

# ACCP Report

American College of Clinical Pharmacy

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

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## Haas Chosen ACCP President-Elect

**Curtis Haas**, Pharm.D., FCCP, BCPS, was chosen ACCP President-Elect in annual elections held this past spring. Dr. Haas is director of pharmacy for the University of Rochester Medical Center in Rochester, New York. Until his appointment as a director of pharmacy in 2006, he specialized in critical care pharmacy practice and maintained an active teaching, practice, and research program. Dr. Haas has been a full member of ACCP since 1993, and he is a member of the Critical Care PRN. Service to ACCP has included membership of the Board of Regents (2006–2009); secretary/treasurer, chair-elect, and chair of the Critical Care PRN; many committee assignments, and secretary/treasurer and president of the New York State (NYS) chapter. He has presented on numerous occasions at both ACCP and NYS-ACCP meetings, has contributed original research papers, and serves as a reviewer for *Pharmacotherapy*. He was recognized as an ACCP Fellow in 2004.

In other election results, **Krystal Haase**, Pharm.D., FCCP, BCPS, was elected secretary, and **Edith Nutescu**, Pharm.D., FCCP, and **Jo E. Rodgers**, Pharm.D., FCCP, BCPS, were selected as regents. They will be installed at the 2011 Annual Meeting for 3-year terms. Dr. Haase is associate professor in the Department



**Curtis Haas**,  
Pharm.D., FCCP, BCPS



**Krystal Haase**,  
Pharm.D., FCCP, BCPS



**Edith Nutescu**,  
Pharm.D., FCCP



**Jo E. Rodgers**,  
Pharm.D., FCCP, BCPS

of Pharmacy Practice at Texas Tech University Health Sciences Center School of Pharmacy; Dr. Nutescu is clinical professor in the Department of Pharmacy Practice, Pharmacy Administration, and Center for Pharmacoeconomic Research at the University of Illinois at Chicago College of Pharmacy; and Dr. Rodgers is clinical associate professor in the Division of Pharmacotherapy and Experimental Therapeutics at the University of North Carolina Eshelman School of Pharmacy.

**Jill Kolesar**, Pharm.D., FCCP, BCPS, and **Keith Olsen**, Pharm.D., FCCP, FCCM, were each elected to 3-year terms as Research Institute trustees. Dr. Kolesar is professor of pharmacy at the University of Wisconsin and director of the Analytical Laboratory at the University of Wisconsin Comprehensive Cancer Center. Dr. Olsen is professor of pharmacy and chair, Department of Pharmacy Practice, at the University of Nebraska Medical Center, and manager for education and research in the Department of Pharmaceutical and Nutrition Care at The Nebraska Medical Center, both in Omaha.

Dr. Haas will be installed as President-Elect at the 2011 ACCP Annual Meeting in Pittsburgh, Pennsylvania, 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. Haas commented:



**Jill Kolesar**,  
Pharm.D., FCCP, BCPS



**Keith Olsen**,  
Pharm.D., FCCP, FCCM

I would like to thank the members of ACCP for this opportunity to serve the organization as a presidential officer. For the next 3 years, I look forward to working with the diverse membership, fellow board members, and the dedicated staff to continue the vital work of our organization. During this time, we will face many interesting challenges and potential opportunities in health care that are anticipated to have an important impact on clinical pharmacy practice, research, and

education. The leadership in clinical pharmacy demonstrated by our members and the organizational priorities of ACCP will continue to play an important role in shaping the future for our profession, and I am humbled by the trust you have placed in me to contribute to this important work of ACCP and its members. I will also not forget that ACCP is a member-driven organization and that those asked to serve the organization on the Board of Regents are truly servant leaders. It should be a fun ride, and I look forward to sharing it with each of you! Thank you again for your show of support and trust.

Other candidates for office in the 2011 elections were Marie Chisholm-Burns, Susan Fagan, Tracy Hagemann, Daniel Hilleman, Anne Hume, and J. Herbert Patterson.

### Bookstaver, Overholser, Riche to Receive ACCP Honors

ACCP members P. Brandon Bookstaver, Brian Overholser, and Daniel Riche were selected by the 2010 ACCP Awards Committee to receive the College's prestigious 2011 New Educator, New Investigator, and New Clinical Practitioner Awards, respectively. The awards will be presented in Pittsburgh, Pennsylvania, on Monday, October 17, 2011, at 9:15 a.m. during a Special Session of the 2011 ACCP Annual Meeting.



**P. Brandon Bookstaver,**  
Pharm.D., BCPS

The ACCP New Educator Award is given to recognize and honor a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. The awardee must have been a Full Member of ACCP at the time of nomination and a member at any level for a minimum of 3 years; in addition, the awardee must have completed his/her terminal training or degree less than 6 years previously. P. Brandon Bookstaver, Pharm.D., BCPS (AQ-ID), AAHIVE, is assistant professor in the Department of Clinical Pharmacy and Outcomes Sciences at the South Carolina College of Pharmacy, University of South Carolina (USC) campus, and the Department of Internal Medicine, Division of Infectious Diseases, at the USC School of Medicine. Dr. Bookstaver is the course coordinator in four different courses and teaches in many other courses on the USC campus. In addition, he precepts an average of 20 students each calendar year in the area of infectious diseases or academia. Dr. Bookstaver also enjoys teaching students about clinical research, and he has mentored four students per year since 2006. Through his independent

study course, he oversees their development in the research process including protocol development, data collection and analysis, and manuscript and poster preparation. Dr. Bookstaver is actively involved in the training of pharmacy residents, medical students, and medical residents. He teaches in the residency grand rounds series and coordinates the academic preparation program on the Columbia campus for pharmacy residents. USC Department Chair, John Bosso, commented in his letter of support, "It is clear to me as I interact with our students, that they view him as one of our most committed, enthusiastic, and effective teachers." Another colleague adds,

