

ACCP Report

American College of Clinical Pharmacy

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

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Cohen Chosen ACCP President-Elect

Lawrence Cohen, Pharm.D., FCCP, FASHP, BCPP, was chosen ACCP President-Elect in annual elections held this spring. Dr. Cohen is Professor of Pharmacotherapy at Washington State University College of Pharmacy in Spokane, Washington, and previously served as Department Chair. He has also been Assistant Director for Psychopharmacology Research and Training for the Washington Institute for Mental Health Research and Training. Dr. Cohen is a Board-Certified Psychiatric Pharmacist and recently completed a 6-year term as a member of the Board of Pharmaceutical Specialties Psychiatric Pharmacy Specialty Council. He is currently a member of the United States Pharmacopeia Psychiatry Expert Committee. Dr. Cohen has been a full member of ACCP since 1990 and, in 1996, became Fellow. He founded the Central Nervous System Practice and Research Network and served as Chair for its first 5 years, where he was instrumental in establishing the CNS PRN Mini-Sabbatical. He has been on numerous committees and task forces—most recently, the Task Force on Health Care Costs; Task Force on Acute Care Practice Model; Task Force on Interprofessional Education, Board of Regents Education Subcommittee;



Lawrence Cohen

and 2007 Spring Meeting Planning Committee. His scholarly interests include pharmacokinetics and pharmacodynamics of psychotropic medications, geriatric psychopharmacology, pharmacoconomics and health outcomes, and sustainability and affordability of health care, particularly in rural and underserved populations. He has served on numerous Editorial Boards such as *Primary Care Companion of the Journal of Clinical Psychiatry*, *Journal of the American Medical Directors Association*, *Drug Benefit Trends*, *CNS News*, *Psychiatry Today*, and *Pharmacy Practice News*. In other election results, **Elizabeth Farrington**, Pharm.D., FCCP, FCCM, BCPS, and **Terry Seaton**, Pharm.D., FCCP, BCPS, were selected as



Elizabeth Farrington



Terry Seaton

regents. They will be installed at the 2010 Annual Meeting for 3-year terms. Dr. Farrington is a Clinical Specialist in Pediatrics at the University of North Carolina (UNC) Hospitals and a Clinical Assistant Professor at UNC Eshelman School of Pharmacy. Dr. Seaton is currently Professor and Associate Director of Pharmacy Practice at the St. Louis College of Pharmacy.



Vicki Ellingrod

Vicki Ellingrod, Pharm.D., FCCP, BCPP, and **Douglas Fish**, Pharm.D., FCCP, FCCM, BCPS, were each elected to 3-year terms as Research Institute trustees. Dr. Ellingrod is an Associate Professor of Clinical, Social, and Administrative Sciences in the College of Pharmacy and the Department of Psychiatry in the School of Medicine at the University of Michigan. Dr. Fish is Professor and Interim Chair of the Department of Clinical Pharmacy at the University of Colorado School of Pharmacy in Aurora, Colorado. He is also a Clinical Associate Professor in the Division of Pulmonary Sciences/Critical Care Medicine, University of Colorado School of Medicine.



Douglas Fish

Dr. Cohen will be installed as President-Elect at the 2010 ACCP Annual Meeting in Austin, Texas, and he 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. In an interview with the *ACCP Report*, Dr. Cohen commented:

It will be an honor and privilege to serve as ACCP President. It's been a humbling experience to be supported by colleagues I highly regard and respect, as well as by young practitioners I have mentored over the years, who often make me proud. When you think about who we are as an organization, it is hard not to feel pride in being a member of ACCP. We are caring professionals with patient-centered care at our core.

We live in challenging times with significant uncertainty as we look toward the future, and if there has ever been a time for ACCP and clinical pharmacists to assume a leadership role, that time is now! There will be many opportunities for clinical pharmacists within our reformed health care system, and ACCP is well positioned to help its members take advantage of those opportunities. It is through the outstanding efforts of our

past and present leadership that we continue to be at the table during discussions and negotiations about the role pharmacy will play in health care reform. Many of us have seen firsthand how the recent national and global financial crisis has caused patients to scramble for a way to pay for basic necessities, including medications and health care. We have a critical role to play in support of the nation's wellness. We have a lot of work to do, and I for one am proud to serve an organization with a diversity of members and colleagues who are helping to address these serious societal issues. You, our members, are our greatest strength, and I sincerely hope you will join me and become actively involved in the future of ACCP and our chosen profession.

Other candidates for office in the 2010 elections were John F. Flaherty, Cynthia Jackevicius, David L. Lourwood, Julie Oki Maurey, and Mark A. Munger.

Volunteer for Involvement in ACCP: Annual Survey Closes July 16

Interested in serving on an ACCP committee or contributing to the College by participating in noncommittee professional service activities in 2010–2011? ACCP's annual volunteer survey allows any member to volunteer for committee service and other noncommittee volunteer activities during the next year. The survey is posted at <http://www.accp.com/misc/surveys/index.aspx?&i=492>. To volunteer, just log-in and complete the survey. If you've forgotten your password, you can look it up at <http://www.accp.com/signin/forgotPassword.aspx>.

The survey takes only a few minutes to complete. However, it closes on Friday, July 16—so be sure to respond before that deadline to indicate your interest in 2010–2011 committee service or other ACCP volunteer activities.

ACCP Clinical Pharmacy Challenge Team Registrations Due September 8

Act now to [register](#) your pharmacy student team to compete in the inaugural ACCP Clinical Pharmacy Challenge. Teams of three students will compete against teams from other schools and colleges of pharmacy in a “quiz-bowl” format. Preliminary rounds of the competition will be conducted virtually (online) in September. Semifinal and final rounds will be held live at the ACCP Annual Meeting in Austin, Texas. [Click here](#) to view the competition schedule.

Students need not be members of ACCP to participate. Each college or school of pharmacy team registration may be submitted online and can be initiated by the institution's [ACCP faculty liaison](#) or a current faculty member. *The registering faculty member and/or his/her designee must be present at the time his/her school participates in the online rounds.* Each team must complete its online registration and eligibility confirmation by **September 8, 2010**.

Detailed information regarding ACCP Clinical Pharmacy Challenge eligibility, format, FAQs, sample test items, and registration may be found on our Web site at <http://www.accp.com/stunet/compete/overview.aspx>.



BPS Application Deadline is August 1



Members are reminded that August 1 is the deadline for submitting applications to take the Board of Pharmaceutical Specialties (BPS) examinations in Nuclear Pharmacy, Nutrition Support Pharmacy, Oncology Pharmacy, Pharmacotherapy, and Psychiatric Pharmacy. This year's examinations will be administered on Saturday, October 2, at 35 designated sites in the United States and worldwide.

The new BPS Web site at www.bpsweb.org provides an easy online application and payment process for first-time examination candidates.

The number of pharmacists certified by BPS continues to grow—with more than 9200 at last count. Many employers reimburse all or part of the examination fee or provide bonus pay for BPS-certified specialists, and many of these clinical pharmacists report that their certification is counted in promotion and clinical privileging decisions affecting their careers. Specialty certification is a great way for clinicians to distinguish themselves in practice. Don't put it off any longer!

Registration Now Open for Test-Taking Webinar



Join ACCP for an interactive webinar about testing-taking skills and board certification. This webinar will be held on Wednesday, July 21, 2010, from 7:00 p.m. to 9:00 p.m. (EDT).

This webinar will focus on how standardized tests are written and constructed, how to develop appropriate techniques to answer standardized questions more accurately, how to identify common issues in testing that may hurt your performance, and how to analyze your testing performance to improve accuracy, pacing, and endurance. This workshop is designed for clinical pharmacists preparing to take any of the Board of Pharmaceutical Specialties examinations as well as for faculty members interested in learning more about standardized test development.

This webinar will be presented by Martin and Jane Jolley, nationally recognized experts in standardized examination preparation who have been helping residents and students review and prepare for Medical Licensure Examinations for over 25 years. More than 3000 residents and students and have taken their courses, with a success rate well above 90%. The Jolleys have assisted residents and medical students in a variety of therapeutic areas, and they have worked with the University of Illinois at Chicago and the University of California at San Francisco, Davis, and Los Angeles.

