

# ACCP Report

American College of Clinical Pharmacy

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

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## Jacobi Chosen ACCP President-Elect

**Judith Jacobi**, Pharm.D., FCCP, BCPS, was chosen as the next ACCP president-elect in annual elections held this past spring. Dr. Jacobi is a critical care pharmacy specialist at Indiana University Health Methodist Hospital in Indianapolis, Indiana. She has been a member of ACCP since 1982 and has served as chair of the Publications Committee and member of the Credentials Committee; she has also written two PSAP chapters and served as a reviewer of PSAP, abstracts, and journal articles. Dr. Jacobi has more than 30 years of critical care clinical practice in Indiana hospitals (community and academic-affiliated settings) and has teaching affiliations with Purdue and Butler universities. Her extensive involvement in the Society of Critical Care Medicine (SCCM) culminated in her role as president in 2010, the first pharmacist and second nonphysician to hold that position. Dr. Jacobi has also written clinical practice guidelines in sedation, analgesia, and insulin infusion therapy. She is a past recipient of the ACCP Clinical Practice Award and the Critical Care PRN Achievement Award.



*Judith Jacobi,  
Pharm.D., FCCP, BCPS*

In other election results, **Leigh Ann Ross**, Pharm.D., FCCP, FASHP, BCPS, and **G. Christopher Wood**, Pharm.D., FCCP, FCCM, BCPS, were selected as regents. They will be installed at the 2013 ACCP Annual Meeting for 3-year terms. Dr. Ross is an associate dean for clinical affairs and chair of the Department of Pharmacy Practice at the University of Mississippi School of Pharmacy and holds the ranks of associate professor of pharmacy practice and assistant professor of medicine; Dr. Wood is an associate professor with tenure at the University of Tennessee College of Pharmacy in Memphis.

**Mary Ensom**, Pharm.D., FCCP, FASHP, FCSHP, FCAHS, and **Alan Zillich**, Pharm.D., FCCP, FCCM, were each elected to 3-year terms as Research Institute trustees. Dr. Ensom is professor, Faculty of Pharmaceutical

Sciences, and Distinguished University Scholar, University of British Columbia (UBC), and clinical pharmacy specialist, Children's & Women's Health Centre of British Columbia. Dr. Zillich serves as an associate professor at Purdue University College of Pharmacy and holds a research scientist appointment at the Veterans Affairs Health Services Research and Development Center of Excellence in Implementing Evidence-Based Practices at the Roudebush VA Medical Center in Indianapolis, Indiana. He also holds a similar appointment at the Regenstrief Institute and Indiana University School of Medicine, Center for Health Services and Outcomes Research.

Dr. Jacobi will be installed as president-elect at the 2013 ACCP Annual Meeting in Albuquerque, New Mexico, and she will assume the presidency the following year. As president, she will serve as chair of the Board of Regents and guide College programs and activities. In an interview with the *ACCP Report*, Dr. Jacobi commented:

I am very honored to have the opportunity to become a leader in ACCP. After many years of involvement in the leadership of SCCM, I understand how an effective multi-professional team can direct change from the bedside to the top of an organization. Within pharmacy, we



*Leigh Ann Ross,  
Pharm.D., FCCP,  
FASHP, BCPS*



*G. Christopher Wood,  
Pharm.D., FCCP,  
FCCM, BCPS*



*Mary Ensom,  
Pharm.D., FCCP,  
FASHP, FCSHP, FCAHS*



*Alan Zillich, Pharm.D.,  
FCCP, FCCM*

have our own challenges to ensure the members of our pharmacy team work as effectively. There has been outstanding progress in some aspects of our profession, leading to some shining examples of clinicians, educators, and researchers who have broken barriers, raised the level of practice, and created opportunities for other pharmacists to follow. Unfortunately, at the same time, so many challenges remain, and there is a broad range of engagement among pharmacy practitioners.

The work of my predecessors in ACCP has laid an important foundation for some important achievements in pharmacy, and I look forward to the chance to learn from them and further contribute to that process, with goals of expanding scope of practice, achieving provider status, and meeting the challenge of the structural change needed to support those opportunities. As a clinician, I remain optimistic about our opportunities to impact patient outcomes daily, and I look forward to expanding mechanisms for the recognition of your tireless work.

Other candidates for office in the 2013 elections were Rex Force, Reginald Frye, Paul Gubbins, Richard Parrish III, and James Scott.

## ACCP Academy Certificate Programs Introduce Newly Revised 1-Year Curriculum



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 Career Advancement, Leadership and Management, Research and Scholarship, and Teaching and Learning.

Starting this fall at the 2013 ACCP Annual Meeting, the ACCP Academy programs will deliver all required and elective programming in sequential order, beginning with all four prerequisite "primers," which will be offered as part of the Annual Meeting presymposia. The new schedule was developed in an effort to support continuous participation from Academy enrollees unable to complete program requirements because of increasing institutional budgetary and time constraints that limit their ability to travel to multiple meetings on an annual basis. Under the revised schedule, each

Academy program will divide its offerings between the fall and spring ACCP meetings and will include options to deliver some required or elective courses online (as webinars). The new schedule and revised curriculum will allow Academy participants to complete the program of their choice **in 1 year**.

The ACCP Academy is committed to providing meaningful learning opportunities for its members through a unique array of rigorous and challenging academic experiences. Program participants enjoy the advantages of flexible scheduling and self-direction as well as the benefits of an interactive environment commensurate with those of other premier institutions of higher learning.

Take advantage of these valuable professional development programs by enrolling in the ACCP Academy. Visit the ACCP Academy's Web page at [www.accp.com/academy](http://www.accp.com/academy) to learn more about each of the ACCP Academy's certificate programs and to complete an online program application. To view the complete schedule of Academy programming to be offered at the 2013 ACCP Annual Meeting, visit the ACCP Web site at [www.accp.com/am](http://www.accp.com/am). Register by September 6 to take advantage of early-bird registration rates.

## ACCP's Clinical Reasoning Series to Offer Recertification Credit for BCPSs and BCACPs

### Clinical Reasoning Series



Board Certified Pharmacotherapy Specialists (BCPSs) and Board Certified Ambulatory Care Pharmacists (BCACPs) seeking live programming

to earn recertification credit can now register for the Clinical Reasoning Series.