Most students feel that he is one of the most engaging professors in our department, which has resulted in his winning two separate teaching awards as voted on by the students....He is always willing to go the extra mile by providing sessions to fourth-year students about postgraduate training including coordinating mock interviews and mentoring for students who are interested in completing residencies.



**Brian R. Overholser,**  
Pharm.D.

The New Investigator Award recognizes an ACCP member who has made a significant impact on an aspect of clinical pharmaceutical science. The awardee must have been a member of ACCP for more than 3 years; must have completed his/her terminal training or degree less than 6 years previously; and must have a research program with a substantial publication record having a programmatic theme or an especially noteworthy single publication. Brian R. Overholser, Pharm.D., is associate professor at Purdue University in West Lafayette, Indiana. Dr. Overholser's research focuses on the mechanisms of cardiac arrhythmias and the application of mathematical models to pharmacokinetic and pharmacodynamic data. At the time of his nomination, Dr. Overholser had published (or had in press) 20 original articles. His articles have been published in high-quality and high-impact journals including *Journal of Chromatography B*, *The Journal of Clinical Pharmacology*, *Therapeutic Drug Monitoring*, and *American Journal of Kidney Diseases*, as well as in *Pharmacotherapy*, *The Annals of Pharmacotherapy*, and others. In addition to his publication record, Dr. Overholser has demonstrated excellence in grantsmanship and grant seeking. In December 2009, he received a 5-year Mentored Clinical Scientist Research Career Development Award (K08) from the National Heart Lung and Blood Institute. One of his nominators noted,

He is meticulous in his research methodology approaches. To top it off, he is a statistician and co-teaches the statistics course for Purdue pharmacy students. Needless

to say, the guy has a range of assets that few junior (or even senior) pharmacy researchers possess. These assets have served him well already—Brian's CV provides indisputable evidence of his past success with funding, which is a strong predictor of future success.

Dr. Overholser will deliver the annual New Investigator Award Lecture during the October 17 Special Session in Pittsburgh.

The New Clinical Practitioner Award honors a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. The awardee must have been a Full Member of ACCP at the time of nomination, as well as a member at any level for a minimum of 3 years; in addition, the awardee must have completed his/her terminal training or degree less than 6 years previously. Daniel M. Riche, Pharm.D., BCPS, CDE, is assistant professor of pharmacy practice and medicine pharmacy at the University of Mississippi Medical Center and School of Pharmacy in Jackson, Mississippi. He serves as clinic coordinator of the Cardiometabolic Clinic at the University of Mississippi Medical Center. Capitalizing on his strong background in ambulatory care pharmacotherapy, Dr. Riche developed a collaborative practice protocol in the Cardiometabolic Clinic that allows him to provide direct care, initiating and modifying patient-specific medication therapy on a daily basis. One nominator wrote in her letter of support for Dr. Riche's nomination,

As a board certified pharmacotherapy specialist, certified diabetes educator, and MTM provider, he is the optimal example of the role our profession is striving for—a clinical pharmacist who is able to bill and be compensated for clinical services. This clinical practice is also a stellar training ground for the next generation of clinical pharmacists, and Danny embraces that role through educating and training pharmacy students and residents.

Dr. Riche is also actively engaged in scholarship. He has published regularly in the pharmacy and medical literature and serves as a coauthor for the 11th edition of *Clinical Drug Data* (formerly *The Handbook of Clinical Drug Data*).

The members of the 2010 ACCP Awards Committee were Amanda Corbett (Chair), Mark Garrison (Vice Chair), Lisa Davis, Cynthia Jackevicius, Michael Kays, Robert MacLaren, Gary Milavetz, Cindy O'Bryant, Ralph Raasch, Jo Ellen Rodgers, and Margaret Thrower.



**Daniel M. Riche,**  
Pharm.D., BCPS, CDE

## Annual Meeting Visits the Birthplace of Pop Culture



Join us October 16–19, in Pittsburgh, Pennsylvania, for the 2011 ACCP Annual Meeting. The ACCP Annual Meeting offers outstanding educational programming on the most topical issues, exceptional professional development sessions, and unmatched networking opportunities. Visit the ACCP Web site today to view the full Annual Meeting agenda. Registration for the meeting and headquarters hotel, the Westin Convention Center, Pittsburgh, is now open at [www.accp.com/am](http://www.accp.com/am).

Pittsburgh, also known as “Pop City,” offers a booming downtown and a vast cultural and entertainment district, making it an incredible meeting and vacation destination. Bring your family and spend a few extra days experiencing contemporary art and popular culture at the Andy Warhol Museum and world-class art collections at The Carnegie Museum of Art. Discover downtown local attractions such as the Cultural District and Shadyside Shopping District, which offer many choices for live entertainment, restaurants, and specialty shops.