The cost for participation is only \$99.95 for ACCP associate and full members, \$89.95 for ACCP resident, fellow, and student members, and \$129.95 for ACCP nonmembers and ACCP affiliate members. However, participation in the webinar is limited to 200 registrants, so [register now](#). Registration closes at midnight, July 20, 2010.



Annual Meeting Visits the Live Music Capital of the World

Join us October 17–20 in Austin, Texas, for ACCP’s 2010 Annual Meeting. Go online today to register and check out the full educational agenda. Registration is now open at www.accp.com/am. While at the Web site, be sure to register to stay at an official ACCP Annual Meeting hotel.

Austin is an award-winning city known for its mild weather, plentiful parkland, and assortment of outdoor activities. Austin has been named a “Top Ten Budget Travel Destination” by *Budget Travel* magazine, and the Texas Hill Country and Austin are among the *New York Times* top places to visit for a summer vacation. The entire family will enjoy the extracurricular activities available in this historic and vibrant city.

The city’s nearly 200 live music venues cater to numerous musical styles—country, blues, Latino, folk, punk, indie rock, alternative, and jazz. Most venues are located in the Sixth Street and Red River entertainment districts, which feature some 50 clubs, or the Warehouse District, just west of the central business district.

The Austin Convention Center is a premier facility located in the heart of the capital city’s downtown business district and is situated between the shores of Lady Bird Lake and historic Sixth Street, a short distance from ACCP headquarters hotels as well as dining and entertainment options.

For more information on Austin travel and adventure, visit <http://www.austintexas.org/>. Take advantage of special discounts on travel arrangements and hotel amenities for meeting attendees by visiting the ACCP Web site at www.accp.com/am. Early registration ends September 10.

Presymposia Provide Tailored Experiences at Annual Meeting

This fall, ACCP presents three premeeting symposia on Saturday, October 16, the day before the Annual Meeting officially gets under way. These presymposia are designed to give you hands-on experience in a small classroom setting. Developed in collaboration with the ACCP Academy, each course is a required component of its respective ACCP Academy Certificate Program; however, you need not be enrolled in the ACCP Academy to participate in these courses. *Clinical Practice Primer*, *Basic Training for New Clinical Faculty and Preceptors*, and *Regulatory/Ethical Issues in Clinical Research* are each led by a group

of experienced faculty and offer participants a highly interactive experience.

The *Clinical Practice Primer* is the prerequisite, required course for the ACCP Academy Clinical Practice Advancement Certificate. The *Primer* is a full-day course designed to provide a framework for developing a strategic plan in your professional advancement. Clinical pharmacy professionals from successful clinical practices will share strategies to justify your clinical services, engage in your own professional development, and cultivate productive relationships in team and collaborative patient care environments.

Basic Training for New Clinical Faculty and Preceptors serves as the prerequisite, required course for the ACCP Academy Teaching and Learning Certificate Program. Designed to provide a foundation for faculty and preceptors beginning their careers, this full-day course engages participants in thoughtful discussions and small group exercises. One of ACCP’s best-received educational courses, *Basic Training* successfully builds young academicians’ base knowledge in planning, implementing, and assessing student learning.

Regulatory/Ethical Issues is a half-day course that serves as required module 3 in the ACCP Academy Research and Scholarship Certificate Program. This session addresses the operational and ethical issues associated with developing and directing clinical research. Attendees can expect up-to-the-minute perspectives on human subject protection, informed consent, HIPAA, IRBs, and cultural competency. The highly experienced faculty will lead interactive discussions about recognizing author responsibilities, managing misconduct allegations, and navigating the IRB. The course integrates case studies that focus on ethical, legal, and social issues. Budget management, quality control processes, and appropriate data management to ensure data integrity will also be discussed.

To secure your seat in one of these interactive presymposia, register online at www.accp.com/am. For complete presymposia information, including schedules, faculty, and learning objectives, visit www.accp.com/am and click on “View Full Schedule.” Register before September 10 to take advantage of early discounted registration rates.

ACCP Travel Award Funds Gain Momentum

Make a Tax-Deductible Contribution to Support Increased Student and Postgraduate Trainee Involvement in ACCP

During the past year, the College has continued to promote student, resident, and fellow involvement in a variety of ACCP activities and services, including attendance at our national meetings. These opportunities provide these individuals with a broad exposure to clinical pharmacy and the chance to participate in ACCP at the national level. However, encouraging meeting attendance has been hampered by one major factor: limited financial resources. ACCP members, the PRNs, and the local chapters all have continued to support the Student Travel Award Fund and Resident/Fellow Travel Award Fund in an effort to alleviate some of the economic burden associated with attending the College’s national meetings.

These funds provide financial assistance to students and postgraduate trainees who wish to attend an ACCP meeting.

A growing number of students and postgraduate trainees have expressed interest in attending ACCP meetings. The number of student, resident, and fellow meeting registrants and abstract submissions continue to increase steadily. In addition, there is an increasing range of opportunities for these individuals within ACCP, including the opportunity to serve on the National StuNet Advisory Committee or Resident Advisory Committee, as well as other ACCP standing committees. However, such individuals are still confronted with covering the costs of travel, hotel, and meeting registration. ACCP travel awards help defer a portion of the costs associated with meeting attendance. Member response continues to be very positive to these initiatives, as almost 240 students and postgraduate trainees have received travel awards to support attendance at ACCP national meetings. ACCP members are encouraged to help support these future clinical pharmacists. Most individual members have made contributions of \$25–\$100, but any amount will be gratefully accepted! There are three ways members can make a tax-deductible contribution to these funds:

- Contact ACCP Customer Service at (913) 492-3311 to use a credit or debit card to make a contribution.
- Mail a check, payable to “ACCP Student Travel Award Fund” and/or the “ACCP Resident/Fellow Travel Award Fund,” to: ACCP, 13000 W. 87th Street Pkwy., Lenexa, KS 66215-4530.
- Make a contribution while registering for the 2010 Annual Meeting by indicating the amount you wish to contribute on the meeting registration form.

PRNs or chapters interested in making a donation may contact Jon Poynter, Membership Project Manager, at (913) 492-3311, or e-mail at jpoynter@accp.com. Remember, your financial support will benefit those who might not otherwise be able to attend an ACCP meeting. All funds collected are allocated directly to travel awards. Administrative costs of managing the awards process are covered by the College’s student membership budget.

President’s Column

*James E. Tisdale, Pharm.D.,
FCCP, BCPS*

Board Certification Revisited (or—Everything You Always Wanted to Know About Board Certification, and Weren’t, in Fact, Afraid to Ask)

A few weeks ago, I sent an open letter (<http://www.accp.com/docs/misc/BoardCertificationQuandary.pdf>) to ACCP members describing ACCP’s board certification quandary, in which I discussed the background and rationale for proposing a revised, contemporary framework for specialist certification. I received many thoughtful and insightful responses from members—thanks to all who sent comments to me. As a follow-up to the open letter, and in part to further address the comments and questions I received from members, this month’s column will be devoted to issues pertaining to board certification in pharmacy.



Relationship between the Board of Pharmacy Specialties and ACCP

Some respondents to the open letter were under the misconception that ACCP is affiliated in some way with the Board of Pharmacy Specialties (BPS). It is not. BPS was formed in 1976 as an independent certification agency of the American Pharmacists Association (APhA). BPS now describes itself as “an autonomous Division of the APhA” (Reference 1). ACCP has no formal affiliation with BPS.

Once board certified under the current system, how does one become recertified?

For four of the five existing specialties, two recertification options are available: (1) examination or (2) completion of specific BPS-approved continuing education requirements. Nutrition Support Pharmacy is the only existing specialty that requires recertification by examination. Recertification options for the soon-to-be-available sixth specialty, Ambulatory Care Pharmacy, have yet to be determined.

What is BPS’s involvement in developing the recertification programs available for the Pharmacotherapy specialty (BCPS) and other specialties?