"From Theory to Bedside: Clinical Reasoning Series" and "From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy" are approved by the Board of Pharmacy Specialties for the recertification of BCPSs and BCACPs, respectively. These live educational programs will explore cutting-edge topics of relevance to everyday practice and employ active learning exercises designed to advance the skills and abilities of the board-certified specialist. Each program will provide 6.0 continuing pharmacy education credit hours that can be used toward recertification. Both programs will take place on Saturday, October 12, 2013, in conjunction with the 2013 Annual Meeting in Albuquerque, New Mexico.

"Pain, Agitation and Delirium in the Intensive Care Unit," designed for the BCPS, will include the following sessions:

- Optimizing Analgesia in the Critically Ill
- Optimizing the Use of Sedatives for Agitation in the ICU: An Evidence-Based Approach
- Approaches to the Prevention, Identification, and Management of Delirium
- Patient Cases and Panel Discussion

“Evidence-Based Screening and Prevention Strategies,” designed for the BCACP, will include the following sessions:

- Cardiovascular Diseases
- Type 2 Diabetes Mellitus
- Chronic Kidney Disease
- Patient Cases and Panel Discussion

To be eligible for specialty recertification credits, the specialist must attend the pertinent live program and successfully complete the Web-based posttest for that program by November 30, 2013. More information on each program and registration details may be found at <http://www.accp.com/meetings/am13/>

## 2013 ACCP Annual Meeting to Provide Extensive Premeeting Symposia

This fall, ACCP will offer seven premeeting symposia on Saturday, October 12, the day before the Annual Meeting officially gets under way. The premeeting symposia are designed to provide a highly interactive, hands-on experience in a small classroom setting, led by a group of highly qualified faculty. The menu of half- and full-day symposia has been developed with *all* ACCP members in mind: students, residents, clinical practitioners, and researchers. The half-day premeeting symposia developed by the ACCP Academy are required components of each respective ACCP Academy’s certificate program; however, interested attendees do not need to be enrolled in the ACCP Academy to participate in these activities.

The “Career Advancement Primer” is the required prerequisite module for the ACCP Academy Career Advancement certificate. The primer is a half-day session 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.

The “Teaching and Learning Primer” serves as the required prerequisite for the ACCP Academy Teaching and Learning certificate program. Designed to provide

a foundation for faculty and preceptors beginning their careers, this half-day session engages participants in thoughtful discussions and small-group exercises. As one of ACCP’s best-received educational sessions, this primer successfully expands new and young academicians’ knowledge in the areas of planning, implementing, and assessing student learning.

“Research Primer I” and “Research Primer II” are part of the 6-hour program that serves as the required prerequisite module for the ACCP Academy Research and Scholarship certificate program. This half-day module is designed to provide participants with an introduction to fundamental research concepts. Participants will explore the various roles, responsibilities, and venues in which a new researcher may develop a research focus as well as potential working relationships with established researchers. The module will discuss the mentor-protégé interaction and ways to maximize the benefits of such a relationship throughout a career.

“Leadership Primer I” is part of the 6-hour program that serves as the required prerequisite module for the ACCP Academy Leadership and Management certificate program. This half-day foundational module is designed to provide participants with an introductory background in organizational behavior theory and fundamental philosophical concepts of leadership. The module is meant to stimulate each participant to seek additional study and experience in this area. Material covered will involve principles and concepts prevalent from the early 1900s to the present. The last 2 hours of the required prerequisite, *Leadership Primer II*, will be offered on Monday, October 12, of the Annual Meeting.

“From Theory to Practice: Clinical Reasoning Series in Ambulatory Care” is a full-day program approved by the Board of Pharmacy Specialties for the recertification of Board Certified Ambulatory Care Pharmacists (BCACPs). This year’s program will provide an overview of the latest evidence-based screening and prevention strategies for cardiovascular diseases, type 2 diabetes mellitus, and chronic kidney disease in the ambulatory care setting. BCACPs can earn 6.0 hours of recertification credit. Partial credit is not available. To earn recertification credit for the Clinical Reasoning Series at the Annual Meeting, BCACPs must attend the full live program and successfully complete the Web-based posttest for the program by November 30, 2013.

“From Theory to Bedside: Clinical Reasoning Series in Pharmacotherapy” is a full-day program developed by ACCP and approved by the Board of Pharmacy Specialties for recertification of Board Certified Pharmacotherapy Specialists (BCPSs). This year’s program will

provide an overview of current strategies for the assessment and optimal management of pain, agitation, and delirium that help inform individual patient care and formulary decisions. The program will offer 6.0 hours of BCPS recertification credit. Partial credit is not available. To earn recertification credit for the Clinical Reasoning Series at the Annual Meeting, BCPSs must attend the full live program and successfully complete the Web-based posttest for the program by November 30, 2013.

“Emerge from the Crowd: How to Become a Standout Residency Candidate” is a full-day symposium designed to help students reach their professional goals. This dynamic session will offer student attendees the opportunity to learn from clinical pharmacy experts about the steps they can take now to rise above the competition when applying for a residency. Topics will include defining individual student goals, maximizing experiential education opportunities, gaining valuable professional experience, engaging in scholarly activity, and navigating the residency application process. Attendees will also have the opportunity to sit down face-to-face with current residents and clinical pharmacy professionals to learn more from their perspectives during a special roundtable session.

To obtain 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 6 to take advantage of early discounted registration rates.

## 2013 Annual Meeting Offers Engaging Curricular Tracks and PRN Programming

ACCP’s 2013 Annual Meeting, to be held October 13–16 in Albuquerque, New Mexico, promises an engaging lineup of educational programming on the most topical issues ranging from emerging therapies to expansions of the role and influence of clinical pharmacists. Start building your Annual Meeting itinerary around these curricular tracks, each designed to stimulate in-depth learning:

“Curricular Track I—Challenges in Drug Dosing for Complicated Patient Populations” will review the impact of advanced age, pregnancy, and lactation on pharmacokinetic variables and describe pharmacotherapy controversies in geriatric, pregnant, and postpartum patients. Speakers will evaluate recent literature highlighting therapeutic controversies in the management of geriatric, pregnant, and postpartum/

lactating patients and create an evidence-based approach to their pharmacotherapy.

