

# ACCP Report

American College of Clinical Pharmacy

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

Vol. 27, No. 7; July 2008

## Tisdale Chosen ACCP President-Elect

**James Tisdale**, Pharm.D., BCPS, FCCP, FAHA, was chosen ACCP President-Elect in annual elections held this spring. Dr. Tisdale is Professor, School of Pharmacy and Pharmaceutical Sciences, Purdue University, and Adjunct Associate Professor, School of Medicine, Indiana University. He has published more than 50 journal articles and book chapters focusing on the prevention and treatment of atrial fibrillation and on the mechanisms, risk factors, and prevention of drug-induced arrhythmias. During his years of service to ACCP, Dr. Tisdale has been a member of the Board of Regents (2001–2004) and has chaired several committees, including the Publications, Research Affairs, Annual Meeting Program, and Constitution and Bylaws committees. He was a member of the editorial board for the fourth edition of the *Pharmacotherapy Self-Assessment Program*, and he has served as a member of the editorial board of *Pharmacotherapy* since 2000.



In addition to serving in leadership roles within ACCP, Dr. Tisdale has served as Chair of the Clinical Sciences section of the Academy of Pharmaceutical Research & Science of the American Pharmacists Association. He is the coeditor of the book titled *Drug-Induced Diseases: Prevention, Detection, and Management*.

In other election results, **Julie Wright**, Pharm.D., FCCP, BCPS, was elected Secretary, and **Marcia L. Buck**, Pharm.D., FCCP, and **Robert B. Parker**, Pharm.D., FCCP, were selected as Regents. They will be installed at the 2008 Annual Meeting for 3-year terms. Dr. Wright is a Professor at the University of Missouri–Kansas City (UMKC) School of Medicine in the Section of Clinical Pharmacology, where she teaches clinical pharmacology and specializes in HIV/AIDS clinical research. Dr. Buck is a Clinical Pharmacy Specialist at the University of Virginia Children's Hospital and a Clinical Associate Professor in the Schools of Medicine and Nursing at the University of Virginia. Dr. Parker, who teaches, practices, and conducts research in cardiology, is Professor of Clinical Pharmacy at the University of Tennessee College of Pharmacy in Memphis.

**Courtney V. Fletcher**, Pharm.D., FCCP, and **Jimmi Hatton**, Pharm.D., FCCP, FCCM, were each elected to 3-year terms as Research Institute Trustees. Dr. Fletcher is Dean of

the College of Pharmacy and Professor in the Department of Pharmacy Practice and the Division of Infectious Diseases at the University of Nebraska Medical Center. Dr. Hatton is Professor of Pharmacy and Neurosurgery and Interim Chair of the Department of Pharmacy Practice and Science at the University of Kentucky.

Dr. Tisdale will be installed as President-Elect at the 2008 ACCP Annual Meeting in Louisville and will assume the presidency the following year. As President, he will serve as Chair of the Board of Regents and guide College programs and activities. "It's an exciting and important time for the profession of pharmacy. ACCP continues to play an integral collaborative role in advancing the practice of pharmacists and ultimately improving the health of our patients through promotion of rational and safe medication use, and I look forward to contributing to those efforts," noted Dr. Tisdale. "Many challenges face the profession of pharmacy today, including optimal implementation of Medication Therapy Management Services, expansion of clinical pharmacy services in community practice and other health care environments, and development and evaluation of new practice models. Other important issues include an urgent need to develop methods and systems with which to optimize medication safety, addressing the challenge of shortages of pharmacists and pharmacy practice faculty, facilitating the continued expansion of residency opportunities, and advancing ACCP's research mission. Each of these challenges will require focused attention in the coming years; each challenge will also require, in part, continued maximization of ACCP's outstanding advocacy efforts. The College is well positioned to contribute to solutions for these issues, but we cannot resolve them alone. ACCP must continue its productive collaborations with other pharmacy and health care organizations to address and develop long-term strategies to resolve these challenges, advance the profession, and serve our patients," Dr. Tisdale concluded.

Other candidates for office in the 2008 elections were C.A. Bond, Donald F. Brophy, David S. Burgess, David L. Lourwood, Henry J. Mann, and Gary C. Yee.

## Curricular Programs in Louisville Offer In-Depth Exploration of Timely Topics

It's not too early to begin planning your itinerary for the 2008 Annual Meeting! Meeting events will be held October 18–22 in downtown Louisville, Kentucky. This year's meeting agenda includes four curricular tracks designed so that the sequential sessions build on one another.

- *Curricular Track 1—Translational Research: Predicting Patient Response to Pharmacotherapy*
- *Curricular Track 2—Respiratory Disease Through the Continuum of Care*
- *Curricular Track 3—Quality of Care: Will Pharmacy Have a Say?*
- *Curricular Track 4—Emergency Medicine*

Curricular Track 1 begins Monday morning with “Translational Research: The NIH Roadmap and Scope of Research.” Join your colleagues to explore the NIH Roadmap as it pertains to clinical pharmacy research and the scope of translational research as it relates to improved health, new scientific discoveries, and practical clinical applications. On Tuesday morning, the track continues with a look at clinical translational science awards (CTSAs) and the impact of education and training. How CTSAs affect new pathways of discovery, as well as student training and post-Pharm.D. training, will be discussed. On Wednesday morning, faculty will examine how pharmacogenomics is reaching the bedside, practice-based research networks, and the use of animal models and their impact on pharmacotherapy. The track concludes with a panel session on models of translational research in action.

Also beginning on Monday, Curricular Track 2 reviews current issues in the management of pulmonary diseases—from emerging treatment strategies to inhaled antibiotic treatments. On Tuesday, participants will examine pulmonary disease treatment in the ambulatory setting. Asthma treatment guidelines, multidrug-resistant TB, and a pro-con debate on inhaled corticosteroids will be presented. The track closes Wednesday morning after discussions of national treatment guidelines and pharmacological therapy of pulmonary arterial hypertension.