The David L. Lawrence Convention Center is known as the world's first LEED-certified “green” convention center, boasting breathtaking views of the North Shore and Downtown Pittsburgh. Connected to the ACCP headquarters hotel by a skywalk, the convention center features walls of windows, expansive terraces and balconies that open up to incredible views of the three rivers, and Pittsburgh cityscapes.

For more information on Pittsburgh travel, attractions, and entertainment, visit [www.accp.com/am](http://www.accp.com/am). Early registration ends September 9.

## Attention Students, Residents, and Fellows: Apply Online Now for 2011 ACCP Annual Meeting Travel Awards

Have you thought about attending an ACCP meeting, but your available financial resources are limited 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 providing travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the ACCP Annual Meeting in Pittsburgh, Pennsylvania, October 16–19, 2011.

### 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 2, 2011.*

**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 no more than 250 words 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/resfel-Award.aspx>. *The application deadline is August 23, 2011.*

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

## Extensive Premeeting Symposia at Annual Meeting



This fall, ACCP presents five premeeting symposia on Saturday, October 15, the day before the Annual Meeting of officially gets under way. The premeeting symposia are designed to provide attendees highly interactive, hands-on experiences in a small classroom setting, led by a group of highly qualified faculty. Premeeting symposia developed by the ACCP Academy are required components of various ACCP Academy Certificate Programs. However, interested attendees need not be enrolled in the ACCP Academy to participate in these activities.

The Clinical Practice Primer is the required prerequisite 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 required prerequisite 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. As one of ACCP's best-received educational courses, Basic Training successfully builds new 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. Also discussed are budget management, quality control processes, and appropriate data management to ensure data integrity.

From Theory to Bedside: Clinical Reasoning Series is a full-day course newly developed by ACCP and **approved by the Board of Pharmacy Specialties for credit toward recertification as a Board Certified Pharmacotherapy Specialist (BCPS)**. The Clinical Reasoning Series will provide an overview of new and emerging oral antithrombotic agents and discuss their clinical use to help inform individual patient care and institutional formulary decisions. The activity will offer 6.0 hours of BCPS recertification credit. To earn recertification credit for the Clinical Reasoning Series, pharmacotherapy specialists must attend the entire live activity and successfully complete a Web-based posttest by November 30, 2011. Partial credit is not available for this activity.

The Career Development Symposium is a 2-hour seminar designed to help students reach their professional goals. This dynamic session will offer student attendees the opportunity to gain perspectives from a panel of professionals representing clinical specialty practice, pharmaceutical industry, academia, and administration.

For complete information, including schedules, faculty, and learning objectives, and to secure your seat in one of these interactive presymposia, register online at [www.accp.com/am](http://www.accp.com/am). Register before September 9 to take advantage of early discounted registration rates.

## Register Your Team for the 2011 ACCP Clinical Pharmacy Challenge

ACCP's novel national pharmacy student team competition returns with a bigger and better configuration. Because of the unprecedented level of interest in the 2010 competition, ACCP



has expanded the Clinical Pharmacy Challenge, adding more online rounds and increasing the number of teams invited to participate in live competitions during the ACCP Annual Meeting.

Team registration is available online. Visit the ACCP website at <http://www.accp.com/stunet> to view current team registrations. Please note that all team registrations must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison at <https://www.waccp.com/stunet/liaisons.aspx>. All team registrations must be completed by the deadline of September 6, 2011. Visit the ACCP Web site at <http://www.accp.com/stunet/compete/overview.aspx> to register.

Eligible teams will have the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2011 ACCP Annual Meeting in Pittsburgh, Pennsylvania, this October.

### Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a “quiz bowl”-type format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a local competition. ACCP has created a local competition examination that institutions may use when determining their team representatives. ACCP Faculty Liaisons may obtain the examination by e-mail request to Michelle Kucera at [mkucera@accp.com](mailto:mkucera@accp.com).

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Pittsburgh, October 15–17, 2011.

Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators. To see the competition schedule, go to [http://www.accp.com/stunet/compete/eligibility.aspx#trSchedule\\_title](http://www.accp.com/stunet/compete/eligibility.aspx#trSchedule_title).

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

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

member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP Faculty Liaison. If no ACCP Faculty Liaison has been identified, then any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility is September 6, 2011.

*We are looking forward to another exciting year of competition!*

## ACCP Travel Award Funds Gain Momentum

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

For the past several years, 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 students and residents/fellows with a broad exposure to clinical pharmacy and the chance to participate in ACCP at the national level. However, encouraging meeting attendance is hampered by one major factor: limited financial resources. ACCP members, PRNs, and local chapters have supported the Student Travel Award Fund and Resident/Fellow Travel Award Fund 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 continues to increase steadily. In addition, an increasing range of opportunities exists 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, these individuals are still confronted with covering the costs of travel, hotel, and meeting registration. ACCP's travel awards help defer a portion of the costs associated with meeting attendance. Member response continues to be very positive to these initiatives, and almost 250 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 2011 ACCP 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](mailto: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

*William A. Kehoe,  
Pharm.D., M.A., FCCP, BCPS*

### What Are You Thinking?

Tonight was a great night. I spent the evening proctoring the runoff between our two candidate teams for the ACCP Clinical Pharmacy Challenge.