BPS does not develop or participate in the development of recertification programs for approved specialties. This would pose a conflict of interest for BPS. Instead, using a request for proposal process, BPS solicits and reviews petitions for the approval of programs for recertification and decides whether to accept or decline these petitions. However, BPS is not involved in preparing the petitions or designing the recertification programs. BPS itself undergoes an accreditation process—BPS is accredited by a body called the National Commission for Certifying Agencies.

Who can provide recertification programs for Pharmacotherapy (BCPS) and other specialty certifications?

ACCP is currently the only organization that provides a BPS-approved recertification program for the Pharmacotherapy specialty (*The Pharmacotherapy Self-Assessment Program* [PSAP]); therefore, perhaps, some members believe that ACCP is the only organization authorized to develop and provide recertification programs for the current BPS specialties. This is not the case; any other accredited continuing pharmacy education provider could prepare and submit a petition to BPS for the approval of a Pharmacotherapy recertification program or a recertification program for any of the other specialties. In fact, other organizations offer approved recertification programs for BPS specialties. ACCP collaborates with the American Society of Health-System Pharmacists (ASHP) and the Hematology/Oncology Pharmacy Association to provide a BPS-approved recertification program for Board-Certified Oncology Pharmacists; the University of New Mexico College of Pharmacy provides a BPS-approved recertification program for Board-Certified Nuclear Pharmacists; and the College of Psychiatric & Neurologic Pharmacists provides a BPS-approved program for the recertification of Board-Certified Psychiatric Pharmacists.

Why hasn’t a new framework for board certification been developed?

As explained in the open letter, for about 6 years, ACCP has attempted to convince BPS that the profession of pharmacy would benefit from the development of a new, contemporary,

strategically designed framework for specialist certification that better accommodates the growing number of specialist and subspecialist pharmacists. However, as detailed in BPS's letter to ACCP and ASHP on May 11, 2010, at this time, BPS simply disagrees that the current system is inadequate and feels that there are not sufficiently justifiable reasons to change the current model for specialty certification. Obviously, we disagree, for the reasons outlined in my letter, and we will continue to work with BPS to develop a revised framework for certification and to facilitate a profession-wide discussion of the optimal framework for board certification.

If a new certification framework is developed, what will happen to people who are board certified under the current system? Will existing board certifications be devalued?

As noted in my letter, we envision that individuals who are board certified under the current system will be "grandfathered in" (i.e., will have their existing certifications fully recognized as equivalent to comparable certifications under the new system). We envision that existing certifications, be they BCPS, BCPP, BCOP, BCNP, BCNSP, or the new Ambulatory Care Pharmacy certification, will be not be devalued in any way; will be considered equivalent to their new, comparable certifications; and will be eligible for recertification under the recertification processes in place under a new system.

Did you really mean to say in your letter that, in a future new certification framework, achieving BCPS certification would be considered the equivalent of having completed a PGY2 residency? How could that be?

The following text appeared in the open letter: "What will happen to current BPS-recognized specialists who were credentialed in the current model? We would suggest that their existing certifications be fully recognized as equivalent to the new, post-PGY2-certified specialist/subspecialist." A few members interpreted this to mean that, under a newly developed system, the current BCPS certification would be considered equivalent to having completed a PGY2 residency. That is not what I meant to convey. As described in the letter, we envision that future board certification will be tied to residency training—after completion of a PGY1 residency, we envision the completion of a foundational knowledge examination for recognition as a board-certified clinical pharmacist. Then, for those who complete PGY2 residency training, more focused subspecialty certification examinations will be available in all specialties for which PGY2 residencies are available. My intent was to convey that individuals who are presently BCPSs would be recognized at the more advanced level of *certification*, not that a BCPS would be considered the equivalent of having completed PGY2 residency training.

Why do we need board certification anyway?

A few members argued that board certification is unnecessary and unproved—that no evidence exists that board-certified pharmacists provide better care or achieve better patient outcomes than those who are not board certified. It is true that, to date, no study has determined whether board-certified pharmacists provide better care or achieve better patient outcomes with respect to drug therapy than pharmacists who are not board certified. However, some evidence supports the hypothesis that board-certified physicians provide higher-quality care than those who are

not board certified. For example, after accounting for other covariates, one study found that treatment by a board-certified physician was independently associated with a significant 15% reduction in the incidence of in-hospital mortality in patients treated for acute myocardial infarction (Reference 2). In a study of elderly patients with acute myocardial infarction, the proportion of patients discharged on β -blockers and aspirin was considerably higher for those under the care of a board-certified cardiologist than for those under the care of a non-board-certified cardiologist. Similarly, the proportion of patients discharged on aspirin was substantially higher for those cared for by a board-certified internist than for those cared for by a non-board-certified internist (Reference 3). Compared with those under the care of non-board-certified physicians, a significantly larger proportion of Medicare beneficiaries under the care of board-certified physicians received recommended preventive services such as hemoglobin A1c monitoring for diabetics, mammograms, colon cancer screening, influenza vaccination, and pneumococcal vaccination (Reference 4). There is also evidence that continued maintenance of certification status (which, in pharmacy, we would call "recertification") is associated with improved patient outcomes. For example, in a retrospective cohort study of 8127 patients with hypertension and diabetes, the frequency of hypertension treatment intensification (defined as initiation of a new, or an increased dose of an existing, antihypertensive medication) was significantly greater for physicians who were board certified the previous year than for those who were board certified 31 years earlier (Reference 5). In addition, the treatment intensification rate was significantly higher for physicians certified 10 years ago or less compared with those last certified more than 10 years ago (i.e., those who did not maintain certification). The study defined the treatment intensification rate as the ratio of the number of encounters with documented elevated blood pressure and treatment intensification to the total number of encounters with elevated blood pressure. Multivariate analysis revealed that the probability of treatment intensification significantly decreased by about 21% for every decade since a physician's last board certification (Reference 5). Therefore, although no study has yet determined the value of board certification in pharmacy, there is evidence that board certification in medicine leads to improved care. In addition, board certification in medicine enhances clinician accountability and transparency to patients and the public (Reference 6).

Why is ACCP stepping out on its own on this issue? Why can't the pharmacy organizations work together on professional issues?

For the past several years, the pharmacy organizations have been working together collaboratively, amiably, and in a focused manner to achieve progress within pharmacy practice and, ultimately, to improve patient outcomes related to medication therapy. There are numerous examples of such collaboration during the past several years, and this collaboration continues—in organizations such as the Joint Commission of Pharmacy Practitioners, the Council on Credentialing in Pharmacy, the Pharmacy Manpower Project, the Alliance for Pharmaceutical Care, and many others, all of which have counted ACCP as an integral member. There is a great deal of evidence that these collaborations among pharmacy organizations have been successful in advancing the profession and helping us better care for patients. But, with

respect to seeking a more coherent and accessible specialist certification framework—this issue is of great interest to our members, but it may not be as high a priority for some of the other pharmacy organizations. As described in the open letter and the accompanying document, “Brief History” (see <http://www.accp.com/docs/misc/BriefHistory.pdf>), we have been working with BPS on this issue for 6 years without success. So, although we greatly desire to collaborate with BPS to effect change in the current board certification system, BPS has thus far not accepted our recommendations. In essence, all we have suggested is the convening of a stakeholders’ conference to achieve consensus within the pharmacy profession on a strategic approach to future certification that makes sense—for both clinical pharmacists and the patients they serve. In fact, in the fall of 2006, when ACCP President Stuart Haines charged the Certification Affairs Committee to prepare a paper on this issue, it was intended that the paper would serve as a background piece for the forthcoming stakeholders’ conference, which at the time was expected to occur in 2007 or early 2008. That conference has not yet taken place. Hence, we now have no choice but to take a stand on this issue and seek other remedies, including perhaps holding our own stakeholders’ conference, with or without BPS as a cosponsor.