Pharmacy’s role in health care quality is examined in Curricular Track 3, which opens with an overview of the current state of quality, assessment, and measurements of quality of hospital care. During the second session of this track, participants will hear from both Democratic and Republican party representatives regarding respective party policies and the potential implications of each platform for the pharmacy profession. The track wraps up with a discussion of measuring and improving the quality of care from both an HMO perspective and a community pharmacy perspective. The Pharmacy Quality Alliance mission, structure, and goals will also be presented, including the pharmacist’s role in ensuring health care quality.

Curricular Track 4 focuses on emergency medicine—from establishing emergency department pharmacy services to the pharmacist’s clinical and educational roles in the emergency department. Program faculty will examine how to establish specialized training and how to take advantage of available research opportunities in this practice setting. Specific therapeutic areas to be discussed include management of infectious diseases, acute bleeding, and psychiatric episodes. Commonly seen cases within the emergency department together with associated quality drug therapy indicators and their effect on treatment will also be discussed.

Although the curricular tracks form the core of the meeting agenda, participants may also choose from a wide variety of non-curricular track programming, including “Tales from the Front: Ethics and Interacting with Industry,” late-breaking paper sessions, ACCP Academy programming,

and PRN Focus Sessions. Visit the annual meeting Web site at [www.accp.com/am](http://www.accp.com/am) to view the complete meeting agenda, register online, and make your hotel reservations. Remember—premeeting symposia begin on Saturday, October 18. Arrive a day early and take advantage of one of the six premeeting symposia offered this fall, including programming developed by the ACCP Academy, Critical Care PRN, Nephrology PRN, Cardiology PRN, and Ambulatory Care PRN. Register now to receive the best rate!

## DiDomenico and Lee Selected as 2008 Investigator Development Award Winners

Robert J. DiDomenico, Pharm.D., from the University of Illinois at Chicago, and Kelly C. Lee, Pharm.D., BCPP, a clinical faculty member at the UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences, have received 2008 ACCP Research Institute Investigator Development Awards. Dr. DiDomenico was awarded funding for his proposal titled, “Use of a Simplified Nomogram and Pharmacogenetics to Individualize Digoxin Dosing in Heart Failure Patients vs. Standard Care.” The basis for this proposal is the need for current guidelines for digoxin dosing. Dosing methods for digoxin, a drug used to treat heart failure, have not been updated in decades, despite recent evidence suggesting that blood levels of digoxin achieved with traditional dosing practices increase the risk of adverse events. DiDomenico will use a simple dosing tool that targets the lower blood levels of digoxin associated with improved outcomes compared with higher blood levels. The aim of the study is to determine whether this simplified dosing tool is more effective than standard digoxin dosing practices at achieving lower blood levels and whether digoxin-dosing regimens can be further optimized by incorporating patients’ genetic information believed to influence the drug’s properties.

Dr. Lee received support for her proposal titled, “Genetic Predictors of Valproic Acid Response in Patients with Bipolar Disorder.” The purpose of the project is to identify genes that may influence patient response to the mood stabilizer valproic acid in those with bipolar disorder. The study will also characterize clinical factors that predict a therapeutic response to the drug. It is hoped that the results of this study provide additional knowledge to clinicians to better predict the subset of patients who may respond favorably to valproic acid.

### Apply Online Now for a 2008 Annual Meeting Student Travel Award



Have you thought about attending an ACCP meeting but lack sufficient financial resources to cover your travel and registration costs? ACCP and its members want to help! The Student Travel Award enables students to attend ACCP meetings by awarding travel stipends and complimentary

meeting registrations. Apply online now for an award to attend the ACCP Annual Meeting in Louisville, October 18–22, 2008.

### How to Apply

Student members of ACCP who are full-time students pursuing their first professional pharmacy degree are invited to apply for the awards. Applicants must submit a completed application, a CV or resume, two letters of reference, and a one-page essay. All application materials should be submitted online to the ACCP StuNet Awards Portal at <http://www.accp.com/stunet/stuMenu.php>.

### What Students Can Expect at the Meeting

In addition to experiencing the sights and sounds of Louisville, student attendees of the 2008 ACCP Annual Meeting can look forward to a special premeeting symposium titled “Off and Running to a Specialty Career,” a session designed to inform students of the “hows and whys” associated with clinical pharmacy specialty careers. In addition, an ACCP national meeting is the ultimate clinical pharmacy–networking forum. Student attendees can meet fellow student pharmacists at the Newcomers Reception and interact with leaders in a variety of clinical pharmacy specialties at the ACCP Practice and Research Networks’ (PRNs) Focus Sessions and Networking Forums. Students are encouraged to apply for a travel award and take full advantage of this opportunity to explore the entire clinical pharmacy landscape at a national ACCP meeting.

For more information on the Student Travel Award, contact Jon Poynter at [jpoynter@accp.com](mailto:jpoynter@accp.com) or (913) 492-3311, ext. 21.

## Faculty and Investigator Participants Head to Utah for the Inaugural Focused Investigator Training (FIT) Program

A cadre of 13 highly experienced faculty mentors and 18 participants arrive this month at the University of Utah for the first annual Focused Investigator Training (FIT) Program. This innovative career development program will provide 18 experienced investigators, each selected to attend the Program after a competitive application process, with the knowledge and skills needed to submit a competitive extramural proposal to granting institutions such as the NIH. These 18 investigators will maximize their use of pilot data while working in a collegial setting with highly funded, experienced mentors from around the country. The core activity of the FIT Program, the *Grant Proposal Group Sessions*, will team investigators with two faculty mentors and two other peer investigators throughout the week. In addition to lectures, participants will engage in panel discussions and small group breakout sessions for basic, clinical, and health outcomes research topics. Participants also will have many opportunities to consult with each of the NIH-funded FIT Program faculty mentors, including two biostatisticians, during one-on-one office hours.