“Curricular Track II—Financial Support for Clinical Pharmacy Services in an Evolving Healthcare Paradigm” will describe historical and future perspectives on the regulatory and legislative aspects of financial support for clinical pharmacy services. Speakers will identify evidence-based discussion points in favor of providing financial resources for clinical pharmacy services as they relate to the acute care, ambulatory care, and safety net clinic settings. Speakers will also review clinical pharmacy quality metrics that are important to payers, administrators, and grant funders in these settings.

“Curricular Track III—Pharmacy-Based Clinical and Translational Science: Opportunities for Innovative Practice and Research” will define clinical and translational science (CTS), describe CTS opportunities for clinical pharmacists and pharmacist researchers, and explain how national agencies and institutes facilitate clinical and translational research. Speakers will also review case studies involving pharmacists engaged in clinical and translational research and discuss three federal mechanisms of support for pharmacist-led clinical and translational research projects.

## Highly Specialized PRN Focus Sessions and Networking Opportunities

In addition to these curricular tracks, ACCP’s Practice and Research Networks (PRNs) have developed exceptional focus sessions that will provide the latest information and developments in various therapeutic and practice areas. Annual Meeting attendees can also attend PRN business meetings and networking forums, scientific poster and platform presentations, and the final rounds of the ACCP Clinical Pharmacy Challenge for students. To view the complete schedule of educational activities, register for the 2013 ACCP Annual Meeting, and make hotel reservations, visit [www.accp.com/am](http://www.accp.com/am).

Register soon to take advantage of early-bird rates—the early registration deadline is September 6, 2013.

## BPS Examination Application Deadline Is August 1



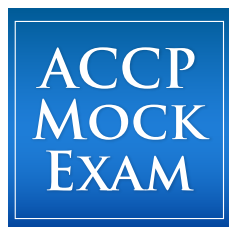
Members are reminded that August 1 is the deadline for submitting applications to take the Board of Pharmacy Specialties (BPS) examinations in Nuclear Pharmacy, Nutrition Support

Pharmacy, Oncology Pharmacy, Pharmacotherapy, Ambulatory Care Pharmacy, and Psychiatric Pharmacy.

Complete information on applying for the 2013 examinations, including details of the important new changes to the 2013 examinations, can be found on the BPS homepage at [www.bpsweb.org](http://www.bpsweb.org).

The number of pharmacists certified by BPS continues to grow—with more than 15,862 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!

### 2013 ACCP Pharmacotherapy Mock Exam Now Available for Preorder



The 2013 ACCP Pharmacotherapy Mock Exam is a 200-item question bank based on the domains, tasks, and knowledge statements outlined in the Board of Pharmacy Specialties (BPS) content outline that provides online access (anywhere, anytime!) until October 31,

2014. The ACCP Pharmacotherapy Mock Exam will be available on August 1—preorder the Mock Exam today at [www.accp.com/bookstore/product.aspx?pc=meph13](http://www.accp.com/bookstore/product.aspx?pc=meph13).

Developed and reviewed by board-certified pharmacotherapy specialists (BCPSs), the ACCP Pharmacotherapy Mock Exam provides feedback customized to each participant. This feedback includes the time spent on each question and the types of questions most frequently missed by the participant, as well as an answer key that contains explained answers and/or references for further study. This tool is ideal for anyone who has been studying for the Pharmacotherapy board exam and wants to learn more about his or her potential strengths and weaknesses in preparing for the exam in September and October.

The ACCP Pharmacotherapy Mock Exam is available for [preorder](#) with pricing as low as \$79.95 for ACCP members and \$99.95 for ACCP nonmembers. Order by August 31, 2013, and receive \$10 off your purchase of the 2013 ACCP Pharmacotherapy Mock Exam. *Please note: Individuals involved with the development of the ACCP Pharmacotherapy Mock Exam have not served on a BPS Specialty Council and have not served as item writers for BPS.*

### President's Column



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

#### Positive Deviance and Clinical Pharmacy Practice— Is It Potentially Relevant?

*It is easier to act your way into a new way of thinking than think your way into a new way of acting.*

—Jerry Sternin<sup>1</sup>

This column is offered more as “food for thought” than as words for action, and it will hopefully stimulate some consideration and dialogue. During the past several months, many linear inches of the *ACCP Report* have been dedicated to the important discussion of a standardized process of care as an essential component of clinical pharmacy practice and the College's Medicare benefit initiative (a.k.a. “provider status”). These topics are both related to the goal of evolving to a true interprofessional practice in which the clinical pharmacist assumes *responsibility* for drug therapy management and pharmacotherapy-related outcomes, as a member of the patient's team of health care providers, in all environments of care. We believe this is a model in which clinical pharmacists “practice at the top of their license” (an unfortunate misnomer!) and have the greatest opportunity to positively affect patient outcomes. Given the triple aim of health care reform and the evolving accountable models of care delivery, there has probably never been a better opportunity for clinical pharmacy to achieve this desired state as a predominant model of practice.

However, the practical reality today is that most of us practice in a structure that falls short of this goal. Many clinical pharmacists function as consultants (formally or informally), or we are placed in a reactive policing mode, with recommendations often occurring after a decision by a prescriber that is made without prospective input by the clinical pharmacist. There are many real or perceived barriers and challenges to achieving the desired state of practice, including limited resources, an inadequate number of properly trained and credentialed clinical pharmacists, the political and regulatory environment, misaligned reimbursement and reward models, predominantly mercantile business models in the community, traditional well-entrenched practices, and historical expectations of pharmacists.

If you agree with the goal of collaborative, team-based care and accept the current state of practice described above as an accurate characterization, then a

major problem we all face is how to redefine, implement, and execute a new team-based pharmacy practice across the health care delivery system with the goal of “getting the medications right” and improving patient outcomes.