The “What’s in it for me?” question

Some members have expressed disappointment that board certification in pharmacy has not been more widely recognized and rewarded by employers and that (with some notable exceptions) too many employers do not require or reward board certification. A few members indicated their wish not to become board certified unless, in doing so, they would be rewarded professionally and/or financially. I believe that lack of recognition of the value of board certification in pharmacy is indeed an issue. Currently, ACCP’s Certification Affairs Committee is developing strategies by which ACCP can more effectively promote the value of board certification to employers, health care providers, and provider groups (as well as to residents and residency programs). Having said that, I would argue that the intent of board certification in pharmacy is not to reward the practitioner, but to provide accountability, transparency, and better care for our patients. The purpose of board certification is to assure our patients that we possess the knowledge with which to deliver high-quality advanced pharmacotherapeutic care. So, with apologies to John F. Kennedy, I would respectfully suggest that we *ask not what board certification can do for us, but ask what board certification can do for our patients.*

Is this about money? Doesn’t ACCP stand to profit from expanded availability of specialty certification, through provision of board certification preparatory courses and recertification programs?

In the interest of full disclosure, let me state for the record that ACCP makes available products and services that help clinical pharmacists prepare for certification and accomplish recertification, and that these products and services generate some revenue for the organization. However, having served on the Board of Regents cumulatively for more than 4 years across two separate terms, I must state that the *net* revenues (i.e., after all expenses are deducted) realized by ACCP from certification and recertification programs are modest at best. And most of these revenues have been reinvested recently through the development of new proposed recertification options, expansion of certification/recertification staff, increases in preparatory course offerings, and support of

the new ambulatory care petition. Still, the position we have established on board certification, as described in the open letter, is derived from the comments, requests, and demands *from ACCP members* that we address these issues. We are a member-driven organization, and we would be remiss if we did not respond to these concerns. We realize that we do so at the risk of creating the perception, in the minds of some, that our position is driven by thoughts of financial gain. Thus, all I can do is reassure you that we have taken this stance to address ACCP member needs and do what we believe is best for the profession.

I hope this column has shed more light on ACCP’s perspective on board certification and the need for a new certification framework. As always, please feel free to contact me at jtisdale@iupui.edu or call me at (317) 613-2315, ext. 306, with suggestions or questions.

1. Board of Pharmacy Specialties. Available at <http://www.bpsweb.org/>. Accessed June 24, 2010.
2. Norcini JJ, Kimball HR, Lipner RS. Certification and specialization: do they matter in the outcome of acute myocardial infarction? *Acad Med* 2000;75:1193–8.
3. Chen J, Rathore SS, Wang Y, et al. Physician board certification and the care and outcomes of elderly patients with acute myocardial infarction. *J Gen Intern Med* 2006;21:238–44.
4. Pham H, Schrag D, Hargraves JL, Bach PB. Delivery of preventive services to older adults by primary care physicians. *JAMA* 2005;294:473–81.
5. Turchin A, Shubina M, Chodos AH, et al. Effect of board certification on antihypertensive treatment intensification in patients with diabetes mellitus. *Circulation* 2008;117:623–8.
6. Weiss KB. The future of board certification in a new era of public accountability. *J Am Board Fam Med* 2010;23:S32–S39.

Mark Your Calendar Now for the **NEW Ambulatory Care Preparatory Review Course** and the **Pharmacotherapy Preparatory Review Course**

April 8–12, 2011 • Columbus, Ohio

Mark your calendar for the popular *Pharmacotherapy Preparatory Review Course* and the *NEW Ambulatory Care Preparatory Review Course*. Both programs are designed to help you prepare for the relevant Board of Pharmacy



Specialties (BPS) Pharmacy Specialty Certification Examination that will be offered in October 2011. Even if you are not planning to sit for a BPS examination, you may still be interested in assessing your knowledge and skills by taking advantage of one of these advanced specialty programs. Each course is an excellent review for either pharmacotherapy or ambulatory care practitioners seeking to remain current in their practice. Registration opens October 2010.

Both courses will take place at the Greater Columbus Convention Center located in Columbus, Ohio, from April 8 to 12, 2011. Watch the ACCP Web site, www.accp.com, for complete meeting details.

Volunteer Recognition

The following individuals have made significant contributions to ACCP and/or the pharmacy profession during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization. Please visit <http://www.accp.com/membership/vrp.aspx> to learn more about each volunteer's contributions to the College.

Drug Information Practice and Research Network

Allison Bernknopf, Pharm.D., BCPS, Associate Professor of Pharmacy, Ferris State University and Drug Information Specialist, Ferris State University/Kalamazoo Center for Medical Studies Drug Information Center, Kalamazoo, MI.

Julie P. Karpinski, Pharm.D., BCPS, Assistant Professor of Pharmacy Practice, Concordia University School of Pharmacy, Mequon, WI, and Director of the Drug Information Center at Froedtert Hospital in Milwaukee, WI.

Andrea L. McKeever, Pharm.D., BCPS, Associate Professor in the Department of Pharmacy Practice and Director of the Drug Information Center and Residency Program, South University School of Pharmacy, Savannah, GA.

Amy Sutton Peak, Pharm.D., Director of Drug Information Services, Butler University College of Pharmacy and Health Sciences, Indianapolis, IN.

Kelly M. Smith, Pharm.D., FCCP, FASHP, BCPS, Associate Dean of Academic and Student Affairs and Associate Professor, Department of Pharmacy Practice and Science, University of Kentucky College of Pharmacy, Lexington, KY.

Wendy Smith, Pharm.D., BCPS, Drug Information Clinical Pharmacy Specialist, University of Texas M.D. Anderson Cancer Center, Houston, TX.

Erin M. Timpe, Pharm.D., BCPS, Assistant Professor of Pharmacy Practice, Southern Illinois University School of Pharmacy, and Director of the Drug Information and Wellness Center, Edwardsville, IL.

Kristina E. Ward, Pharm.D., B.S., BCPS, Clinical Assistant Professor and Director of Drug Information Services, University of Rhode Island College of Pharmacy, Kingston, RI.

Endocrine and Metabolism Practice and Research Network

Daniel M. Riche, Pharm.D., BCPS, CDE, Assistant Professor of Pharmacy Practice and Medicine and Clinic Coordinator, Cardiometabolic Clinic, The University of Mississippi Medical Center, Jackson, MS.

Jennifer N. Clements (Crist), Pharm.D., BCPS, Assistant Professor of Pharmacy Practice, Bernard J. Dunn School of Pharmacy, Winchester, VA.

Kim L. Kelly, Pharm.D., FCCP, BCPS, CEC, President, Kelly Diabetes Associates, LLC.

Jeffrey S. Stroup, Pharm.D., BCPS, Associate Professor of Medicine, Oklahoma State University Center for Health Sciences, Tulsa, OK.

Indiana College of Clinical Pharmacy Chapter

Chris Scott, Pharm.D., FCCM, BCPS, Adjunct Associate Professor of Pharmacy Practice, Director of Pharmacy, Clinical Pharmacy Specialist, Trauma/Surgical/Critical Care, Residency Program Director: PGY1, PGY2 Critical Care, Wishard Health Services, Indianapolis, IN.

Judith Jacobi, Pharm.D., FCCM, BCPS, Clinical Pharmacy Specialist, Critical Care, Residency Director, PGY2, Critical Care, Clarian Health/Methodist Hospital, Indianapolis, IN.

William Malloy, Pharm.D., M.S., BCPS, Pharmacy Clinical Director, Pharmacy Residency Director, PGY1, Community Health Network, Indianapolis, IN.

Mid-South College of Clinical Pharmacy Chapter

Shannon W. Finks, Pharm.D., BCPS (AQ Cardiology), Assistant Professor, University of Tennessee College of Pharmacy, Memphis, TN.

Carrie S. Oliphant, Pharm.D., BCPS, Cardiology/Anticoagulation Clinical Specialist, Methodist University Hospital, Memphis, TN.

Amy H. Manguso, Pharm.D., Clinical Pharmacy Specialist, Baptist Memorial Hospital, Memphis, TN.

Kelly C. Rogers, Pharm.D., Associate Professor, University of Tennessee College of Pharmacy, Memphis, TN.

Gail Bridges, Pharm.D., Clinical Specialist - Anticoagulation/Surgery, The Regional Medical Center at Memphis, Memphis, TN.