“We have attracted an outstanding pool of mentors,” said Dr. Susan Fagan, Chair of the ACCP Research Institute Board of Trustees. The keynote address, “Crossing that Bridge: Research Funding and the Translational Investigator,” will be delivered by David W. Grainger, a Professor in the

Department of Pharmaceutics and Pharmaceutical Chemistry and Department of Bioengineering at the University of Utah. “The success of the program hinges upon the right combination of NIH-funded faculty and participants hungry to take their careers to the next level,” said Fagan. The 2008 FIT Program Mentor Team consists of Drs. Barry Carter, John Cleary, Marlene Egger, Courtney Fletcher, Reginald Frye, Jill Kolesar, Gene Morse, Mark Munger, Michael Reed, Greg Stoddard, Julie Wright, and Gary Yee.

The FIT Program is partially sponsored by an unrestricted educational grant from Amgen and in-kind support from the host institution, the University of Utah College of Pharmacy. The Accreditation Council for Pharmacy Education accredits the American College of Clinical Pharmacy as a provider of continuing pharmacy education. The 2008 FIT Program will provide up to 26 contact hours of continuing education credit. Watch the Web site [www.accpri.com](http://www.accpri.com) for details about the 2009 FIT Program.

## President’s Column

Gary R. Matzke, Pharm.D., FCCP

### The Excellence Equation for Medication Adherence: Compassionate Pharmacist Care Is a Factor



We are approaching the dog days of summer, which will find all of us focused on the needs of those going back to school, whether in our roles as faculty members as we anticipate the arrival of another new class of students or as preceptors and practitioners who have new clerkship students, residents, or fellows to inculcate to the professional environments in which we practice. Those of us who are engaged in the industrial or business side of pharmacy may not experience this seasonal rush to the same degree, but the forthcoming start of a new fiscal year and the end of the academic year often still brings new professionals who join our product development, professional affairs, or administrative teams. The key element in these environments is that each of us has a critical role to play in helping that new individual adapt to and identify with the organization or institution of which they are now a part. We contribute to setting the expectations of “excellence” that all members of the team should strive to achieve. Excellence can be measured in many ways and is dependent on the contribution anticipated from each individual. We expect more from our fourth-year students than from those in the first-year entering class. We expect more from our senior fellows than from our first-year residents, and so it goes.

One of the core elements of the excellence equation in pharmacy has been getting the right drug to the right patient at the right time. Certainly, this is a worthy goal and a foundational professional principle toward which we should strive. However, somewhere along the professional education spectrum, all of us have likely faced the reality that for some patients, this is just not enough. More is needed for the patient to experience the optimal outcome. So what is missing in the tried and true equation? I believe it is “compassion” or, as Chogyi Nyima Rinpoche, author of *Medicine and Compassion*, said, “Deeply-felt kindness and compassion generates clarity of mind, a sense of presence for the person you are caring for. When a doctor or a nurse, (or, I would

add, a pharmacist) truly cares for a person, these feelings can produce a kind of attentiveness that makes it difficult to make mistakes or errors in judgment. This kindness and concern also inspires confidence in the patient. The patient is able to relax, to be more at ease in a difficult situation. When the doctor has an honest and kind face and speaks words that show true concern and care, the sick person feels it 100 times more than any other person would.”<sup>1</sup>

One of the greatest tragedies of modern health care is that patients are often not involved in the decision-making process; they do not receive the coaching, mentoring, counseling—call it what you will—that encourages them to take the right amount of the right drug at the right time so that they experience the optimal outcomes from their medication regimens. Three recent papers, published in the past month, highlight this point and should motivate all of us to strive to enhance the patient experience that pharmacists can provide. We must educate our students and train them to be excellent, compassionate communicators as well as provide them tools to enhance patient adherence with the medication regimen whether or not we directly participated in the choice of prescribed medications.

Faught et al<sup>2</sup> reported in the June issue of *Neurology* that nonadherence with antiepileptic drug therapy was associated with a 3.32 times increased risk of mortality after consideration of all multivariate adjustments. Furthermore, using the Medicaid data from the 33,658 patients they evaluated from June 1997 to June 2006, they found that periods of nonadherence were associated with a significantly higher incidence of emergency department visits, hospital admissions, motor vehicle injuries, and fractures: serious consequences in anyone’s life. The compelling unanswered question from this study is, “How do you change this nonadherent behavior?”

Medication nonadherence has been documented as one of the primary causes of loss of renal allograft function (responsible for as many as 33% of all cases), and several studies have been conducted to assess which factors are associated with patient nonadherence. Identification of risk factors is the first step in identifying the patient population at highest risk of nonadherence, which, for the renal transplant recipient, has been associated with dire consequences such as a return to dialysis, retransplantation, or death. The recent study of renal transplant patients conducted by Chisholm-Burns et al<sup>3</sup> identified several “nonmodifiable” characteristics that were associated with nonadherence with immunosuppressant therapy. This group found that age and time posttransplantation were significant predictors of adherence. Younger patients and those with a shorter time since transplantation showed significantly more adherence. Thus, older patients with long-term transplants may be the ones in greatest need of a “new” approach to medication therapy management. The unanswered question may thus be modified: “What can pharmacists do to increase the adherence of patients at highest risk?”