Traditional problem solving, which has been central to our education and training, starts with defining the problem and desired outcome and then proposing potential solutions based on the best evidence (and often a bit of bias), seeking resources, testing potential solutions, and measuring and reporting results in the pursuit of describing “best practices.” The broader implementation and amplification of change is dependent on the importation and adoption of best practices, which often include repeated cycles of achieving buy-in, acquiring resources, documenting value (i.e., ROI), and much “reinventing of the wheel” at the local level. This approach is resource-intensive (i.e., expensive), analytic, iterative, leadership-driven, and typically slow. In fact, it often takes a decade or more for “best practices” to be incorporated into the mainstream. In the opening quotation above, this represents “think[ing] your way into a new way of acting.”

A *positive deviant* is a term meaning an individual or group within a community or organization whose uncommon practices or behaviors have led to success, despite their having faced the same or greater challenges and barriers as the rest of the community or organization. I’m quite certain the founding members of ACCP were a small band of positive deviants (though the term had not yet been coined), and I’m also certain that we continue to be surrounded by members who are positive deviants. Positive deviance (PD) as a change management process is based on the principle that the solution to the problem already exists within the community and that the community already possesses the knowledge and ability to solve the problem. The concept of PD, first published in the 1990s, is relatively new. Early successes focused on addressing serious social problems that were considered insurmountable without an infusion of resources from outside the community, such as severe childhood malnutrition in underdeveloped areas of the world. More recently, the application of PD theories has expanded to include reductions in hospital-acquired infections and improvements in public health challenges like smoking cessation, prenatal care, and the spread of HIV/AIDS. Positive deviance practices have also been adopted by the private sector, leading to improved business performance.

The PD approach is different in many ways from traditional problem solving. Both involve defining and understanding the problem or opportunity and the desired outcomes. However, PD assumes the solution exists in

the community and therefore focuses on determining whether others in the community are already achieving the desired outcome and then discovering what uncommon behaviors are leading to that success. The traditional approach depends on importing solutions from the external environment, whereas PD depends on an internal emergence of practices and behaviors from within the community. It is more of a bottom-up, community-led process than a top-down, leadership-driven process. The community decides what strategies to adopt and then designs activities that teach others in the community to be successful. Dissemination of these behaviors through action is what leads to widespread change (i.e., communities “act [their] way into a new way of thinking”). Positive deviance works with existing assets and resources to solve the problem. You do what needs to be done, with what you have, where you are. The innovators in the PD movement have defined specific steps in the PD process that are beyond the scope of this column, and the description above is oversimplified.

In the process, we need to be wary of “TBUs” (true but useless solutions). Individuals may demonstrate uncommon behaviors that have led to a successful solution of the problem, but on further investigation, it is realized that these individuals do not face the same challenges as the balance of the community; they are “resource advantaged” in some way. The TBU information is not helpful in the PD process because the community cannot adopt such behaviors within the constraints of available resources and therefore cannot achieve the same successes. In clinical pharmacy, like in other communities, we have many examples of TBUs that may be presented as positive deviants to emulate but that are unlikely to lead to success. For example, highly successful clinical pharmacists who are funded through academic appointments are not typically beneficial as positive deviants to those in a pure practice environment, yet they may be beneficial to other academic clinicians. Similarly, grant-funded researchers cannot typically serve as positive deviants in the PD process, given the differences in resources between them and the rest of the practitioner community. The TBU definition is not meant to insult or demean the work of our successful colleagues in academic and research environments, but rather to point out that these examples represent problem solving using traditional methods that should not be misinterpreted as the uncommon behaviors found in a PD approach.

So can the PD process be applied to solving the practice evolution problem facing clinical pharmacy? Probably, in doing so, we would face many challenges. For example, how do we define the “community” of clinical pharmacy such that there is commonality of barriers and challenges? Does the “community” extend locally, regionally,

or nationally? Are there many different “communities” within the discipline of clinical pharmacy? How do we identify and define the positive deviants within a specific “community” while separating the TBUs that may mislead the group? Can we successfully discover and disseminate through actions the uncommon behaviors and strategies of our colleagues who are positive deviant to change our way of thinking? These are but a few questions that would need to be considered.

Past surveys of members indicate that many of us are looking to ACCP and our academic colleagues for solid, defensible evidence of the value of clinical pharmacy. We also believe that compensation for clinical pharmacy services through provider status is necessary to move our services forward (i.e., promote the continued evolution of clinical pharmacy practice). In general, we are looking externally for a well-packaged “turnkey” solution to the problem that can then be applied locally to change the way we act, and we believe the solution depends on an infusion of additional resources. And we appear to be quite locked-in to this perspective. Advocates of PD would instead encourage us to look internally to see whether the solution already exists, and if it does, it should be achievable within existing resources. This is certainly an interesting (and a bit heretical?) prospect to consider.

I believe that a greater number of positive deviants are needed in clinical pharmacy if we are to identify and successfully disseminate uncommon behaviors that work across the different practice environments and regions of the country. How does one become a positive deviant? Is it possible to develop positive deviants, or are they inherently uncommon people with uncommon approaches to problems? In the afterword to his book *Better*, Dr. Atul Gawande recounts a lecture he presented to medical students in Boston in which he encouraged them to go out into the world of medicine and be positive deviants. Gawande had five simple recommendations for the medical students that I believe translate equally well to clinical pharmacy:

- Ask the unscripted question.
- Don’t complain.
- Count something.
- Write something.
- Change.

We may go through our daily life caring for patients, interacting with team members and colleagues, and getting our work done very efficiently following our routine processes. Yet Gawande says we should routinely stop and ask unscripted questions (e.g., “Have you been to any good restaurants lately?” “Have you always lived in Rochester?”) that will make our interactions more memorable and more human. We will learn much more

about those around us, make interactions more meaningful, establish trust, and build stronger relationships.

Those who complain about the current “state of affairs” are often boring, unproductive, and negative. Those who see the positives and use that energy to improve the situation for themselves and those around them are just the opposite. You can’t be both a complainer and a positive deviant—they are simply not compatible.

We cannot truly understand a problem or identify a solution without counting something. Gawande encouraged his students to start simple, but to count something that was relevant to their interests. Starting with simple process measures will often evolve to quantifying more important measures like surrogate end points or true outcomes. Over time, we become more sophisticated in our ability to collect data and to apply these data to problem solving, but it all starts with simply counting something. In *Three Signs of a Miserable Job*, Patrick Lencioni argues that counting something (keeping score) is one of the three elements of job (professional) satisfaction. Like Gawande, Lencioni states that the item being counted must be relevant and within the individual’s control.