The student officers had spent a lot of time preparing, so I really didn’t have to do all that much. Nor did I have to encourage students to do this. In fact, six students heard about the competition and went to the officers to ask how they could compete. To make a long story short, the students took charge of this and made it happen. Their enthusiasm during this process was remarkable. To be honest, until this evening, I hadn’t really paid that much attention to the example questions that ACCP had provided for the local competitions. When I did look at them tonight, I had a sudden chill. These are hard questions. Would my students do okay on this thing? To my surprise, they did better than okay, and the winning team pretty much hit a home run. The officers later told me how seriously the students prepared, including reading the PSAP modules that I gave them. I know most of these students pretty well. It wasn’t that they’d answered those hard questions that jazzed me. It was that they have a commitment to clinical pharmacy as the career they want. This gives me something to think about.



In May, I had an opportunity to return to my alma mater (University of California, San Francisco [UCSF]) and attend graduation. I sat onstage and could feel the students’ excitement and enthusiasm. Thirty years ago, as I was sitting in their place, I thought clinical pharmacy was the future of the profession. As I listened to student speeches, I could tell they were thinking the same thing I had. But I have been in the profession a long time and know the very significant barriers we face to realize this vision. What do I owe to those students who will follow me? Hmmm, this gave me something to think about.

Last month, a second-year student came to visit me at my practice site so that she could see what I do. She told me that she plans to do both PGY1 and PGY2 residencies to prepare for an academic career. I asked her if she was practicing as an intern, which she does in a retail setting. She told me she is timed when filling prescriptions and counseling patients and often is at odds with the pharmacist in charge for taking too much time with patients. “So how do you feel about that?” I asked. “If I have to do that the rest of my career, I’m quitting” was her reply. I’m still thinking about that one.

A month or so ago, I had students over to my home for a potluck. They told me a story that still grates on my nerves. Apparently, several of their classmates had confronted one of my colleagues in class about the necessity of learning a table on cytochrome P450 interactions for the midterm. They thought a better plan was for him to simply include the table in the exam packet. One student related that a pharmacist she knows said that pharmacists don’t need to memorize that stuff. I guess the conversation became a little confrontational. The tone bothered the students who were telling me about it. It bothered me, too. Unfortunately, I’m still thinking about this.

Here’s the point I’d like to make. These stories show the contrasting visions that people in our profession have about its future. On the one hand, you have the vision that pharmacists will mostly be involved in direct patient care activities (i.e., clinical pharmacy and medication management). On the other hand, there are those who think that things will go on as they are, and that, like today, the majority of pharmacists will be involved in fulfillment activities with minimal direct patient care. I subscribe to the former vision, and I believe that comes across clearly in ACCP’s vision statement. Which vision is correct?

Several things lead me to believe that ACCP is on the right track. I still practice community pharmacy, and just recently, our group looked at one of the new robotic dispensing machines. There is no question that this and future technology will handle a lot of the work done by people. At best, it means more time for pharmacists to provide direct patient care. At worst, it means pharmacists will be out of work. Similarly, as I mentioned in my last column, I heard Dr. Linda Strand—a pharmacy futurist, in my opinion—in essence state in her keynote speech at the College of Psychiatric and Neurologic Pharmacists meeting last

spring that “we’ve lost dispensing.” Dr. Joseph McCannon from the Centers for Medicare & Medicaid Services addressed the Joint Commission of Pharmacy Practitioners (JCPP) last May, and in his remarks, he said clearly that the profession of pharmacy must seek provider status if it is to remain an important player in a reformed health care system. JCPP’s vision statement is in line with this and says:

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications and of the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice<sup>1</sup>

ACCP’s vision statement says:

As health care providers responsible for quality patient care, pharmacists will be accountable for optimal medication therapy in the prevention and treatment of disease.<sup>2</sup>

In reflecting on the profession, Hepler said, “Our biggest dream is to become a fully clinical profession.”<sup>3</sup> Zellmer has written, “The odds seem excellent that over the next 40 years, there will continue to be a need for a health expert who is competent and eager to help people make the best use of medicines.”<sup>4</sup> I am very interested in one word in that last quote: *eager*.

I saw “eager” in the eyes of those UCSF graduates last spring. I saw it in the eyes of the two teams competing to represent Pacific in the ACCP Clinical Pharmacy Challenge. These experiences lead me to one inescapable conclusion: the time to advocate as hard as we can for a transformation of pharmacy practice is now. If we don’t, we can pack it up and go home.

ACCP recently published its Advocacy and Communications Platform.<sup>5</sup> It is bold and assertive. Some in the profession will wonder, “What is ACCP thinking?” Survey after survey of ACCP’s membership tell us that you want leadership to advocate with both internal and external constituents of the profession to move this transformation forward. We are going to do that. The Board is working on the specific steps necessary to make this agenda operational, and we have already begun to implement these steps. I hope you will embrace and support the ACCP platform. We need to move forward now, and this is one approach to do that. This is what I think. What are you thinking?

## References

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## ACCP PBRN Community Advisory Panel Members Available for Local Educational Events



Do you have an upcoming local event, faculty conference, or practitioner meeting in which a cohort of ACCP members will be present? Do you want a speaker with Practice-Based Research Network (PBRN) experience to present to your group? The ACCP PBRN may be able to help.