Cyrine-Eliana Haidar, Pharm.D., BCPS, BCOP, Clinical Pharmacist, St. Jude Children's Research Hospital, Memphis, TN.

Kelley R. Lee, Pharm.D., BCPS, Clinical Pharmacy Manager, Le Bonheur Children's Medical Center, Memphis, TN.

Marilyn Lee, Pharm.D., BCPS, Assistant Director of Pharmacy, The Regional Medical Center at Memphis, Memphis, TN.

Bob Lobo, Pharm.D., FCCP, BCPS, Program Director, Clinical Pharmacy, Department of Pharmaceutical Services, Vanderbilt University Medical Center, Nashville, TN.

Amanda M. May, Pharm.D., Clinical Pharmacist, Le Bonheur Children's Medical Center, Memphis, TN.

Anne Reaves, Pharm.D., Ambulatory Care Clinical Specialist, Methodist University Hospital, Memphis, TN.

Joseph M. Swanson, Pharm.D., BCPS, Assistant Professor of Clinical Pharmacy and Pharmaceutical Sciences, University of Tennessee College of Pharmacy, and Assistant Professor of Pharmacology, University of Tennessee College of Medicine, Memphis, TN.

Melanie Swims, Pharm.D., BCPS, Clinical Pharmacy Specialist, Veterans Affairs Medical Center, Memphis, TN.

Jason Vinson, Pharm.D., Director of Pharmacy, Saint Francis Hospital-Bartlett, Bartlett, TN.

Mary E.D. Yates, Pharm.D., BCPS, Assistant Director, Clinical Pharmacy Services, Baptist Memorial Hospital, Memphis, TN.

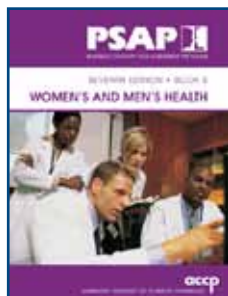
PSAP-VII Series Releases *Women's and Men's Health*

The special health care needs of men and women are the focus of the third book in the *Pharmacotherapy Self-Assessment Program*, seventh edition (PSAP-VII). *Women's and Men's Health* provides evidence-based information on diverse topics such as women with HIV infection, female sexual dysfunction, preconception care, and drug-induced osteoporosis, as well as the management of uncommon diseases in men including osteoporosis, breast cancer, and depression.

Women's and Men's Health has four learning modules offering a total of 22.5 continuing pharmacy education credits. The first module centers on current controversies in women's health, sexually transmitted diseases, and special considerations for women with HIV. The second module examines menstrual-related disorders, current issues with contraception, and preconception care. The third module reviews eating disorders in men and women, female sexual dysfunction, and uncommon diseases in men. The final module presents an update on the current literature on drug-induced osteoporosis, cardiovascular toxicity associated with pharmacotherapy for breast cancer in women, and the use of dietary supplements in men's and women's health.

Each PSAP chapter has an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist. The *Women's and Men's Health* book is designed to assist pharmacists who want to:

- Evaluate the available evidence regarding the HPV vaccine in diverse patient groups.
- Devise an individualized care plan, including appropriate antimicrobial treatment, for men and women with sexually transmitted infections.
- Evaluate the outcomes of antiretroviral chemoprophylaxis studies in reducing perinatal HIV-1 transmission from mothers to neonates.
- Develop a management plan for abnormal uterine bleeding, premenstrual syndrome, premenstrual dysphoric disorder, or polycystic ovary syndrome.
- Devise a management plan for women with common chronic diseases who are preparing for pregnancy and evaluate the use of high-risk drugs in women of childbearing potential.
- Analyze different types of eating disorders on the basis of diagnostic criteria, clinical course, and prognosis, and



assess nonpharmacologic and pharmacologic treatment approaches.

- Develop and/or modify a treatment plan for a woman with sexual dysfunction.
- Assess differences in the etiology, risk factors, presentation, and treatment of osteoporosis, breast cancer, and depression in men versus women.
- Develop treatment and monitoring plans for drug-induced osteoporosis and evaluate the epidemiologic literature to assess the absolute increase in the risk of drug-induced osteoporosis associated with a specific class of agents.
- Analyze the cardiotoxic potential of breast cancer treatment plans and the clinical controversies in the treatment of drug-induced cardiovascular disease in women with breast cancer.
- Evaluate safety and efficacy data on dietary supplements used in women's and men's health.

Women's and Men's Health will be released July 15.

All PSAP books are available in both print and online formats. All PSAP-VII books feature an updated, reader-friendly design; a Baseline Resources Box with suggested background information on the chapter topic; and shorter chapters focusing on only the most recent updates.

Other books in the PSAP-VII series include *Cardiology*; *Critical and Urgent Care*; *Pediatrics*; *Chronic Illnesses*; *Oncology*; *Geriatrics*; *Science and Practice of Pharmacotherapy*; *Infectious Diseases*; *Neurology/Psychiatry*; and *Gastroenterology/Nutrition*.

PSAP offers the most up-to-date and comprehensive information available on recent drug therapy advances. Each book will expand your knowledge in the therapeutic area covered. PSAP-VII is priced as follows (shipping and handling charges will apply to print books):

	Member Price	Nonmember Price
Single Books		
Print	\$75.00	\$100.00
Online	\$65.00	\$90.00
Print and Online	\$105.00	\$130.00
Full Series (11 books)		
Print	\$435.00	\$635.00
Online	\$385.00	\$570.00
Print and Online	\$635.00	\$820.00

For specific information on the release dates, continuing education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit www.accp.com/bookstore/psap7.aspx and place your order through the online bookstore. Please use code BR0707 when ordering PSAP-VII.



Prior editions of PSAP have been approved by the Board of Pharmacy Specialties (BPS) for use in Board-Certified Pharmacotherapy Specialist (BCPS) recertification; similar approval is being sought for PSAP-VII.

• ACCP is accredited by ACPE as a provider of continuing pharmacy education.

Tisdale Addresses SCCP-MUSC Resident Class of 2010

ACCP President James Tisdale was the keynote speaker for the 2009–2010 Certificate Ceremony for the Pharmacy Residency Program of the Medical University of South Carolina (MUSC) Medical Center and College of Pharmacy.

The ceremony was Wednesday, June 30, from 1:30 p.m. to 3:30 p.m., at St. Luke's Chapel on the MUSC campus. "You enter the profession at a challenging time," Dr. Tisdale said in his address. He continued:

Two hundred people will die from medication-related problems while we're in the room this afternoon. With the advanced training you've received here at MUSC, you will help address these problems. From 7% to 14% of patients experience medication-related problems in the hospital, and at least half are preventable. Those of you entering institutional practice can affect those numbers. We urgently need pharmacists with precisely the type of training you now have.

The 2009–2010 MUSC residency class includes 22 pharmacists who have either completed the postgraduate year one (PGY1) residency or continued their education with specialized second-year residency training. Eight residents plan to pursue the PGY2 residency through the MUSC Medical Center–College of Pharmacy program, and others plan to earn their PGY2 designation through programs at the University of North Carolina and Vanderbilt. Most of the remainder will enter the workforce, mostly in health system pharmacy or academics.

The MUSC Medical Center–College of Pharmacy PGY1 program is one of the largest in the country and also one of the oldest—2009 marked the program's 50th anniversary. "The MUSC Pharmacy Residency Program is the product of dedicated pharmacy practitioners with a common vision for how all patients should receive pharmaceutical care," said Heather Kokko, director of pharmacy services at MUSC and director of the MUSC Medical Center–College of Pharmacy residency program. She continued:

The collaboration between the academicians in the South Carolina College of Pharmacy and the clinicians in the Department of Pharmacy Services makes this program exceptional. The preceptors at MUSC take ownership of the residency and offer outstanding experiences to the residents who practice with us.