Reducing thoughts and observations to writing achieves a greater level of thoughtfulness, and sharing reflections with others connects the individual to a larger world. Whether the chosen audience is small or large, the writer will be concerned about how he or she is perceived and what influence he or she may have; the writer wants to contribute something meaningful. There is no substitute for writing when it comes to expressing meaningful and deep thought on a subject.

Finally, Gawande encouraged students to embrace change and be early adopters. Too many people are addicted to comfort and rarely venture outside their comfort zone. Constant change induces considerable discomfort, but positive deviants often thrive in the discomfort zone. Recently, a young colleague told me that if something does not cause his heart rate to increase and an uneasiness to form in his gut, it is not worth doing. I suspect he has a good chance of being a positive deviant throughout his career (as well as, perhaps, of dying young, strapped to an ultralight aircraft).

In conclusion, we should ask ourselves, Are the solutions to challenges in clinical pharmacy practice already present in the community, or do we need more evidence and resources to realize our goals? Should we focus on identifying and highlighting some of the positive deviants in different clinical pharmacy communities? I would enjoy hearing your thoughts on the potential for PD concepts to help clinical pharmacy practice evolve as well as your stories of positive deviants that

you believe exist among ACCP's members. And, most importantly, I hope you will consider becoming a positive deviant!

#### *Selected Readings:*

1. Pascale R, Sternin J, Sternin M. *The Power of Positive Deviance: How Unlikely Innovators Solve the World's Largest Problems*. Boston: Harvard Business Press, 2010.
2. Marsh DR, Schroeder DG, Dearden KA, Sternin J, Sternin M. The power of positive deviance. *BMJ* 2004;329:1177-9.
3. Basic Field Guide to Positive Deviance Approach. The Positive Deviance Initiative, Tufts University. 2010. Available at [www.positivedeviance.org](http://www.positivedeviance.org). Accessed July 15, 2013.
4. Bradley EH, Curry LA, Ramanadhani S, Rowe L, Nembhard IM, Krumholz HM. Research in action: using positive deviance to improve quality of health care. *Implement Sci* 2009;4:25.
5. Singhal A, Greiner K. Chapter 10. Using the positive deviance approach to reduce hospital-acquired infections at the Veterans Administration Healthcare System in Pittsburgh. In: Suchman A, Slyter DJ, Williamson PR, eds. *Leading Change in Healthcare: Transforming Organizations Using Complexity, Positive Psychology, and Relationship-Centered Care*. New York: Radcliffe Printing, 2011:177-209.
6. Marra AR, Guastelli LR, de Araujo CM, et al. Positive deviance: a program for sustained improvement in hand hygiene compliance. *Am J Infect Control* 2011;39:1-5.

## **BPS Issues Call for Pediatric and Critical Care Specialty Council Nominees**



The Board of Pharmacy Specialties (BPS) has issued a Call for Nominations for pharmacists and board-certified pharmacists to serve on the Critical Care Pharmacy and Pediatric Pharmacy specialty councils.

The term of appointment for BPS Specialty Council members in this call is from November 3, 2013, to December 31, 2016. BPS must receive nomination materials by **Friday, August 2, 2013**. The BPS Board of Directors will review and confirm appointments in the fall of 2013.

Specialty Councils exist for the following purposes:

- To recommend to BPS the standards and other requirements for the certification and recertification of pharmacists in the specialty.
- To develop and administer examinations as required for the certification and recertification of pharmacists in the specialty.
- To evaluate the qualifications of individual pharmacists and to submit to BPS the names of the pharmacists recommended for certification or recertification in the specialty.

Prospective Specialty Council members must have at least five (5) years of dedicated experience in the specialty practice area. Specialty Councils should be composed of pharmacists with extensive practice expertise in a variety of practice settings. Participation on other licensure or certification boards, experience as an item writer, and service as a PGY2 pharmacy residency program director are preferred, but not required. Candidates who are appointed as Specialty Council members will not be eligible to sit for their specialty exam until 2018.

Interested candidates with desired characteristics should review and submit the [Critical Care Pharmacy Nomination Form](#) and the [Pediatric Pharmacy Nomination Form](#).

Please note: New council members must attend the initial Specialty Council meeting on November 4–5, 2013, in Washington, DC.

#### **Deadline**

BPS must receive all of the following items NO LATER THAN August 2, 2013:

1. Completed and submitted electronic Nomination Form
  - [Critical Care Pharmacy Nomination Form](#)
  - [Pediatric Pharmacy Nomination Form](#)
2. Current resumé or curriculum vitae
3. Statement of Interest (300 words or less) – Response to the question: “Why are you interested in serving as a member of the BPS Specialty Council?”
4. Completed and signed Disclosure Statement and Antitrust Statement (found in the hyperlinks above in 1.a. and 1.b.)
5. Up to two (2) Letters of Recommendation (optional)

For additional information, please visit the BPS Web site at [https://www.bpsweb.org/news/pr\\_050313.cfm](https://www.bpsweb.org/news/pr_050313.cfm)

## **Applications Being Accepted for 2014 Community Advisory Panel for ACCP PBRN**



Applications are now being accepted for the 2014 Community Advisory Panel (CAP) of the ACCP Practice-Based Research Network (PBRN). The CAP functions as an expert review panel for proposals received by the ACCP PBRN to determine the feasibility and practicality of proposed research projects. This standing committee to the ACCP PBRN, composed of a balance of generalists and specialists in a mixture of practice settings (e.g.,



outpatient clinics and inpatient services), represents the breadth and scope of the PBRN membership. The CAP consists of up to 10 members, each of whom serves 3-year terms. All members of the panel belong to the ACCP PBRN and are unpaid volunteers. This year's newly selected members will begin their terms at the 2013 ACCP Annual Meeting held in Albuquerque, New Mexico, from October 13 to 16, 2013.