Despite the widespread availability of effective antihypertensive therapies, only about 33% of patients with hypertension in the United States have achieved and consistently maintained their blood pressure goals.<sup>4</sup> Even though control rates increased slightly from 23% in 1999 to 35% in 2004, they fall far short of the Healthy People 2010 goal of 50%. The last article in the recent triad of evidence on medication adherence was published in the June 25 issue of the *Journal of the American Medical*

*Association*.<sup>5</sup> This three-group, randomized controlled trial, the Electronic Communications and Home Blood Pressure Monitoring (e-BP) study, was designed to test whether hypertension control improved with home blood pressure monitoring and training to use patient Web services only (HBP+WEB) or with home blood pressure monitoring and Web training plus care management by a pharmacist on the Web (Pharm+HBP+WEB) compared with the provision of usual care. The intervention strategy used by the pharmacists is detailed in the research report and is consistent with the pharmacy practice model of the future proposed by the Joint Commission of Pharmacy Practitioners and endorsed by ACCP.

The trial enrolled 778 patients with hypertension at 10 medical centers within Group Health, a large, nonprofit, integrated group practice in Washington State and Idaho; 94% of the enrolled patients completed the 1-year follow-up visit. The percentage of patients with controlled blood pressure (< 140/90 mm Hg) was increased in the HBP+WEB group compared with usual care (36% [95% confidence interval {CI}, 30–42] vs. 31% [95% CI, 25–37];  $p=0.21$ ). Adding Web-based pharmacist care to HBP+WEB significantly increased the percentage of patients with controlled blood pressure (56%; 95% CI, 49–62) compared with usual care ( $p<0.001$ ) and HBP+WEB ( $p<0.001$ ). Systolic blood pressure significantly decreased to the greatest degree in the Pharm+HBP+WEB group, whereas diastolic blood pressure significantly decreased only in the pharmacist care group compared with both the usual care and HBP+WEB groups. The provision of pharmacist care in the patients with baseline systolic blood pressures of 160 mm Hg or higher resulted in the greatest net reduction in systolic blood pressure (–13.2 mm Hg [95% CI, –19.2 to –7.1];  $p<0.001$ ) and diastolic blood pressure (–4.6 mm Hg [95% CI, –8.0 to –1.2];  $p<0.001$ ). They also had improved blood pressure control (relative risk, 3.32 [95% CI, 1.86–5.94];  $p<0.001$ ) compared with those receiving usual care.<sup>4</sup> The investigators concluded that “the pharmacists were successful because they provided planned care to a defined population, consistently applied stepped medication protocols, and used comprehensive information systems, a patient-shared EMR, and Web communications to collaborate with patients and their physicians.”

In an accompanying editorial, the question of why the addition of a pharmacist markedly improved blood pressure control was readdressed.<sup>6</sup> The editorial’s authors suggested that the pharmacist’s expertise in formulating and implementing evidence-based hypertension care plans was a factor. However, they placed more emphasis on their alternative explanation (i.e., “that frequent patient contact with a pharmacist stimulated patient engagement”). As proof, they cited the finding that patients in the Pharm+HBP+WEB group had significantly more Web interchanges with their clinicians (an average of 22 e-mail threads annually) relative to the other two groups. In another context, this assertion of enhanced patient engagement may actually be more about compassion. Remember that compassion has been suggested to generate clarity of mind and a sense of presence with the person for whom the health professional is caring. These feelings can produce a kind of attentiveness that enhances the health professional’s engagement with his or her patients and reduces errors in judgment. This kindness and concern also inspires patients’ confidence and may thus empower them to alter their medication adherence behaviors.

In closing, I want to take this opportunity to encourage each of you to strive for excellence in the provision of the care you provide to your patients. Use the best information resources to develop an optimal, evidence-based medication management strategy for each person and then remember to communicate with heartfelt compassion, using good bedside or (in many cases) electronic manners, to convey how much you respect your patients and how truly committed you are to helping them achieve optimal health outcomes.

**References:**

1. Rinpoche CN. The Straits Times (Singapore). September 20, 2006.
2. Faught E, Duh MS, Weiner JR, Guerin A, Cunnington MC. Nonadherence to antiepileptic drugs and increased mortality. Findings from the RANSOM Study. *Neurology* 2008; published online ahead of print June 18, 2008. Last accessed July 9, 2008. doi:10.1212/01.wnl.0000319693.10338.b9.
3. Chisholm-Burns MA, Kwong WJ, Mullow LL, Spivey CA. Nonmodifiable characteristics associated with nonadherence to immunosuppressant therapy in renal transplant recipients. *Am J Health Syst Pharm* 2008;65:1242-7.
4. Wang TJ, Vasan RS. Epidemiology of uncontrolled hypertension in the United States. *Circulation* 2005;112:1651-62.
5. Green BB, Cook AJ, Ralston JD, et al. Effectiveness of home blood pressure monitoring, web communication, and pharmacist care on hypertension control; a randomized controlled trial. *JAMA* 2008;299:2857-67.
6. Jones DW, Peterson ED. Improving hypertension control rates: technology, people or systems? *JAMA* 2008;299:2896-8.



**TIME IS RUNNING OUT TO APPLY FOR BPS CERTIFICATION!**

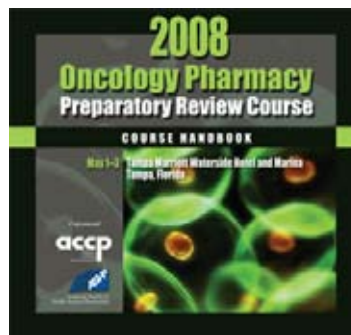
**All examinations will be administered on Saturday, October 4, 2008**

**Application deadline: August 1, 2008**

**For information and access to our online application, visit [www.bpsweb.org](http://www.bpsweb.org)**

**2008 Oncology Course Materials Now Available**

Instructional materials are now available for the 2008 edition of the *Oncology Pharmacy Preparatory Review Course* for home study, cosponsored by ACCP and the American Society of Health-System Pharmacists (ASHP).