Tisdale left the residency graduates with some advice culled from his own experiences:

- Be brave. Be bold. Don't be afraid to risk. Don't be afraid to fail.
- Don't be afraid to ask for advice or assistance ... and also know when not to take that advice.
- Be humble. A little bit of humility will take you far in your personal and professional lives.
- Be a mentor. Don't underestimate the effect you can have on someone's career and life. At the same time, be mentored. No matter what stage of career you are in, you'll always need a mentor.
- Find some balance in your life. Have fun. Laugh every day.

"Having the ACCP President speak at our residency certificate ceremony shows the caliber of our program and the reputation it has," said ACCP member Kelly Ragucci, Pharm.D., FCCP, BCPS. Dr. Ragucci serves as associate professor of clinical pharmacy and outcomes services at SCCP and associate director of graduate pharmacy education at the MUSC Medical Center–College of Pharmacy residency program. "It was an honor to have him speak at this event, and his message clearly resonated with our residents."



Attention Students, Residents, and Fellows: Apply Online Now for 2010 ACCP Annual Meeting Travel Awards

Have you thought about attending an ACCP meeting, but have limited financial resources available to cover your travel and registration costs? ACCP and its members want to help!

ACCP Student Travel Awards and Resident/Fellow Travel Awards enable students and postgraduate trainees to attend ACCP meetings by awarding travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the ACCP Annual Meeting in Austin, Texas, October 17–20, 2010.

How to Apply

Students: Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for an award. Applicants are asked to submit a completed application, which includes a curriculum vitae or resume, two letters of reference, and an essay of no more than 500 words detailing the applicant's objectives for attending an ACCP meeting. All application materials should be submitted online at <http://www.accp.com/stunet/award.aspx>. *The application deadline is September 3, 2010.*

Residents/Fellows: To qualify, applicants must be current resident or fellow members of ACCP who are enrolled in a residency or fellowship program at the time of the meeting. Applicants must submit a curriculum vitae, an essay of 250 words or less detailing the applicant's objectives for attending an ACCP meeting, and a personal reference from the residency or fellowship program director or his or her designee. All materials should be submitted online at <http://www.accp.com/membership/resfelAward.aspx>. *The application deadline is August 23, 2010.*

For more information on ACCP travel awards, contact Jon Poynter, ACCP Membership Project Manager, at jpoynter@accp.com or (913) 492-3311, ext. 21.

PPD Bioanalytical Fluid and Tissue Grant Awardee Returns Home with High Praise



Rhonda Cooper-DeHoff, Pharm.D., M.S., Associate Professor, Pharmacotherapy and Translational Research, at the University of Florida, College of Pharmacy, was awarded the second PPD Bioanalytical Fluid and Tissue Grant Award for her proposal titled, "Metabolic Effects of Antihypertensive Drugs." The specific hypothesis of her project predicts that blockade of the renin angiotensin aldosterone system (RAS) with an ACE inhibitor will diminish or reverse the glucose intolerance observed during treatment with a thiazide diuretic.

Dr. Cooper De-Hoff traveled to a state-of-the-art PPD facility in Richmond, Virginia, and outside Cleveland, Ohio, to work with and learn from on-site scientists within PPD. When contacted, she stated that her experiences with both laboratories were very positive, saying,

I think the strength of this traineeship is that you get a hands-on experience in a very impressive, elaborate laboratory facility. I have been active in clinical trials for over 20 years, but have not had exposure to this important aspect of clinical research. I feel confident that my participation in the ACCP PPD Bioanalytical Fluid and Tissue Grant Award Program will enable me to be a better researcher and a better mentor for my graduate students who work in my lab.

Through this investigator development award, PPD grant award winners are reimbursed for their transportation and housing costs while working at the PPD facility. PPD covers the costs associated with the actual analysis. The Research Institute is pleased to announce a new funding opportunity for full and associate ACCP members in 2010. Applications will remain open until funding is depleted for 2010. Download an application from www.acpri.org and apply today.

Two More FIT Program Attendees Awarded NIH Grants

The Research Institute is pleased to congratulate two 2008 Focused Investigator Training (FIT) Program graduates on their successful grantsmanship. Nathan Wiederhold, Pharm.D., Assistant Professor, University of Texas at Austin College of Pharmacy, was awarded an R21 grant from the NIH/NIAID for his project titled, "Invasive Aspergillosis Diagnosis by Antigen Capture with Lateral-Flow Technology." When contacted for comment, Dr. Wiederhold stated,

The ACCP FIT Program was a great experience. The class lessons and the one-on-one interactions with the NIH-funded mentors were invaluable. The feedback that I received on my application significantly improved its quality.

Chris Frei, Pharm.D., MSc, BCPS, Assistant Professor, Pharmacotherapy Division, College of Pharmacy, University of Texas at Austin, was awarded a KL2 grant from NIH/NICRR for his project titled, "Genetics, Resistance, and Treatment in a South Texas Practice-Based Research Network." Dr. Frei has also received a grant from Pfizer Pharmaceuticals for his proposal titled, "Health Care Costs Associated with Treatment Failure and Adverse Drug Events

During the Management of Complicated CA-MRSA Skin and Soft Tissue Infections in the Outpatient Setting."

The 2010 FIT Program was held June 11–17 in Tucson, Arizona, at University of Arizona College of Pharmacy, the host site. To date, 46 ACCP members have completed this annual intensive experienced investigator development program. To learn more about the FIT Program, please go to www.acpri.org/fit.



FIT Class of 2010: Front to back: Ken Bauer Jr., Susan Fagan, John Cleary, Greg Stoddard, Rahul Jain, Mary Gerkovich, Vicki Ellingrod, Barry Carter, Lynda Welage, Qing Ma, Pam Pawloski, Julie Banderas, Gene Morse, Fred Doloresco, Duane Sherrill, Marcia Brackbill, Edith Nutescu, Mitchell Barnett, Jim Backes, Gary Yee, Reggie Frye, Jacques Marinac, Steve Leonard, Roy Parish, and Terrence Adam.

Applications Being Accepted for 2011 Community Advisory Panel for ACCP PBRN

Applications are being accepted for the 2011 community advisory panel (CAP) of the ACCP PBRN. The CAP functions as an expert reviewer for proposals received by the ACCP Practice-Based Research Network (PBRN) to determine the feasibility and practicality of proposed research concepts. This standing committee to the ACCP PBRN represents the breadth and scope of PBRN members and provides a mechanism for readily available feedback regarding the feasibility and practicality of proposed research projects. The composition of the CAP represents PBRN membership as a balance of generalists and specialists at a mixture of practice settings (e.g., outpatient clinics and inpatient services). All CAP members are unpaid volunteers.

To find out more about the CAP or to complete an online application, please go to <http://www.acpri.org/cap/index.aspx>.

ACCP/ASHP 2010 Oncology Course Materials Now Available

Instructional materials are now available for the 2010 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.

BPS has also approved the course for the recertification of board-certified oncology pharmacists (BCOPs). BCOPs who wish to earn recertification credit for the 2010 *Oncology Pharmacy Preparatory Review Course* must purchase access to one of the course formats available for BCOP recertification credit and then successfully complete and submit the posttest by November 30, 2010. 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 upon successful completion of online posttests. Instructional components also are priced for individual sale. To receive full information on the home-study version of the course and/or to place an order, visit the ACCP Web site at <http://www.accp.com/bookstore/opc10.aspx>, or order by telephone at (913) 492-3311 or fax to (913) 492-0088.



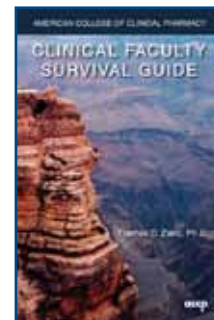
The American College of Clinical Pharmacy and the American Society of Health-System Pharmacists are accredited by the Accreditation Council for Pharmacy Education as providers of continuing pharmacy education. The program is approved for 28.0 contact hours. Program Numbers:

- 0217-9999-10-066-H01-P 2010 *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 and Bone Metastases, Spinal Cord Compression; Pharmacology—A Review of the Major Classes of Chemotherapy)
- 0217-9999-10-067-H01-P 2010 *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)
- 0217-9999-10-068-H01-P 2010 *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)
- 0217-9999-10-069-H01-P 2010 *Oncology Pharmacy Preparatory Review Course for Home Study*—Women’s and Men’s Cancers and Genitourinary (Breast, Parts I and II; Ovarian and Gynecologic Malignancies; Genitourinary Cancers, Renal, Testicular, Bladder; Prostate)
- 0217-9999-10-070-H04-P 2010 *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. Statements of credit for continuing pharmacy education will be available at the CE Center (www.accp.com/ce) to participants within 4–6 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/opc10.aspx>.