To learn more about the CAP, view candidate eligibility criteria, or complete an online application by August 2, 2013, please visit <http://www.accpri.org/cap/index.aspx>

## From the Desk of an ACCP PBRN Community Advisory Panel Member: Tips for Incorporating Practice-Based Research into Your Practice



*Margie Snyder, Pharm.D., MPH  
Member, ACCP PBRN Community  
Advisory Panel*

Getting involved in practice-based research can be very rewarding for clinicians, but finding the time to do so when balancing other obligations can be challenging. If you are thinking about incorporating research into your practice, but are hesitant about the time involved, consider the following advice.

- **Be selective about the projects you participate in.** When engaging in research, one of the best things you can do is to ensure you are truly interested in the topic and research question. There is no faster way for a project to fall to the back burner than to choose one that doesn't excite you. Naturally, when the topic is something you are passionate about, you will be much more willing to invest the time needed. This is also important because by getting involved in projects that match your interests and practice needs, you will more likely be able to use the results of the study in your own practice. If you are part of a practice that is often contacted by investigators interested in collaborating on a study, it may be useful to survey the other clinicians at the practice and keep a list of topics on which the team is most interested in collaborating. That can help you stay focused and identify collaborative opportunities that best meet your needs.
- **Use existing resources and look for project opportunities that fit well with your practice.** Carefully consider the workflow of your practice when evaluating project opportunities, and prioritize studies that fit easily into this workflow. For example, if the

study involves documenting activities you do every day as a clinical pharmacist, it may be fairly easy to incorporate this project into your day if the process is designed in a way that matches your workflow. That said, encourage colleagues you collaborate with to approach you about project opportunities as soon as possible so that you have the opportunity to comment on these types of study design issues while there is still maximum flexibility. If a project requires more time, consider engaging in study activities during times of staffing "overlap," if applicable to your practice setting (e.g., if you are in a community pharmacy). Finally, look for ways in which others in your practice, such as technicians and learners, can get involved in the project. Students at both the IPPE stage and the APPE stage may value the opportunity to contribute to a study as a learning experience and as an opportunity to set themselves apart when later competing for jobs or postgraduate training positions. Similarly, residents and fellows may be excited for the opportunity to contribute to efforts complementary to their other learning experiences.

- **Make it a win-win situation for all involved.** Are you in an academic setting where presenting posters and writing papers is a necessary component of your position, but have difficulty finding the time? Collaborating on a practice-based research project could be one approach to building scholarship into your day. Early on in conversations about the study, discuss with potential collaborators whether this would be an opportunity. In addition, find out whether compensation would be provided to you or your practice for the time required to participate; this might make it possible to engage in projects that are more time-consuming. It would also be worthwhile to inquire whether continuing education is available for any study activities. Finally, if the study is led by investigators outside your practice, ask the investigators whether they could "give back" to the practice by providing an in-service about study results and ways in which findings could be useful to your practice.

If you are interested in getting more involved in practice-based research, joining the ACCP PBRN is an excellent way to start: <http://www.accpri.org/pbrn/registration.aspx>

All ACCP members involved in providing clinical pharmacy services or conducting clinical research are encouraged to join the PBRN, and there is no fee for joining. If you would like more information about the PBRN, please do not hesitate to contact PBRN leadership ([pbrn@accp.com](mailto:pbrn@accp.com)) to discuss it further.

## ACCP's Residency and Fellowship Forum Connects Preceptors and Program Directors with Promising Candidates

ACCP's Residency and Fellowship Forum connects preceptors and program directors with prospective candidates seeking 2014–2015 residency and fellowship positions. This year, the Residency and Fellowship Forum will be held on Monday, October 14, from 8:00 a.m. to 10:00 a.m., during the 2013 ACCP Annual Meeting in Albuquerque, New Mexico.

The Residency and Fellowship Forum provides preceptors and program directors with easy access to some of clinical pharmacy's most promising candidates. Set in an informal and even-paced atmosphere, the forum's simple format is designed to provide programs with an early opportunity to sit with candidates for one-on-one interviews and make valuable connections with top candidates. ACCP's online database of applicants will give registered programs the ability to view candidate profiles, download CVs, and contact potential applicants before attending the 2013 Annual Meeting. Preceptors and program directors interested in participating must register to attend the 2013 ACCP Annual Meeting, post at least one of their available positions [online](#), and submit a \$75 nonrefundable fee. Programs can reserve a table at the forum by submitting their available positions by **August 30, 2013**, or before all available tables are filled.

Applicants are encouraged to get a head start on identifying their next position by taking advantage of this opportunity to gain "face time" with the preceptors and directors of the programs in which they are interested. Registered applicants will receive access to online program listings before the meeting, which will include all the available fellowships and PGY1 and PGY2 residency positions. Applicants interested in participating must post their applicant profile online, upload a CV (optional), and register for the 2013 ACCP Annual Meeting.

Start your search early by registering for the ACCP Residency and Fellowship Forum. Visit <http://www.accp.com/meetings/am13/resfelForum.aspx> to obtain more information and to register for the Annual Meeting.

## ACCP Volunteer Recognition

The following individuals have made significant contributions to ACCP 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.

### Central Nervous System PRN

- Lawrence J. Cohen, Pharm.D., FCCP, BCPP
- Vicki L. Ellingrod, Pharm.D., FCCP, BCPP
- Susan Fagan, Pharm.D., FCCP, BCPS
- Michele Splinter, Pharm.D., M.S., BCPS

### Critical Care PRN

- Michael Bentley, Pharm.D., FCCM, BCPS
- Scott Bolesta, Pharm.D., BCPS
- Mitchell Buckley, Pharm.D., FCCM, BCPS
- Steve Lemon, Pharm.D., BCPS
- Brian Lizza, Pharm.D.
- Heather Personett, Pharm.D., BCPS
- Pamela Smithburger, Pharm.D., BCPS

### Education and Training PRN

- Sandra Benavides, Pharm.D.
- Haley M. Phillippe, Pharm.D., BCPS

### Immunology/Transplantation PRN

- Kimi Ueda-Stevenson, Pharm.D., BCPS

### Dallas/Fort Worth Chapter of the American College of Clinical Pharmacy

- Sarah Ussery, Pharm.D., BCOP

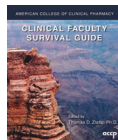
Visit <http://www.accp.com/membership/vrp.aspx> to view the current listing of volunteers recognized and their specific contributions to the College.

