

ACCP Report

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ACCP Defines Clinical Pharmacy

As articulated in the 2002 strategic plan, ACCP's 20- to 30-year vision for the profession is that "pharmacists will be recognized and valued as the preeminent health care professionals responsible for the use of medicines in the prevention and treatment of disease." To achieve this vision, the profession must ensure that there will be an adequate supply of appropriately educated and skilled clinical pharmacists. Toward that end, the ACCP Board of Regents established the following objectives:

- publish a definition of clinical pharmacy and the core competencies of a clinical pharmacist;
- provide or endorse mechanisms for individual pharmacists to assess their clinical competencies against the defined core competencies, thereby facilitating their professional development; and
- ensure that ACCP provides educational programs to help develop and maintain the core competencies of a clinical pharmacist.

The first implementation step in this plan was the articulation of a definition of clinical pharmacy.

As an extension of the clinical pharmacy definition, the core competencies of a clinical pharmacist are scheduled to be reviewed by the Board of Regents and released within the next 6 months.

In August 2003, a workgroup composed of ACCP members and Regents drafted a *proposed definition of clinical pharmacy*.

Subsequently, the Board of Regents engaged in a series of focused discussions leading to further refinements and the development of a separate definition for the clinical pharmacist.

Clinical Pharmacy (abridged)

That area of pharmacy concerned with the science and practice of rational medication use.

Clinical Pharmacy (unabridged)

Clinical Pharmacy is a health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, wellness, and disease prevention. The practice of clinical pharmacy embraces the philosophy of pharmaceutical care; it blends a caring orientation with specialized therapeutic knowledge, experience, and judgment for the purpose of ensuring optimal patient outcomes. As a discipline, clinical pharmacy also has an obligation to contribute to the generation of new knowledge that advances health and quality of life.

Clinical pharmacists care for patients in all health care settings. They possess in-depth knowledge of medications that is integrated with a foundational understanding of the biomedical, pharmaceutical, sociobehavioral, and clinical sciences. To achieve desired therapeutic goals, the clinical pharmacist applies evidence-based therapeutic guidelines, evolving sciences, emerging technologies, and relevant legal, ethical, social, cultural, economic and professional principles. Accordingly, clinical pharmacists assume responsibility and accountability for managing medication therapy in direct patient care settings, whether practicing independently or in consultation/collaboration with other health care professionals. Clinical pharmacist researchers generate, disseminate, and apply new knowledge that contributes to improved health and quality of life.

Within the system of health care, clinical pharmacists are experts in the therapeutic use of medications. They routinely provide medication therapy evaluations and recommendations to patients and health care professionals. Clinical pharmacists are a primary source of scientifically valid information and advice regarding the safe, appropriate, and cost-effective use of medications.

A pair of preliminary *draft definitions* of clinical pharmacy and the clinical pharmacist was proposed by the Board of Regents in January 2004 and published in the February 2004 *ACCP Report* together with a request for member feedback. Broad-based input was received from ACCP members and the profession-at-large during 2004, and the Board then incorporated this feedback into its final draft. The final document approved by the Board of Regents includes both a short, abridged definition and a more comprehensive, unabridged version (see boxed definitions). The clinical pharmacist definition has been eliminated; in its place, details regarding clinical pharmacist activities and roles have been incorporated into the unabridged definition of clinical pharmacy.

A Three-part Definition

The unabridged definition is organized into three sections: the discipline of clinical pharmacy; the clinical pharmacist; and the roles of the clinical pharmacist in the health care system. Key words or

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¹For example, the American Heritage College Dictionary defines the term "clinical" as "involving or based on direct observation of the patient." Dorland's Medical Dictionary defines "clinical medicine" as "the study of disease by direct examination of the living patient."

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phrases were carefully chosen for inclusion in each section—their intended interpretation follows.

The Discipline of Clinical Pharmacy. The concept of *optimizing therapy and promoting health, wellness, and disease prevention* was felt to be essential in highlighting the focus on both pharmacologic and non-pharmacologic strategies for promoting patient health. By noting that *clinical pharmacy embraces the philosophy of pharmaceutical care*, the definition calls attention to the fact that the primary object of practice and research is ultimately the patient. Finally, emphasizing that the discipline relies on *caring values with specialized knowledge, experience, and judgment* underscores the critical importance of the synergy achieved by combining a caring ethos, in-depth therapeutic knowledge, clinical experience, and expert judgment. As a discipline, clinical pharmacy must be engaged also in research *to contribute to the generation of new knowledge that advances human health and quality of life.*