Clinical Faculty Survival Guide – Fall 2010

ACCP’s *Clinical Faculty Survival Guide* will be published this fall. An enhanced update to ACCP’s popular 2004 *Clinical Faculty Survival Kit*, the Guide is designed to provide valuable tips, insights, and suggestions for beginning and seasoned clinical faculty as they develop their careers.



This new book will integrate with the ACCP Academy programs on Leadership and Management, Research and Scholarship, Clinical Practice Advancement, and Teaching and Learning.

Here’s a look at what’s inside:

Clinical Practice

- Recommendations for achieving success and avoiding common pitfalls: Step-by-step suggestions for all clinical practitioners
- Information on knowledge and skills needed for successful practices in the inpatient/acute care, clinic/office-based, and community pharmacy settings
- Professional insights on collaborative practice, interprofessional collaboration, and credentialing

Leadership

- Personal, organizational, and project leadership roles: Developing the characteristics to become a leader
- Leadership roles within your organization, profession, and community

Teaching, Precepting, and Mentoring

- Definitions of teacher, preceptor, and mentor: Roles, differences, and characteristics
- Ways of using technology in academia
- Strategies for effective teaching and learning
- Tips on how to survive and even thrive in the academic setting

Research and Scholarship

- Practitioner-educator and research-educator faculty: Why research and scholarship are important to professional development
- Professional research: Guidance on how to identify research questions, resources needed to conduct research, and common barriers encountered

Lifelong Learning

- Models of professional development: Continuing professional development, continuing pharmacy education, lifelong learning, personal development
- Comprehensive references and links to useful resources are provided throughout.

In the ACCP Bookstore this fall, look for the *Clinical Faculty Survival Guide*—an excellent resource for learning from the generously offered insights of experienced pharmacy professionals.

New Web-Based Programs Available at the ACCP Web Site

The Web-based program titled “Chronic Myelogenous Leukemia: Considerations for Selection and Managing Therapy” is now available at the ACCP Web site and is approved for continuing pharmacy education credit. Guidelines for state-of-the-art treatment and monitoring of chronic myelogenous leukemia (CML) are presented based on recommendations from the National Comprehensive Cancer Network (NCCN). Drug resistance is reviewed within the context of the expanding role of second-generation tyrosine kinase inhibitors (TKIs) together with recommendations for managing and preventing toxicities, drug-drug interactions, and drug-food interactions with TKIs.

Another Web-based program, “Quality Improvement in Managing Patients at Risk for Venous Thromboembolism: Interventional Strategies,” is also available on the ACCP Web site and is approved for continuing pharmacy education credit. Although most medical and surgical inpatients have several risk factors for venous thromboembolism (VTE), evidence shows that only 30% to 50% of patients receive adequate prophylaxis. Guidelines from the American College of Chest Physicians recommend that hospitals develop a formal strategy to prevent thromboembolic complications and, more specifically, provide prophylaxis in patients with VTE risk factors. Those who participate in this session will learn proven strategies for implementing a multidisciplinary team approach to qualify improvement in the prevention of hospital-acquired VTE.

Click [here](http://www.accp.com/education/freeCEPrograms.aspx) (<http://www.accp.com/education/freeCEPrograms.aspx>) to link directly to the programs.

New Members

Barton Adkins	Caitlin Barton
Angela Allsup	Jayde Bednarik
Alanoud Al-Muhareb	Joleine Bigcas
Waleed Almuqbil	Ryan Birk
Yarelis Alvarado Reyes	Martha Blackford
Priya Amin	Jenifer Blasinsky
Navid Amlani	Natalie Bledsoe
Zachary Anderson	Todd Brackins
Ariane Andreaco	Ryan Brodman
Saimah Arshad	Jacqueline Brown
Laura Ashley	Alisha Cain
Kiran Kumar Avancha	Jennifer Campbell
Hayley Ball	Jaelyn Carr
Thomas Barger	Lynda Cesiro
Brett Bartlett	Hun Chai

Dominic Chan	Kristine Kang
Cindy Chang	Shannon Kelly
Lucy Chiao	Alyse Kilijanczyk
Neal Cho	Anna Lise Koenig
Stephanie Chu	Donald Kornegay
Monika Coletto	Emily Kruskamp
Hannah Craig-Molinar	Justin Kullgren
Barrett Crowther	Eliana Kurzum
Melissa Cwiklinski	Sonie Lama
Alia Daghestani	Mallory Lambeth
Rosanna Dati	Joni Larrabee
Shanna Davis	Jennifer Larson
Danielle Daykin	Brittney Lawhorn
Elizabeth Dembo	Krishna Le
Elilta Demissie	Bryce Lee
Candace Dunn	Rachel Lee
Sharon Euers	Sul Ki Lee
David Ezdon	Tina Lee
Andrea Faison	Brendan Limone
Keith Fester	Mike Lorenz
Jessica Finch	Richard Lufkin
Megan Fitzgerald	Celeste Mangune
Michelle Fraley	Hanine Mansour
Jessica Freels	Russ Mantooth
Steven Fuchs	Brandy Marriner
Nichole Fuhr	Susan Mashni
Seema Ganatra	Karen Miller
Celeste Gardner	Aaron Moats
Victoria Gates	Ghazal Mohajer
Matthew Gauck	Brittney Moore
Zenia George	Kenesha Moorehead
Charles Gerlach	Emily Mui
Jillian Gion	Stephanie Natsch
Eric Gomez	Lilian Ndehi
Anne Gorder	Danny Nguyen
Christina Graham	Oisin O HAlmhain
Stuart Greaser	Laura Oinonen
Lim Guan	Emily Ong
Marissa Guevara	Basma Othman
Kristin Hagan	Lauren Owens
John Hamiel	Surabhi Palkimas
Grace Hamilton	Kristina Park
Kelly Hammett	Grishma Patel
Christy Hanna	Rishit Patel
Nehal Hashem	Sushma Patel
Amanda Hawks	Annette Patterson
Joel Henneberry	Andrea Petitto Long
Khemraj Hirani	Ngoc-Thao Phan
Maichi Ho	Danielle Pierce
Jared Hochstetler	Ryan Polzin
Jean Hoffman	Shannon Postell
Heather Holt	Elizabeth Posvar
Irene Hong	Elizabeth Potter
Sache Hood	Candice Preslaski
Xiaomeng Hou	Jessica Price
Lillian Hsu	Sarah Providence
Katie Huddleston	David Pruett
Stephanie Huff	Justin Quintal
Thien Thanh Huynh	Joan Raczy
Heather Ipema	Saranyu Ravi
Denise Jeffrey	Mark Read
Jessica Jones	Kristin Repp
Kiran Joseph	Ivan Reveles
Kathleen Joyce	Margaret Riley
Jamie Justice	Vineeta Risbood

Calisha Roberson
Megan Rogers
Aaron Roth
Flint Russett
Michael Sandsmark
Lindsay Saum
Melissa Schnor
Kruti Shah
Shaili Shah
Shalvi Shah
Rachel Shanks
Jackie Sharpe
Joshua Shipley
Carrie Shuman
Suzanna Singh
Kayla Smith
Marcus Stanaland
Jaclyn Strutt
Dinesh Sukhlall
Tracy Sullivan
JoAnne Taheri
Letty Tam
Christopher Taylor
Caroline Tee
Ayahelushim Tesfaye
Tanya Thane
Linda Thomas
Michael Thuyns
Bryant Tran
Setchia Traore
Namrita Trivedi
Amber Tuckett
Jennifer Turner
Lindsey Uhrin
Howard Umemoto
Ana Urbin Reyes
Jamie Van Kleeck
Andrew Varker
Sara Vaughn
Kaushik Vedam
Laura Viereck
Mary Wamburu
Richard Ward
Beth Wattigny
Jennifer Wear
Sydney Wheeler
Leah Whitener
Jon Wietholter
Kaitlen Wilcoxon
Charity Wilkerson
Julie Wilkinson
Giselle Willick
Tiffany Wray
Maged Youssef
Gina Yu
Riffat Zahoor
Stephanie Zi