Whether you wish to learn more about the mission and function of the ACCP PBRN, need insight regarding PBRN research, or want to establish collaborative research efforts with both internal and external stakeholders, the Community Advisory Panel (CAP) members of the ACCP PBRN may be able to provide an educational session at your site. In addition to providing educational assistance, the CAP will be used as a mechanism for readily available feedback regarding the feasibility and practicality of proposed research projects.

Although the ACCP PBRN would like to accommodate all requests for local meetings, its resources and time are limited. Interested parties are asked to contact us at [pbrn@accp.com](mailto:pbrn@accp.com) to determine whether we can provide local support. We look forward to hearing from you.

## Calling All Researchers: Use the ACCP PBRN as Your Laboratory

The ACCP PBRN is interested in establishing collaborative research efforts with both internal and external stakeholders. Do you have the next ACCP PBRN project idea? Could you use the 700 members of the ACCP PBRN to answer your research question in a more robust manner? Is your project compatible with PBRN research, or are you

not sure and thus would like to run your idea by someone? Do you need some help with research infrastructure? Contact us at [pbrn@accp.com](mailto:pbrn@accp.com).

The ACCP PBRN can produce research findings that are immediately relevant to the clinician and that, in theory, translate more easily into practice. PBRNs can link relevant clinical questions with rigorous research methods in real-life settings and produce scientific information that is not only externally valid, but also, in essence, easily assimilated into everyday practice. We look forward to hearing from investigators interested in exploring the PBRN's research opportunities.

## Check-In-The-Box Medicine: Can the Blunt Instrument of Policy Shape Our Communication with Clinicians?

Jessie Gruman, Ph.D.

### ***A Commentary from an Informed "Patient"***

*Editor's Note: This article originally appeared in the "Prepared Patient Blog" of the Center for Advancing Health (CFAH), an independent, nonpartisan, Washington-based research institute, and is reproduced here with permission. Dr. Jessie Gruman is the founder and president of CFAH. Written in a simultaneously critical and compassionate way, the commentary speaks of the challenges of translating well-intended policy, legislation, and regulation into real improvements in health care delivery and interaction between patients and clinicians. One of her examples will be immediately (and frustratingly) recognizable.*

*Primarily funded by the Annenberg Foundation and the W.K. Kellogg Foundation, CFAH activities promote an increased understanding of the role of behavior in health and health outcomes. CFAH focuses its research and publications on increasing people's engagement in their health and health care, based on the belief that people will not benefit from the health care available to them unless they can participate fully and competently in it. CFAH does not accept corporate sponsorship or advertisements; all of its materials are provided to the public free of charge ([www.cfah.org](http://www.cfah.org)).*

*Both ACCP and CFAH staff participated in a multidisciplinary conference sponsored by the American College of Physicians and the Carter Center in Atlanta in the fall of 2010, which sought, in part, to address some of these challenges in the context of interprofessional education and training. As we continue to increase our dialogue with external organizations such as CFAH, we hope to share occasional insights from those external to the world of clinical pharmacy with ACCP members as you seek to enhance the clinical care you provide to patients.*

Wednesday, June 15, 2011. I sat in a dingy pharmacy near the Seattle airport over the holidays, waiting for an emergency prescription. For over two hours I watched a slow-moving line of people sign a book, pay and receive their prescription(s). The cashier told each customer picking up more than one prescription or a child's prescription to wait on the side. In minutes, the harried white-haired pharmacist came over to ask the person if they were familiar with these medications, described how to take them, identified the side effects to look out for and demonstrated the size of a teaspoon for pediatric medications. Then he asked the person to repeat back – often in broken, heavily accented English – what he or she had heard and patiently went over the parts they didn't understand.

I was impressed. This is what every pharmacy should be like – except, of course, for the dinginess, the creeping line and the fact that it was so crowded I could overhear these conversations. Maybe if we got federal legislation enacted requiring pharmacists to offer counseling with each prescription filled, this kind of attention would be the norm, adherence to medication regimens would improve and drug-related injuries would be reduced.

Wait a minute. Someone already had that good idea. It was the pharmacists themselves, concerned about the proliferation of pharmaceuticals and the unintended negative consequences it produced, who joined together to back federal legislation that went into effect in 1993. And today when you pick up a prescription at your pharmacy, you sign the book or screen at the register, right? Do you know what you are signing?

Probably not. When you sign you are affirming that you have been offered personal counseling by the pharmacist *and* are documenting that you do not want his or her guidance about how to take your drug, possible side effects and contraindications.

Pharmacists, who face time constraints, lack financial incentives to meet this demand (the bill included no provisions for reimbursement for counseling) and a public unaware of its need for counseling and uninterested in hearing more about maintenance drugs, find their original wise intention undermined. This benefit they envisioned has been transformed into the time-saving strategy of asking us to check the box and sign the book or screen pad that says in tiny print that by signing we are declining assistance. Perhaps there was a time when that offer was given verbally (and in some places it still is), but the vast majority of us now add our signature, pay the bill and walk away, oblivious to the substantial benefit we have rejected.