*The Oncology Pharmacy Preparatory Review Course* is designed to assist oncology pharmacy practitioners who are preparing for the Oncology Specialty Certification Examination administered by the Board of Pharmaceutical Specialties (BPS) and oncology pharmacists who are seeking to

remain current in all aspects of their practice. The course content provides a comprehensive review of the domains and knowledge areas encompassed by the oncology pharmacy specialty.

The course also has been approved by BPS for recertification of board-certified oncology pharmacists (BCOPs). Board-certified oncology pharmacists who wish to earn recertification credit for the 2008 *Oncology Pharmacy Preparatory Review Course* must purchase access to one of the course formats available for BCOP recertification and then successfully complete and submit the posttest by November 30, 2008. The course must be taken in its entirety to earn recertification credit. Partial credit is not available.

The full course is available in two formats for home study: (1) a Web-based online course and (2) a CD-ROM and workbook package. Both formats offer continuing pharmacy education credit on successful completion of online posttests. Instructional components also are priced for individual sale. To obtain full information on the home study version of the course and to place an order, visit the ACCP Web site at <http://www.accp.com/bookstore/opc08.php>, order by telephone at (913) 492-3311, or download an order from the Web site and fax it to (913) 492-0088.



The American College of Clinical Pharmacy and the American Society of Health-System Pharmacists are accredited by the Accreditation Council for Pharmacy Education as providers of continuing pharmacy education. The program is approved for 28.0 contact hours; Program Numbers:

- 217-999-08-066-H01-P 2008 Oncology Pharmacy Preparatory Review Course for Home Study – Symptom and Pain Management (Symptom Management, Parts I, II, and III; Disease-Related Symptoms: Hypercalcemia, SVC, Malignant Effusions; Pain Management & Bone Metastases, Spinal Cord Compression; Pharmacology – A Review of the Major Classes of Chemotherapy)
- 217-999-08-067-H01-P 2008 Oncology Pharmacy Preparatory Review Course for Home Study – Blood Cancers and Bone Marrow (Bone Marrow Transplantation I and II; Acute Leukemia/Tumor Lysis Syndrome; Chronic Leukemias; Lymphomas/Multiple Myeloma)
- 217-999-08-068-H01-P 2008 Oncology Pharmacy Preparatory Review Course for Home Study – Other Cancers (GI Cancers, Esophageal, Liver, Stomach; Melanoma and Skin Cancer, Sarcomas, Lung; Head and Neck and Brain Cancer; Pediatric Malignancies; Colon)
- 217-999-08-069-H01-P 2008 Oncology Pharmacy Preparatory Review Course for Home Study – Women’s and Men’s Cancers and Genitourinary (Breast, Part I and II; Ovarian and Gynecologic Malignancies; Genitourinary Cancers, Renal, Testicular, Bladder; Prostate)

- 217-999-08-070-H04-P 2008 Oncology Pharmacy Preparatory Review Course for Home Study – Developments, Guidelines and Research (Drug Information and Guidelines; The Anticancer Drug Development Process; Oncology Drug Literature, Biostatistics and Study Design)

To receive continuing education credit, the Web-based posttest must be successfully completed and submitted to ACCP. ACCP will mail statements of credit for continuing pharmacy education to participants within 4 weeks of successful completion of the Web-based posttest. Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of the Oncology Pharmacy Preparatory Course are available at <http://www.accp.com/bookstore/opc08.php>.

## Stephanie Hammonds Selected as VCU-ACCP-ASHP Pharmacy Healthcare Fellow for 2008–2009

Washington, DC – The VCU/MCV School of Pharmacy, along with the American College of Clinical Pharmacy and American Society of Health-System Pharmacists, is pleased to announce the selection of Stephanie Hammonds, Pharm.D., as the 2008–2009 Pharmacy Healthcare Policy Fellow. Dr. Hammonds will begin the program in September after an orientation to the program and the legislative process. Dr. Hammonds earned her Doctor of Pharmacy degree in 2004 from Purdue University School of Pharmacy and Pharmaceutical Sciences. On graduation, she joined The Johns Hopkins Hospital as a Point of Care Pharmacist, focused largely in pediatric oncology. While at Hopkins, she cofounded the Pediatric Pharmacy Safety Committee and served on the USP-797 Compliance Committee. In 2006, she moved to New York, where she worked at the New York-Presbyterian Hospital/Weill Cornell Medical Center. While in New York, she served as the Interim Chair of the Legislative Action Committee for the New York City Society of the New York State Council of Health-System Pharmacists.



*Pictured (from left to right): Brian Meyer, Director, Government Affairs Division of ASHP; Stephanie Hammonds, Pharm.D., the 2008–2009 Fellow; Anna Legreid Dopp, Pharm.D., the 2007–2008 Fellow; Edwin Webb, Pharm.D., MPH, Director of Government and Professional Affairs of ACCP; and Gary Matzke, Pharm.D., Founding Director of the Pharmacy Healthcare Fellow Program*

She moved to her hometown, York, Pennsylvania, where she has practiced as a community pharmacist since 2007. In addition to her professional responsibilities, she is pursuing a Master of Public Health in Health Policy and Global Health at The George Washington University in Washington, DC. Dr. Hammonds notes that the laws that have deeply affected health care delivery are often passed without adequate thought to their repercussions and effect on patients and practitioners. She states, “It is my sincere hope that my patient care background will help provide a sound foundation from which I can contribute to policy analyses and decisions regarding health care and health policy in the United States. It is my privilege to have the opportunity to address these issues through participation in this health care policy fellow program.”

