathy Quach
Michael Reedy
Jennifer Rega
Sadie Roestenburg
Donna Romaso
Brian Ross
Diana Ruiz
Dan Sage
Mohamed Saleh
Yogesh Sapre
Michael Schontz
Kenneth Scott
Natalia Sharova
Amber Lanae Smith
Todd Super
Jing-Ting Tung
Mirra Vaysman
Mary-Russell Wagstaff
John Williams
Lance Wollenberg
Yin Wong
Lacie Woodall
Jessica Yang
Amy Yeh

The following individuals recently advanced from Associate to Full Member:

Leonard Bennett
Laura Blackburn
Tai Bolaji
Vincent Brett

Jennifer Campbell
Adrienne Carey
Xiaodong Feng
Daniel Gonzalez
Henry Krell
Jonathan Ray
Shahnaz Razavi
Elizabeth Sherman
Erin Ticehurst
Angela Torres

New Member Recruiters

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

Arin Adamson
Abdulaziz Alhossan
Lamya Bakoss
Kathryn Behrend
Verna Brock
Lawrence Cohen
Cari Cristiani
Danielle Field
Brad Fujisaki
Katherine Gerrald
Vanthida Huang
Katie Kiser
Jeannie McKinnon
Benjamin Mgbob
Florence Mwangi
Shelley Otsuka
Kenna Payne
Bradley Phillips
Diana Pinto
Cynthia Sanoski
Michelle Schymik
Harminder Sikand
Rebecca Stone

PHARMACOTHERAPY

The Journal of Human Pharmacology and Drug Therapy

Editor-in-Chief *Pharmacotherapy*

The *Pharmacotherapy* Board of Directors is seeking candidates for the position of Editor-in-Chief (EIC) of *Pharmacotherapy*, the official journal of the American College of Clinical Pharmacy. The successful candidate will be a nationally recognized clinical pharmacy researcher and scholar who possesses a proven and sustained publication record in peer-reviewed journals and experience as a reviewer, editorial board member, and assistant editor and/or scientific editor for biomedical journals.

The EIC ensures that papers accepted for publication in the journal are of the highest quality and that the journal continues to advance its reputational status and impact on pharmacotherapy and clinical pharmacy. The EIC leads and manages the

peer-review, decision-making, manuscript invitation and acquisition, and editing processes while maintaining high ethical, scientific, and publication standards. The EIC leads a team of distinguished scientific editors and editorial staff to accomplish the work of the journal. The EIC guides the development of themed issues by invited guest editors, serves as a member of the Scientific Editor Council that oversees the editorial work of the journal, and participates as an ex officio member of the Pharmacotherapy Board of Directors.

The position will be funded at about 0.30 of a full-time equivalent position and is expected to be based at the EIC's home institution or organization.

Position Start Date: Open, but no later than January 1, 2013.

Recruitment began in March 2012, and the preliminary candidates are currently being evaluated.

For more information, please contact:

William A. Miller, Pharm.D., FCCP, FASHP
Chairman, Board of Directors
Pharmacotherapy Publications, Inc.
Tufts Medical Center
800 Washington St., Box 806
Boston, MA 02111
(614) 657-2373

E-mail: William-a-miller@uiowa.edu

Interested candidates should submit a letter of interest and a curriculum vitae no later than **May 30, 2012**.