## ACCP Academy Faculty Book Selections

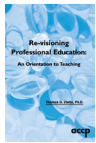
The [ACCP Academy](#) provides ACCP members with the opportunity to enhance abilities in the major areas of their professional responsibility by offering unique professional development programming leading to certificates of completion in four categories: Career Advancement (formerly Clinical Practice Advancement), Leadership and Management, Research and Scholarship, and Teaching and Learning.

The faculty leaders of the ACCP Academy have identified several books to enrich the experience of Academy participants. These titles, available at the [ACCP Bookstore](#), are useful for any ACCP member, whether they are participating in the Academy or enriching their career and building their professional library. Visit the [Bookstore](#) and learn more about these recommended titles:

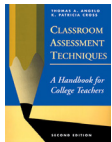
### Teaching and Learning



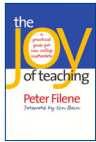
[Clinical Faculty Survival Guide](#) Thomas D. Zlatic, Ph.D. 978-1-932658-73-6, 2010, 336 pages, softcover. \*An ACCP Publication\*



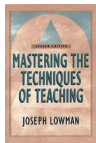
**Re-visioning Professional Education: An Orientation to Teaching.** Thomas D. Zlatic, Ph.D. 1-932658-27-0, 2005, 148 pages, softcover. \*An ACCP Publication\*



**Classroom Assessment Techniques: A Handbook for College Teachers** second edition. Thomas A. Angelo and K. Patricia Cross. 1-55542-500-3, 1993, 448 pages, softcover

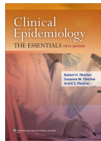


**The Joy of Teaching: A Practical Guide for New College Instructors** Peter G. Filene, Ph.D. 0-8078-5603-7, 176 pages, 2005, softcover



**Mastering the Techniques of Teaching** second edition. Joseph Lowman, Ph.D. 0-7879-5568-X, 368 pages, 2000, softcover

## Research and Scholarship



**Clinical Epidemiology: The Essentials** fifth edition. Robert H. Fletcher, M.D., MSc; and Suzanne W. Fletcher, M.D., MSc. 978-1-4511-4447-5, 2012, 252 pages, softcover



**Designing Clinical Research** third edition. Stephen B. Hulley, M.D., MPH; Steven R. Cummings, M.D.; Warren S. Browner, M.D., MPH; Deborah Grady, M.D., MPH; Norman Hearst, M.D., MPH; and Thomas B.

Neuman, M.D., MPH. 978-0781782104, 2006, 348 pages, softcover



**Grant Application Writer's Handbook** fourth edition. Liane Reif-Lehrer, Ph.D. 0-7637-1642-1, 2005, 362 pages, softcover



**Primer of Biostatistics** seventh edition. Stanton A. Glanz. 978-0-07-178150-3, 2012, 306 pages, softcover

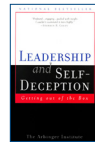


**Publishing and Presenting Clinical Research** third edition. Warren S. Browner, M.D. 978-1-4511-1590-1, 2012, 224 pages, softcover

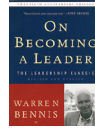
## Leadership



**Good to Great: Why Some Companies Make the Leap...and Others Don't** James C. Collins, MBA. 978-0066620992, 2001, 320 pages, hardcover



**Leadership and Self-Deception: Getting Out of the Box** second edition. The Arbinger Institute. 978-1-57675-977-6, 2010, 199 pages, softcover



**On Becoming a Leader** revised edition. Warren Bennis. 978-0465014088, 2009, 256 pages, softcover

Now is an excellent time to review these faculty-recommended titles. Please visit the [ACCP Online Bookstore](http://www.accp.com) for more information on these titles and others in your areas of interest.

## Attention Students, Residents, and Fellows: Apply Online Now for 2013 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 Albuquerque, New Mexico, October 13–16, 2013.

### 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 CV 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 6, 2013.*

**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 CV, 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 application materials should be submitted online at <http://www.accp.com/membership/resfelAward.aspx>. *The application deadline is August 16, 2013.*

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.

## New Members

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Shameem Aadam  
Mia Ajekwu Bassaragh  
Osamah Alfayez  
Lisa Allard  
Earl Alligood  
Abdullah Alosaimi  
Toie Alston  
Orlando Alvarado  
Giangtien Anderson  
John Argyle  
Veda Asmatey  
Athanasios Athans  
Matt Atkinson  
Janene Baham  
Xiang Rong Bai  
Amani Barnett  
Andrew Bath  
Tania Bayoud  
Emily Beckett  
Michelle Birmingham  
John Blazek  
Elizabeth Bobbera  
Adrian Boka  
Jacque Borel  
Jeffrey Bourret  
Chad Bradford  
Jennifer Braithwaite  
Cassandra Brockelman  
Frank Brower  
Merba Cabading  
Charles Callahan  
Mario Cardenas  
Lynn Carlson  
Stephanie Caron  
James Ceurvvels  
Ruth Chan  
Melissa Chapel  
Ruiling Chen  
Jennifer Claiborne  
Tara Cockerham  
Kevin Cogsdill  
Stephanie Cole  
Todd Cox  
Bethany Cross  
Zhiyi Cui  
Leigha Curtiss  
Dasheng Dang  
Justin Davis  
Rahel Dawit  
Kristin Dimond  
Ashley Doan  
Sarah Doornbos

Christina Dorman  
Peter Dorson  
Edison Dy  
Lynn Ellis  
Hebatalla Elmotayam  
Amy Engelhart  
Jennifer Erickson  
Donna Faber  
Danielle Falconer  
Alyssa Falkowski  
Heather Farley  
Natalija Farrell  
Susan Fisher  
Rochelle Fliethman  
Rhea Flores  
Corinne Fosmoe  
Jenna Foster  
Emily Frederick  
John Freemer  
Meghan Galloway  
Rashmi Ganatra  
Daniel Garcia  
Jessica Garza  
Dmitry Gazarian  
Pamela Gobina  
Jeffrey Gold  
Sonia Gonzales  
Sharan Grewal  
Tyler Guetschow  
Zina Gugkaeva  
Mandy Guo  
Lindsey Gurley  
Jeremy Gustafson  
Meridith Hackett  
David Hager  
Niki Haney  
Laura Hart  
Yijing He  
Robin Heafey  
Lorena Herrera  
Timothy Howze  
Susan Hua  
Kenneth Hubbard  
Jennifer Hudson  
Leila Inting  
Azam Ishaque  
Patricia Jerant  
Edda Jimenez  
Meagan Johns  
Doneshia Johnson  
Francene Johnson  
Ohannes Kandilian