If you are interested in more information regarding the VCU-ACCP-ASHP Pharmacy Healthcare Policy Fellow Program, please contact Ed Webb, ACCP’s Director of Government and Professional Affairs, or Gary R. Matzke, the Program Director. Dr. Webb can be reached by telephone at (202) 756-2227 or by e-mail at [ewebb@accp.com](mailto:ewebb@accp.com); contact Dr. Matzke at (804) 828-1388 or by e-mail at [gmatzke@vcu.edu](mailto:gmatzke@vcu.edu).



## Call For Applications: Heart Failure Traineeships

### Heart Failure Training Program—The Heart

Failure Training Program, funded by an educational grant from Scios, Inc., is a 2- to 4-week intensive training program available at six training sites. Consider how this experience could benefit you or your colleagues, fellows, residents, and students. Applications are currently being accepted for the ACCP Heart Failure Training Program.

*EXTENDED Application Deadline:* September 1, 2008. For additional information and [application materials](http://www.accp.com/frontiers/research.php), visit <http://www.accp.com/frontiers/research.php>.

## Announcing The 2008 Ambulatory Care PRN Grant Program in Pharmacy-Related Health Services Research or Clinical and Translational Research

### Made available through annual Ambulatory Care PRN membership dues

The goal of the Ambulatory Care PRN Grant Program is to promote research and scholarly activity among PRN members and to foster the development of grant writing and research skills.

**Eligibility criteria.** The principal investigator of the award application must:

1. Be a current member of ACCP and the Ambulatory Care PRN.
2. Have received less than \$10,000 in total extramural research support.

3. Have received funding for two or fewer research proposals.
4. Identify a research mentor for the proposed project.

*Residents or fellows who meet the above eligibility criteria are encouraged to apply.*

Up to a total of \$2000 will be awarded for one or two grant applications. The amount of an award will depend on the number of proposals received and the merits of the individual proposals. Therefore, there may be one award for up to \$2000 or two awards collectively totaling \$2000 to support the direct costs of the proposed research.

The deadline for electronic submission of applications is September 30, 2008.

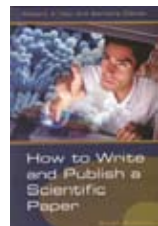
Please access the Ambulatory Care PRN Web page at <http://www.accp.com/ClinNet/prnambu.php> to download an application and obtain instructions about the application process. If you have questions about the 2008 Ambulatory Care Grant Program, please contact:

Julie Wright, Pharm.D., FCCP, BCPS  
 Member of the Research and Scholarship Committee  
 ACCP Ambulatory Care PRN  
 E-mail: [wrightj@umkc.edu](mailto:wrightj@umkc.edu)

## Just Added to the ACCP Bookstore: New Books on Leadership and Presenting/Publishing Your Work

Added to the bookstore this month are four titles—three to assist you in preparing your research for publication or presentation and a new book added to our collection of leadership titles.

***Publishing and Presenting Clinical Research, Second Edition***, by Warren S. Browner, is a companion to ***Designing Clinical Research***, which you can also find in the bookstore. This new title is an excellent primer for learning how to organize, present, and publish research results. Numerous clinical examples, tables, and figures offer practical advice in preparing publications and presentations.



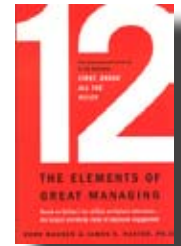
***How to Write and Publish a Scientific Paper*** and ***Scientific English: A Guide for Scientists and Other Professionals*** are two books that give both beginning scientists and experienced researchers advice on writing about their work and publishing what they write. ***Scientific English*** explains complex grammatical concepts in clear,

uncomplicated language and in an entertaining and engaging style. It is a valuable pocket guide and desk reference to help you communicate in the most concise manner. ***How to Write*** offers a how-to guide that explains every step of the publishing process from choosing a publisher to preparing your references.

Want to learn how great managers inspire the best performance, generate enthusiasm, maintain focus on a shared



mission, and achieve ever-higher goals? Order your copy of ***The 12 Elements of Great Managing***. The basis of this book is a study that includes 10 million employee and manager interviews, allowing the authors to focus on creating and sustaining team engagement.



The ACCP Bookstore is available online at <http://www.accp.com/bookstore.php>. Alternatively, call (913) 492-3311 to request an ACCP Publications Catalog.

## New Members

Laurie Adams	Jon Howard
Joy Aladume	Hannah Hsien Hwei
Tariq Alhawassi	Nathan Hudson
Brandon Allen	Whitney Hung
Chizoba Anozie	Brooke Isley
Olive Ayime	Jasmine Jang
Valerie Azzopardi	Nancy Keefer
Ephigene Banzuelo	Nicole Kenyon
Lyndi Barclay	Tiffany Kessler
Alexandra Barnette	Christine Kim
Carrie Beckman	Seferina Kim-Walsh
Adrienne Becnel	Maabo Kludze-Forson
Neela Bhajandes	Alice Knittel
Sara Bliss	Shannon Korleski
Justin Bouw	Cassie Kostevicki
Laurie Brokowski	Lisa Krautstrunk
Brock Bumpus	Charles Latimore
Holly Byrnes-Wessel	Connie Law
Christopher Cha	Lyanne Le
James Chamberlain	Joyce Lee
Debbie Chan	Mo Louise Lee
David Crowther	Megan Leloux
Joshua Cummings	Alexandra LeMere
Janna Currie	Wei Wei Liao
Robin Davis	Rebecca Lines
Michelle Demus	Lindsey Lombardi
Karrie Derenski	Bevonnine Loudon
Matthew Dierks	Kristin Lunghi
Kofi Donkor	Theary Ly-Rabino
Yelena Dorrian	Jorge Madrigal
Thitima Doung-Ngern	Melissa Malatesta
Celeste Dubois	Jeffrey Mandel
Melissa Durham	Sarah Marker
Patricia Earle	Kathleen McCool
Renee Embrey	Ryan Mickelson
Collin Fitzgerald	Christina Migliaccio
Art Fojas	Matt Millard
Elizabeth Franz	Megan Mohe
Adam Frgelec	Cary Mountjoy
Amanda Gallegos	Cesar Munoz
Milena Griffith	Richard Ogden
Julie Grimm	Cheuk Pang
John Harris	Reena Patel
Scott Harris	Alice Pauner
Robert Hay	Deepika Pereira
Andrea Henry	Bradley Peters
Jon Hiles	Michelle Pham
Amy Hodgkin	Gillian Pineda
Haley Holtan	Ginger Price
Brooke Honey	Stephanie Rucker