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

Sami Ahmed
Amber Castle
James Chan
Chhang Chhay
Susan Cogut
Staci Dufrene
Jillian Foster
Megan Friedrich
Tina Frisch
Angeli Garg
Olga Ginis
Carlese Henry
Gabrielle Hodson
Christopher Hood
Michaela Hrdy
Allison King
Katherine Lehman
Maria Pardo
Marissa Quinones
Khaula Sawah
Monica Skomo
Pamela Smithburger
Peter Stuessy
Ashley Taylor
David Tuck
Amy Vyhnaek
Jeremy Whalen
Jeffery Wiczorkiewicz

New Member Recruiters

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

Frank Caligiuri
Jennifer Confer
Catherine Crill
Robert Deamer
Jean Dib
Curtis Haas
Krystal Haase
Mary Hess
Wendy Kagawa
Abir Kanaan
Chad Knoderer
Joel Marrs
Chris Oswald
John Papadopoulos
Kenna Payne
Treavor Riley
Patricia Ritz
Autumn Runyon
Joseph Saseen
Nicole Scott
Bill Taylor
Mina Willis
Kevin Wright
Jennifer Zwiener



Clinical Pharmacy Specialist

Kaiser Permanente, the nation's largest not-for-profit health plan, has an exciting opportunity for a motivated Clinical Pharmacy Specialist (CPS) in the Denver metropolitan area. The successful candidate will participate in the planning and implementation of region-wide programs to optimize drug therapy patient outcomes in this progressive, integrated, health care delivery system.

This comprehensive clinical pharmacy practice involves both direct and indirect patient care activities through virtual consults, a multidisciplinary clinic, and population management strategies primarily targeted at the chronic kidney disease (CKD) population. Diverse clinical activities include, but are not limited to, management of hypertension, dyslipidemia, depression, anemia, vitamin D deficiency, electrolyte disturbances, neuropathy, and hyperparathyroidism. The CPS plays an integral role to improve quality, affordability, service, and safety for our patients with and at risk for CKD by providing clinical pharmacy support to various departments, disciplines, and partners including Pharmacy, Primary Care, Renal Care Team, and more than 40 external nephrologists and contracted external dialysis units.

Opportunities are also available to provide patient education, work with affiliated providers, participate in committees, develop and revise regional guidelines, precept students and residents, and participate in research.

Interested candidates must have a Pharm.D. degree, a postgraduate year 2 (PGY2) residency or equivalent experience, and a Colorado pharmacist license. Board certification is required within 3 years of the date of employment (applicants with equivalent clinical experience must be board certified upon hire).

Kaiser Permanente Colorado's Pharmacy Department employs over 750 individuals, with more than 160 clinical pharmacy staff members in clinical practice areas such as Anticoagulation, Asthma/Allergy, Call Center, Cardiac Risk, Cardiology/Heart Failure, Continuing Care, Drug Information, Endocrinology, Gastroenterology, Infectious Diseases, Inpatient, International Travel, Mental Health, Nephrology, Neurology, Oncology, Palliative Care, Primary Care, Research, Transplant, and Weight Management.

We offer an excellent salary and benefits package. Support for continuing education, board certification, and professional memberships is included. Enjoy the Rocky Mountains while shaping the development of premier clinical pharmacy services in this not-for-profit, integrated, health care delivery system. Kaiser Permanente is an AA/EEO employer.

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

Alfred Lyman Jr., Pharm.D., BCPS
Chief of Clinical Pharmacy Specialties and Therapeutic Initiatives
Kaiser Permanente Colorado
16601 East Centretech Parkway
Aurora, CO 80011
Telephone: (303) 739-3534
E-mail: Alfred.E.Lyman@kp.org



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy

**Assistant Professor of Pharmacy Practice
Department of Pharmacy Practice, Division of Pediatrics
Texas Tech University Health Sciences Center, School of Pharmacy
Abilene, Texas**

The Texas Tech University School of Pharmacy announces two pediatric faculty positions at our Abilene campus, where our first class of 40 students started in the fall of 2007. The faculty members will have several opportunities to develop practices in collaboration with pediatricians to care for patients in a continuity of care, inpatient to outpatient model. Further opportunities for collaboration exist with outreach physicians from Cook Children's Medical Center, particularly with hematology and oncology.

Join a growing faculty (including our regional dean and five adult medicine, three primary care, two geriatrics, one community, and three pharmaceutical sciences faculty) at our newest campus, which includes a state-of-the-art, 40,000-square-foot building adjacent to Hendrick Regional Medical Center.

Requirements: Pharm.D. with specialty residency or fellowship. Candidates should send a letter of application, curriculum vitae, and three letters of reference to:

Mark Haase, Pharm.D., BCPS
Search Committee Chair for Pediatrics
Pharmacy Practice
1300 S. Coulter
Amarillo, TX 79106
E-mail: mark.haase@ttuhsc.edu
Telephone: (806) 356-4000, ext. 292
Fax: (806) 356-4018

All interested applicants must apply online at <https://jobs.texastech.edu> position # 62112.

Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy

Clinical Faculty Positions Primary Care

The Texas Tech University Health Sciences Center School of Pharmacy (TTUHSC SOP) is actively seeking to fill three nontenure-track faculty positions within the Primary Care Division at the assistant or associate professor level on our Abilene campus. Qualified candidates will help our existing division members expand services in primary care. These positions will have a strong emphasis in direct patient care through collaborative drug therapy management in a variety of chronic disease states. In addition to clinical practice, candidates will be responsible for didactic and experiential teaching, research/scholarship, and school service. Descriptions of each available position's clinical practice site are included below.

Abilene, Hendrick Medical Center: Hendrick Medical Center is a 504-bed medical center located adjacent to the TTUHSC SOP that serves the 22 counties surrounding Abilene. Both the Department of Pharmacy and the School of Pharmacy (SOP) have created this ambulatory care position to address the continuity of care issues that both unfunded and funded patients must navigate. Initially, this position will be focused on bridging anticoagulation therapy for unfunded patients because each additional day in the hospital waiting for INRs to achieve the desired level costs the institution \$1000. This program will be linked to the Hendrick Professional Pharmacy so that patients can be maintained on oral anticoagulation therapy. Over time, we expect this position to include other continuity of care issues that benefit from intervention, education, and direct patient management.

Abilene, Presbyterian Medical Care Mission: The Presbyterian Medical Care Mission is a primary care ambulatory clinic that serves patients in the Abilene area (22-county region) who do not have health insurance or access to state/government health care assistance programs. The facility has two physicians, a physician assistant, several nurses, a chaplain, administrative staff, and community volunteers to serve more than 35,000 patients in a very friendly, unassuming, family-like atmosphere. The clinic also has an established clinical pharmacist on faculty at TTUHSC SOP working under a collaborative practice agreement to manage patient disease states in diabetes, hypertension, and hyperlipidemia. A patient population base has been established for the second clinical pharmacist practitioner to enter the practice site in the disease state of diabetes. Other disease states for collaborative practice may be explored, based on pharmacist expertise. The average patient can be described as middle-class "working poor" between the ages of 19 and 64. The clinic has an extensive prescription medication sample library and heavily relies on prescribing practices based on the prescription discount programs and patient assistance programs from pharmaceutical companies. A nurse manages all patient assistance program paperwork.

The TTUHSC SOP Primary Care Division is one of the largest groups of clinical pharmacy faculty in primary care in the nation! We have 12 members spread across four campuses in North and West Texas. Many opportunities exist for scholarly collaboration both within and between the different clinical practice divisions of the SOP. Individuals with specialty residency training in ambulatory care or equivalent practice experience are preferred. For more information, contact:

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