Here's another example of an important interaction that's been reduced to checking the box: advance directives. There is consensus that we are more likely to receive care resonant with our values and preferences when we are unable to make our wishes known *if* we have completed an advance directive. The Patient Self-Determination Act, passed by Congress in 1991, requires most health

institutions to inform all adult patients about their rights to accept or refuse medical or surgical treatment and the right to execute an advance directive. Theoretically this inquiry, delivered at a strategically relevant point for us, should remind us to clarify our wishes with our loved ones, offer guidance about how to do so and then encourage us to distribute the documentation to our clinicians. Notably, similar to pharmacists' medication counseling, patients' discussions about advance directives with health professionals are not reimbursed by public or private insurance.

And so this prompt has become another important interaction between us and our clinicians that has been reduced to a check-mark. Try this next time you are asked whether you have an advance directive as part of a hospital intake procedure: Ask a) if someone can give you guidance about creating an advance directive; b) if they can provide blank forms for you to complete; and c) whether the facility has the capacity to keep those documents on file so that they can be part of your medical record and thus available if you are admitted through the ER. My bet is you'll come up empty on all counts.

Yet another example of potential check-in-the-box medicine in-the-making: Advocates for shared decision making, eager to disseminate this approach to collaborative health care, spent considerable energy getting legislation passed in the State of Washington in 2007 that informed consent for treatment should include specific elements of shared decision making. Such a dramatic change in the culture of both patients and professionals is a heavy lift for legislation that includes neither financial incentives nor effective penalties to encourage adoption of new behaviors.

Each of these examples describes a situation for which there is evidence that our actions have a significant impact on how and whether we benefit from specific health care interventions. Not one of these situations can be wholly outsourced to a Web-based tool or pamphlet: the interaction that takes place between us and our health professional is critical to ensure that our needs, preferences, motivations and capacities are addressed in the care we receive going forward. In no instance are provisions made to compensate the health professional for the time and skills required to initiate the discussion. The significance of each of these interactions is such that clinical, patient and scientific advocates have joined together to get legislation and regulation passed and private policies implemented to make sure they take place. And regrettably, the unintended consequence of the policies requiring these interactions is that two of the three have become so routinized that they have been reduced to a check-mark.

As a long-time advocate whose aim is to ensure that everyone has the opportunity to talk with their clinician about these and other personal health concerns, I am puzzled by the optimism that drives advocates to believe that the blunt instrument of policy is sufficient to ensure that health professionals will change the way they interact with us about

specific concerns. I'm still looking for evidence showing that such policies work: fewer medication injuries; more advance directives; greater satisfaction with care.

Legislation and regulation are seductively simple levers for social change that add legitimacy to the advocates' cause. The unintended consequence – check-the-box health care – should make us wary about when and how we use it.

Physician counseling for tobacco use cessation had the potential to become yet another check-in-the-box intervention, but for the persistence of advocates, scientists and clinicians and the financial investment of foundations and state and Federal governments led to a different outcome. Plan- and institution-level policies requiring clinicians to Ask, Advise, Assist and Arrange for cessation support are supplemented by 1) considerable research support demonstrating the efficacy and value of clinician-initiated counseling for different subgroups; 2) clinician compensation for counseling; 3) insurance coverage for pharmaceutical cessation aids; 4) performance measures of counseling delivery via patient surveys; 5) readily available professional training for a variety of health professionals; 6) free national telephone counseling and 7) clean indoor air policies and powerful media messages that reinforce quitting. Productive interactions between clinicians and patients with regard to tobacco use, over the past two decades, slowly becoming the norm.

That harried white-haired pharmacist near the Seattle airport patiently counseling his clients is an exception. What additional measures – what will and what resources – must be taken to ensure that all pharmacists and other health professionals can confidently and gladly engage with us about how to make the best possible use of our health care?

## **Prospective Clinical Educators: Enroll in the Teaching and Learning Certificate Program**

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The ACCP Academy is a continuous educational effort designed to deliver a flexible, curricular approach to enhancing ACCP members' abilities in their major areas of responsibility. The ACCP Academy provides four unique professional development programs leading to certificates of completion in Clinical Practice Advancement, Leadership and Management, Research and Scholarship, and Teaching and Learning.

The Teaching and Learning Certificate Program is designed to assist in the recruitment, motivation, and preparation of clinical educators who can inspire students to advance the profession of pharmacy. Innovative leadership is necessary to ensure that sufficient and well-educated pharmacy educators are available to motivate and prepare students to perform current and emerging roles that pharmacists have assumed within health care teams.

Take a big step toward becoming an innovative leader and an effective clinical educator by enrolling in the ACCP Academy's Teaching and Learning Certificate Program. There is no better time to enroll. The program's prerequisite, Basic Training for New Clinical Faculty and Preceptors, will be offered this fall at the 2011 ACCP Annual Meeting.

Visit the ACCP Academy at [www.accp.com/academy](http://www.accp.com/academy) to learn more about the Teaching and Learning Certificate Program and to download a program application. A one-time application fee of \$150.00 (to offset expenses for on-line portfolio maintenance) will be charged upon enrollment in the certificate program.