Adedayo Rufai  
Lawrence Salvatti  
Teena Sam  
Daniel Schiedermayer  
Lacey Schultz  
Scott Selby  
Andrew Sexton  
Seema Shah  
Katherine Shea  
Doreen Sheck  
Christine Snodgrass  
Renee Soboleski  
Jodi Sparkman  
Oby Stan-Ugbene  
Jacqueline Stark  
Carol Story  
Jennifer Strickland  
Kaylen Stutz  
Diana Svoboda  
Sarah Tierney  
Colleen Tobia  
Thu Tran  
Edo-Abasi Umoh  
Mary Ann Walquist  
Jessica Wellman  
Carol White  
Amity Wickman  
Ryan Williams  
Elaine Wong  
Katherine Wurster

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

Ayesha Akhtar  
Addis Alemayehu  
Susan Banister  
Lisa Barnes  
Kristi Bledsoe  
Lelia Brigmon  
Philip DenBleyker  
Philip Empey  
Michael Gabriel  
Annette Johnson  
Michael Kraft  
Darego Maclayton  
Geoffrey Rickrode  
Christine Slover  
Nathawan Sudbanthad

**New Member Recruiters**

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

Kwame Asare  
Bethany Bryant  
Jill Burkiewicz  
Alexandre Chan  
Kimberly Daugherty  
Tina Denetclaw  
Sheryl Dezelle  
Thomas Dowling  
Ogechi Eshleman  
Lynne Fehrenbacher  
Karen Gunning  
Andrea Hinton  
Vivian Istafanos  
Sharon Jones  
Sarah Lackey  
Kelly Rogers



**Assistant/Associate Director of Professional Development  
American College of Clinical Pharmacy**

The American College of Clinical Pharmacy (ACCP) is seeking candidates for a newly created staff position at the Assistant or Associate Director level in Professional Development. The position will be based at ACCP's national headquarters in suburban Kansas City

The Assistant/Associate Director of Professional Development will oversee the planning, enhancement, and delivery of key components of ACCP's professional development products and services, including the *Pharmacotherapy Self-Assessment Program* (PSAP) and selected curricular tracks within the ACCP Academy. In carrying out his/her primary responsibilities, the Assistant/Associate Director will provide professional perspectives and guidance to project managers and collaborate closely with management and executive staff to evaluate the professional development needs of ACCP members. The Assistant/Associate Director will play a major role in identifying and implementing new professional development programs, services, and delivery methods.

Candidates must have earned a Pharm.D. degree and completed a residency or fellowship, or gained equivalent experience. Board certification is required. The successful candidate will have experience as a contributing editor or reviewer, or a comparable position with a scholarly publication, as well as a significant record of publishing and reviewing in pharmacy, medicine, or a related discipline. Preference will be given to those with 5 or more years' experience as a clinical practitioner or educator.

The College offers a competitive salary and benefits program. Title and salary will be commensurate with experience. Although recruitment will continue until the position is filled, candidates should submit a letter of interest and curriculum vitae by August 1, 2008, to:

**Richard Collins**  
**Operations Manager**  
**American College of Clinical Pharmacy**  
**13000 W. 87<sup>th</sup> Street Parkway**  
**Lenexa, KS 66215**  
**E-mail: [rcollins@accp.com](mailto:rcollins@accp.com)**

*ACCP is an Equal Opportunity Employer.*

**Nontenure-track Faculty Position  
Adult Inpatient Medicine  
The University of Missouri–Kansas City  
School of Pharmacy – Columbia Satellite Campus**

The University of Missouri–Kansas City (UMKC) School of Pharmacy is seeking a highly creative and motivated individual for a nontenure-track faculty position in adult inpatient medicine (e.g., internal medicine/family practice/infectious diseases). The clinical site for this faculty member is the university hospital, a 274-bed hospital and level one trauma center in Columbia, Missouri.

The faculty member's practice will support both senior rotation students and longitudinal clerkship experiences for junior-level students. The faculty member will also be responsible for didactic teaching in team-taught courses; scholarship; and professional, university, and/or community service. The relative distribution of these responsibilities varies with the location of the position.

The faculty member will be an integral part of developing the new satellite program in Columbia in terms of facilitating the curriculum, conducting large and small group teaching, establishing new clinical services, and mentoring pharmacy students.

A Pharm.D. degree with postdoctoral training (or equivalent experience in the discipline) and a Missouri license are required for all positions. This position is available at the clinical assistant, associate, or professorial level. Academic rank and salary are commensurate with experience.