Krista Katers  
Jennifer Kelleher  
Jennifer Kelly  
Jennifer Kerns  
Kati Khouri  
Miae Kim  
Rima Kim  
Dawn Kimball  
Mark Klee  
Marla Koch  
Philip Kociemba  
Lianne Kokoska  
Gregory Kratz  
Kathryn Krei  
Regine Lanfranchi  
Wendy Lantaff  
Kelly LaSerna  
Ann Le  
Christine Le  
Kristen LeClair  
Benn Legum  
Sik Yin Leung  
Cindy Lin  
Wei-Ling Lin  
Jennifer Lockwood  
Beth Lofgren  
Min Long  
Ashleigh Lowery  
Jon Manocchio  
Meredith Manville  
Diane Marks  
Craig Marten  
Jonah Martins  
Jordan Masse  
Chris McCaw  
Stacy McCoy  
James McGrane  
John McLaughlin  
Mark Mears  
Mai Mehanna  
Kelli Miller  
Vanessa Millisor  
Justin Miranda  
Pavel Mitin  
Sneh Mody  
Lynde Monson  
Mary Moss  
Jessica Mullin  
Nicole Murdock  
Michelle Nadeau  
Sumera Nadeem  
BaAimee Nguyen  
Janet Nguyen

Michael Nguyen  
Michael Nguyen  
Tien Nguyen  
Vu Nguyen  
Nicolle Nicholson  
Sean O'Brien  
Caroline Onel  
Mendy Osborn  
Chelsea Owen  
Andrea Passarelli  
Komal Patel  
Mona Patel  
Brandon Patterson  
Shea Payne  
Diane Petersen  
Jesse Peterson  
Linda Phan  
Jenna Phelps  
Celina Philip  
Andrea Pierce  
April Pottebaum  
Teresa Potter  
Andreanne Precourt  
Amy Pullen  
April Qu  
Sharon Radebaugh  
Ricky Rampulla  
Keith Reed  
Robyn Richard  
Nicole Riley  
Matthew Rinkus  
Ibis Rodriguez  
Rebecca Rosenwasser  
Nita Roy  
Kim Rutter  
Daga Said  
Katherine Salay  
Robert Saldana  
Juan Santos  
Matthew Sasaki  
David Schatz  
Dustin Schrader  
Christine Seng  
Hyo Young Seo  
Bonita Simendinger  
Jenna Sloan  
Beata Slomiany  
Jaime Smith  
Karen Smith  
Malcolm Smith  
Michelle So  
Amy Speakman  
Cassie Stewart

Jane Stroebel  
Kelly Stuart  
Marc Stuive  
Savitre Sukhlall  
Maleka Suratwala  
David Swadley  
Tonimarie Swartz  
Carissa Swindell  
Burt Tamashiro  
Ellen Tasaka  
Michael Thiman  
Jeannine Thomas  
Krystal Thompson  
Lesa Thornton  
Lindsay Thurman  
Yexcelia Toledo  
Aaron Tran  
Nguyet Tran  
Thanh-Binh Tran  
Laura Truhlar  
Ginger Turner  
Wendy Updike  
Ann Upshaw  
Jacob VanVleck  
Maria Vecchiarelli  
Kathy Veiman  
Yolanda Vera  
Jody Verdick  
Shiva Vinnick  
Carissa Virtue

Amy Voelker  
William Vouk  
Christina Wachuku  
Harry Wagner  
Faith Walters  
Catherine Waltz  
Heidi Weber  
Holly Weber  
Patricia Weinand  
Chad Weinhold  
Lindsey Wells  
Melanie West  
Emily White  
Laura Whited  
Yolanda Whitty  
Jillian Wilkes  
Marc Willner  
Bradly Winter  
Amy Wojciechowski  
Rebecca Wolfe  
Melody Wootten  
Sara Wormley  
Haiyan Wu  
Nancy Wu  
Ping Xu  
Shardae Young  
Shelton Zermatten  
Li Zhang  
Katarzyna Zlotnik

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

|                    |                       |
|--------------------|-----------------------|
| Nada Alqadheeb     | David Portman         |
| Heidi Anksorus     | Carolyn Ragsdale      |
| Eanas Bakkar       | TrisAnn Rendulic      |
| Martha Blackford   | Katelyn Richards      |
| Erika Bowers       | Michael Ruggero       |
| Mary Beth Brinkman | Teena Sam             |
| Tiffany Chung      | Rachel Selinger       |
| Amy Clark          | Joshua Shaeffer       |
| Sarah Deines       | Courtney Shakowski    |
| Mike De Luna       | Heidi Smith           |
| Amanda Downing     | Paul Stranges         |
| Holly Gurgle       | Dinesh Sukhlall       |
| Lindsay Holte      | Eglis Tellez-Corrales |
| Matthew Hoover     | Martin Tuan Tran      |
| Eunyoung Kim       | Julieth Urbina        |
| Angela Loo         | Sara Utley            |
| Julia Martorana    | Suzanne Wells         |
| Mia Monson         | Kathleen West         |
| Mindy Parman       | Emily Wong            |
| Tiffany Pon        |                       |

**New Member Recruiters**

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

Mariamamma Abraham  
Sandra Benavides  
Hector Crespo  
Tara Dymon  
Laura Elliott  
Shannon Finks  
Rex Force  
Miki Goldwire  
Larry Golightly  
Karen Gunning  
Maho Hibino  
Christopher Holaway  
Brian Irons  
Bonnie LaTourette  
Kyle Mains  
Deanna McDanel  
Charles Medico  
Cara Milburn  
Rachael Olsufka  
Karen Pater  
Christina Piro  
Joanna Quast  
Gretchen Redline  
Todd Rowland  
Melanie Siv  
Maria Vecchiarelli  
Casey Washington  
David Zimmerman