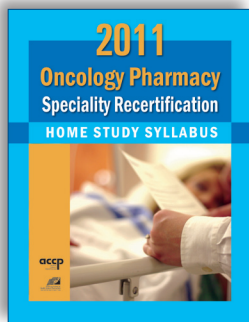
## ACCP/ASHP 2011 Oncology Course Home Study Materials Now Available

Instructional materials are now available for the 2011 edition of the Oncology Pharmacy Preparatory Review Course for Home Study, cosponsored by ACCP and the American Society of Health-System Pharmacists (ASHP), and for the 2011 edition of the *Oncology Pharmacy Home Study Syllabus*, also 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 Pharmacy 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 2011 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, 2011. The course must be taken in its entirety to earn recertification credit. Partial credit is not available.

The Oncology Pharmacy Preparatory Review 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.



The *Oncology Pharmacy Home Study Syllabus* includes a Web-based recertification test. BCOPs who read each article included in the *Home Study Syllabus* and successfully complete the Web-based posttest on the content of the articles will earn 15.0 hours of oncology recertification credit. The posttest must be submitted by November 30, 2011, to be eligible for recertification credit. Please note that the syllabus must be completed in its entirety. Partial recertification credit is not available.

To receive full information on either of these products and/or to place an order, visit the ACCP Web site at <http://www.accp.com/bookstore/index.aspx>, or order by telephone at (913) 492-3311 or fax to (913) 492-0088.

## BPS Application Deadline Is August 1



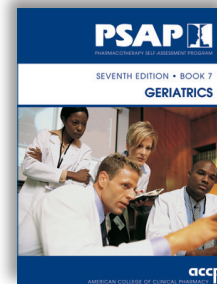
Members are reminded that August 1 is the deadline for submitting applications to take the Board of Pharmacy Specialties (BPS) examinations in Nuclear Pharmacy, Nutrition Support Pharmacy, Oncology Pharmacy, Pharmacotherapy, Ambulatory Care Pharmacy, and Psychiatric Pharmacy.

This year's certification and recertification examinations will be administered on Saturday, October 1, at 45 designated sites in the United States and worldwide. First-time examination candidates may visit the BPS Web site at [www.bpsweb.org](http://www.bpsweb.org) for an easy online application and payment process.

The number of pharmacists certified by BPS continues to grow—with more than 10,400 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!

## Geriatrics Is the Latest PSAP-VII Release

Drug therapy, one of the most challenging aspects of caring for older adults, is the focus of the seventh book in the *Pharmacotherapy Self-Assessment Program*, seventh edition (PSAP-VII). As the proportion of seniors increases dramatically worldwide, all health care providers, especially clinical pharmacists, should develop and maintain competency



in the care of this population. *Geriatrics* provides evidence-based information on both the prevention and treatment of problems commonly seen in these patients.

*Geriatrics*, to be released July 15, has three learning modules offering a total of 21.0 continuing pharmacy education credits. The first module covers epilepsy, anticoagulation, and several cardiovascular diseases and includes evidence for tailoring pharmacotherapy to older adults. The second module focuses on geriatric syndromes such as delirium, falls, dizziness, and elder abuse. Because these conditions have multiple etiologies, many treatments and preventive therapies are discussed. The third module covers the prevention of disease and poor outcomes related to pharmacotherapy in the elderly. Recommendations for the use of micronutrients as well as for diet and exercise, which differ significantly from those for the younger adult, are addressed. Updates on immunizations and quality improvement initiatives focused on the elderly complete the module. Each chapter includes an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist.

*Geriatrics* is devised to assist pharmacists who want to:

- Design and manage appropriate pharmacotherapy for epilepsy, including detection of adverse effects of antiepileptic agents, in the elderly patient.
- Provide pharmacotherapy for elderly patients with hypertension, dyslipidemia, heart failure, acute coronary syndrome, and vascular dementia based on current evidence.
- Assess risks and devise appropriate anticoagulation treatment plans for elderly patients to minimize adverse drug events.
- Prepare a patient care plan that includes patient-specific pharmacologic and nonpharmacologic methods to prevent and manage delirium.
- Distinguish the pathophysiology of vertigo, orthostatic hypotension, and other etiologies of dizziness from syncope and transient loss of consciousness, and recommend pharmacotherapy changes to prevent or treat the cause.
- Assess the risks and effects of falls on older adults and design a plan to screen for and reduce the risk of falling.
- Distinguish signs and symptoms for each category of elder abuse, and evaluate a patient to determine whether reporting of suspicion of elder abuse is indicated.
- Design or evaluate the appropriateness of all components of a diet and exercise program to meet an older adult's health promotion goals.
- Recommend appropriate single and combination micronutrient supplementation in the elderly based

on available evidence, and suggest strategies to improve nutritional intakes.

- Judge safety and efficacy issues related to vaccinations in older adults, and plan opportunities to overcome barriers to immunizations.
- Distinguish among validated quality improvement tools to optimize drug therapy in older adults, and apply them to improve a patient's pharmaceutical care.

All PSAP-VII books are available in both print and online formats and as either single books or full series (11 books). Other books in the series are *Cardiology*; *Critical and Urgent Care*; *Women's and Men's Health*; *Pediatrics*; *Chronic Illnesses*; *Oncology*; *Science and Practice of Pharmacotherapy*; *Infectious Diseases*; *Neurology/Psychiatry*; and *Gastroenterology/Nutrition*.

Each PSAP-VII book offers the most up-to-date and comprehensive information available on recent drug therapy advances and will expand your knowledge in the therapeutic area covered. For specific information on the release date, continuing pharmacy education credits, and program numbers for each book, or to place your online order, visit [www.accp.com/bookstore/psap7.aspx](http://www.accp.com/bookstore/psap7.aspx). Books are priced as follows; shipping and handling charges apply to print books only.