**The UMKC School of Pharmacy** offers the entry-level Pharm.D. degree. The program is delivered by faculty at the Kansas City campus and at the satellite campus in Columbia, Missouri. The entering class size is 123: 95 students at the Kansas City campus and 28 students at the Columbia campus. The Division of Pharmacy Practice is composed of 30 energetic faculty members representing a broad array of disciplines. The Division is growing to 38 positions to support the increased class size. The new Health Sciences Building in Kansas City, which houses the school of pharmacy, opened in summer 2007. The satellite program is located on the University of Missouri–Columbia campus that includes health science programs in Allied Health, Medicine, and Nursing. Further information can be accessed at <http://pharmacy.umkc.edu>.

**The University of Missouri–Kansas City** recognizes that a diverse faculty, staff, and student body enriches the educational experiences of the entire campus and greater community. To this end, UMKC is committed to recruiting and retaining faculty, students, and staff who will further enrich our campus diversity and to making every attempt to support their academic, professional, and personal success.

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

Kathleen A. Snella, Pharm.D., BCPS  
Assistant Dean and Clinical Associate Professor of Pharmacy Practice  
Chair, Search Committee  
Telephone: (573) 882-1598  
E-mail: [snellak@umkc.edu](mailto:snellak@umkc.edu)



**Associate Dean for Clinical Programs  
College of Pharmacy  
The University of Texas at Austin**

The University of Texas at Austin College of Pharmacy seeks applications and nominations for the Associate Dean for Clinical Programs.

The University of Texas at Austin is a leading tier-one, research-focused, state university. The UT College of Pharmacy has 44 tenured/tenure-track faculty, 45 nontenure-track faculty, 514 Pharm.D. students, 45 residents, and over 130 graduate students. The college operates regional education programs throughout Texas, including the Pharmacotherapy Division at the University of Texas Health Science Center at San Antonio, cooperative pharmacy program campuses with the University of Texas at El Paso and the University of Texas Pan American, and regional internship campuses in Houston-Galveston and Dallas/Fort Worth.

Applicants must have an earned Pharm.D. degree and appropriate residency, fellowship training, graduate degree, or the equivalent. Applicants must possess excellent communication and interpersonal skills. Prior leadership in the profession and experience in leading clinical pharmacy programs at a college of pharmacy are highly desirable. The ideal candidate will have a history of outstanding accomplishments in pharmacotherapy or pharmacy practice research and scholarship. Candidates should have proven abilities to foster an interdisciplinary approach to education and research. The successful candidate must qualify for appointment to the academic rank of professor with tenure or clinical professor without tenure.

The Associate Dean for Clinical Programs will lead the advancement of academic clinical and practice programs at both the Pharm.D. and post-Pharm.D. levels. This individual will collaborate with other senior administrative staff to identify the needs of students, faculty, preceptors, and affiliated statewide experiential sites and work jointly with these stakeholders to achieve the experiential education and training goals for both the Pharm.D. and postgraduate programs. Other obligations include leading the advancement of interprofessional collaborations, teaching at the Pharm.D. and post-Pharm.D. levels, assisting in faculty mentoring, contributing to scholarship, and providing service to the college and profession.

We welcome interested parties to submit application materials by October 15, 2008. Review of applications will begin immediately on receipt and will continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), together with a curriculum vitae and the names of three references, to [sharla.brewer@mail.utexas.edu](mailto:sharla.brewer@mail.utexas.edu). All inquiries should be addressed to:

Sharla Brewer  
Administrative Associate  
The University of Texas at Austin  
College of Pharmacy  
1 University Station, A1900  
Austin, Texas 78712  
E-mail: [sharla.brewer@mail.utexas.edu](mailto:sharla.brewer@mail.utexas.edu)  
Web site: <http://www.utexas.edu/pharmacy/>

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



**Clinical Assistant Professor  
Psychiatric Pharmacy**

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

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

All inquiries should be sent to:

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

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



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

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

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

All inquiries should be sent to:

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

*Qualified women and minorities are encouraged to apply.  
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**CNS Regional Scientific Manager  
AstraZeneca**

***“I want to be recognized for my ideas.” You can at AstraZeneca.***

AstraZeneca is a major international health care business engaged in the research, development, manufacture, and marketing of prescription pharmaceuticals and the supply of health care services. However, we're more than one of the world's leading pharmaceutical companies. At AstraZeneca, we're proud to have a unique workplace culture that inspires innovation and collaboration. Here, employees are empowered to express diverse perspectives—and they are made to feel valued, energized, and rewarded for their ideas and creativity.

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*\*The only large pharmaceutical company included on the list*
- *Diversity MBA Magazine*: Top 50 Companies in Diversity Leadership (2008)
- *Men's Fitness*: Top 15 Fittest Companies in America (2008)
- *The Scientist*: Best Places to Work in Industry (2008)
- Fit-Friendly Company Award, American Heart Association (2007)
- 100 Best Companies for Working Mothers by *Working Mother Magazine* (2002–2007)
- Top Employer, *Science Magazine* (2002–2007)
- Top 25 Noteworthy Companies, DiversityInc (2006)

**CNS Regional Scientific Manager**

The CNS Regional Scientific Manager is a field-based professional with scientific, clinical, and therapeutic area expertise responsible for supporting medical and scientific initiatives for marketed products, products in development, and new indications for current AstraZeneca products. The selected candidate will provide scientific information on products and disease state expertise to targeted key opinion leaders, health care professionals, and key decision makers consistent with the objectives of the Scientific Affairs staff, the Medical Affairs leadership, the Brand Team, and the therapeutic area.

To qualify, you must have an advanced degree in Pharmacology, Pharmacy, Medicine, or the equivalent, and at least 2 years' experience in the health care or pharmaceutical industry, marketing, or clinical development. Ideal candidates will have a doctorate and an established record of accomplishment in basic or clinical research. Applicants must possess demonstrated knowledge of the drug discovery and drug development processes, the medical education process, customer segments and market dynamics, communication of drug information, and FDA requirements, together with the ability to travel.

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