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



ACCP is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The Board of Pharmacy Specialties (BPS) has approved PSAP-VII for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification.

## New Members

Soha Adloni	Bobby Helmer
Uzma Afzal	Kristin Herald
Sibeela Ahmed	Libby Hinds
Noor Al-Bassam	Laura Honeycutt
Gregg Albright	Elyse Hook
Amal Al-Rahbi	Heba Hossenally
Abdulaziz Alsaggabi	Jennifer Hughes
Leenah Al Sayed	Nina Imura
Selena Angelini	Ashraf Iranmanesh
Amy Armintrout	Kyla Jackson
Carrie Armstrong	Alicia James
Danielle Arrossa	Jessica Jantzer
Aaron Aten	Jason Jared
Paige Austin	Samantha Jellinek-Cohen
Nicholas Baker	Jill Jessmer
Mamdouh Bakhit	Barnabas John
Justin Balint	Clayton Jones
Bryan Bishop	Evelyn Joseph
Lisa Boisselle	Tara Kelley
Cynthia Brasher	Jihye Kim
Lindsey Breimayer	Mira Kim
Mary Brim	Rivka Klaff
Laurel Brown	Elizabeth Knaak
Raichell Brown	Amanda Knott
Sarah Bryant	Amie Knutson
Vy Bui	Katherine Koehl
Hannah Bursiek	Jennifer Kryskalla
Michael Campbell	Safia Kuriakose
Jonathan Carter	Carla Leto
Lindsey Carter	Kate Lewis
Yuli Chang	Judith Liao
Norman Cheung	Geoffrey Lockwood
Chris Colanero	Setor Lotsu
Anna Connelly	Katherine Lynch
Daniel Crossley	David Macharia
Aihua Do	Areej Malhani
Tuan Do	Maggie Mangino
Christopher Domenico	Shari May
Olufadeke Fariyike	Kristen McCarthy
Erica Feinberg	Vicki Meng
Natalee Felten	Andra Metz
Cy Fixen	Amy Mitchell
Nicole Gebran	Hend Mohamed
Christa Geduldig	Kerry Mohrien
Krystina Geiger	Nicole Moon
Jonathan Gerber	Christyn Mullen
Lisa Glance	Nanci Murphy
Megan Glanville	Maxwell Murray
Angelo Greco	Aasya Nasar
Alicia Gunterus	Belinda Nchako
Joo Hyun Ha	Teresa Newsom
Theresa Hagen	Boon Tat Ng
Alyssa Halczli	Alise North
Kerry Haney	Young Oh
Stephen Hanson	Emily Oien
Andrew Harbison	Mark Olsen

Matthew O'Meara  
Sufian Otoum  
Kimberly Ovsag  
Sara Parli  
Aman Patel  
Ravi Patel  
Mollie Patton  
Brianna Peroutka  
Golden Peters  
Felix Pham  
Nga Pham  
Gracella Potente  
Scott Preston  
Touhidur Rahman  
Tasha Rausch  
Sloan Regen  
Valerie Richardville  
Jessica Rimsans  
Kalynn Rohde  
Amy Schultz  
Rachel Selinger  
Jasmine Shah  
Mohammad Shawaqfeh  
Brian Sherman  
Michele Simmons  
Anna Simmont  
Carolynn Snavelly  
Karla Stanton  
Jessica Suess  
Siuyee Tan  
Nathan Tang  
Josephine Tefferi  
Jill Terry  
Jacob Thiesse  
Laura Thompson  
Joyce Ting  
Ashley Tocco  
Luz Torres-Flores  
Arlene Tran  
Katie Unger  
Connie Valdez  
Joel Van Heukelom  
Sherilyn Van Osdol  
Davide Ventura  
Jeryl Villadolid  
Jaime Walker  
Kellianne Webb  
Benjamin Wee  
Jentora White  
Dylan Wilson  
Kyle Wilson  
Melinda Wingard  
Leone Wong  
Pearl Wong  
Sunghye Woo  
Kristina Wood  
May Wu  
Jin Yang  
Mandy Yu

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

Katri Abraham  
Andrea Balog  
Tim Brown  
Mandelin Cooper  
Erin Fabian  
Elizabeth Gau  
Emily Han  
Diana Hubulashvili  
Whitney Jones  
Shani King  
Kimberly Leuthner  
Amanda Lin  
John Lindsley  
Katashia Partee  
Mary Beth Plum  
Barbara Pritchard  
John Schriener  
Matt Scola  
Lanita Shaverd  
Tanya Shepard  
Ross Takara  
Jocelyn Thomas  
Connie Valente  
Jim Winegardner  
Eric Wombwell

## New Member Recruiters

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

Megan Anderson  
Sherrill Brown  
Jennifer Clements  
Jay Currie  
Henry Dunnenberger  
Michael Gonyeau  
Stuart Haines  
Vanthida Huang  
Michael Klepser  
Joel Marrs  
Michael Melroy  
Nicholas Norgard  
Terry Richardson  
Lawrence Salvatti  
Michelle Schymik  
Mary Beth Shirk  
Michael Sieg  
Jennifer Weber  
Janet Zadar