The Clinical Pharmacist. Stating explicitly that the clinical pharmacist *cares for patients in all health care settings* emphasizes two points: 1) that clinical pharmacists provide care to their patients (i.e., they don't just "provide clinical services"), and 2) that this practice can occur in any practice setting. The clinical pharmacist's application of *evidence and evolving sciences* points out that clinical pharmacy is a scientifically rooted discipline; *the application of legal, ethical, social, cultural, and economic principles* serves to remind us that clinical pharmacy practice also takes into account societal factors that extend beyond science. By stating that clinical pharmacists *assume responsibility and accountability* for achieving therapeutic goals, the definition makes it clear that they are called upon to be more than consultants. Further, the mention of managing therapy in *direct patient care settings* is particularly important because it reinforces existing definitions of the term "clinical."¹ That is, clinical pharmacists are involved in direct interaction with, and observation of, the patient. In addition, it is noted that clinical pharmacists practice both *independently and in consultation/collaboration* with other health care professionals, making it clear that they are members of an autonomous profession within their scope of practice, yet they also function as members of a cooperative health care team. At the conclusion of this paragraph, attention is drawn to the scientific impact of clinical pharmacist researchers by stating that they generate, disseminate, and apply new knowledge that contributes to improved health and quality of life.

Roles Within the Health Care System. By noting that the clinical pharmacist is an *expert in the therapeutic use of medications*, this section indicates that the clinical pharmacist is recognized as providing a unique set of knowledge and skills to the health care system and is therefore qualified to assume the role of "drug therapy expert." In addition, this expertise is used proactively to ensure and advance rational drug therapy, thereby averting many of the medication misadventures that ensue following inappropriate therapeutic decisions made at the point of prescribing. Stating that the clinical pharmacist is a *primary source of scientifically valid information and advice* on the best use of medications emphasizes that the clinical pharmacist serves as an objective, evidence-based source of therapeutic information and recommendations. This expertise extends beyond traditional medications to include nontraditional therapies as well. Finally, indicating that clinical pharmacists

routinely provide therapeutic evaluations and recommendations underscores the fact that their daily practice involves regular consultation with patients and health care professionals regarding medication therapy evaluations and recommendations.

Next Steps

With the release of its official definition of clinical pharmacy, ACCP is now seeking inclusion of the definition (in its abridged or unabridged format) in appropriate compendia and dictionaries. The 2004-2006 Task Force on Clinical Pharmacist Competencies will submit its final draft of the core competencies of a clinical pharmacist later this year. In addition, the Task Force will be charged with composing a complementary white paper that articulates the professional pathways necessary to develop and maintain the core competencies of both a clinical pharmacy *generalist* and clinical pharmacy *specialist*. The clinical pharmacy definition, core competencies, mechanisms for clinical competency self-assessment, and "pathways" to achieve generalist and specialist competence will be published as a series of ACCP publications.

The series will be initiated with publication of the definition and core competencies in early 2006.

ACCP Elects 2005 Fellows

Twenty-one ACCP members have been elected Fellows of the American College of Clinical Pharmacy and will be recognized during a special ceremony at the College's 2005 Annual Meeting on October 23 in San Francisco, CA. Recognition as a Fellow is awarded to ACCP members who have demonstrated a sustained level of excellence in clinical pharmacy practice and/or research. Fellows may be recognized by the initials "FCCP" as part of their title.

The 2005 ACCP Fellows are:

- **Melissa M. Blair**, Pharm.D.; Charleston, SC
- **John W. Devlin**, Pharm.D.; Boston, MA
- **Margaret A. Essex**, Pharm.D.; Fairfield, CT
- **R. Lee Evans**, Pharm.D.; Auburn, AL
- **Stephanie F. Gardner**, Pharm.D., Ed.D.; Little Rock, AR
- **Patrick P. Gleason**, Pharm.D.; Bloomington, MN
- **Laura B. Hansen**, Pharm.D.; Denver, CO
- **Russell E. Lewis**, Pharm.D.; Houston, TX
- **Kelly R. Ragucci**, Pharm.D.; Charleston, SC
- **Beth H. Resman-Targoff**, Pharm.D.; Oklahoma City, OK
- **P. David Rogers**, Pharm.D., Ph.D.; Memphis, TN
- **Kevin O. Rynn**, Pharm.D.; Piscataway, NJ
- **Emmanuel Saltiel**, Pharm.D.; Los Angeles, CA
- **Larry W. Segars**, Pharm.D.; Mansfield, TX
- **Judith A. Smith**, Pharm.D.; Houston, TX
- **William J. Spruill**, Pharm.D.; Athens, GA
- **Sheryl F. Vondracek**, Pharm.D.; Denver, CO
- **William B. Webster**, Pharm.D.; St. Pete Beach, FL
- **C. Michael White**, Pharm.D.; Hartford, CT
- **Eric T. Wittbrodt**, Pharm.D.; Philadelphia, PA
- **Ann K. Wittkowsky**, Pharm.D.; Seattle, WA

After nomination by their colleagues, Fellow candidates undergo a comprehensive and rigorous evaluation by the Fellowship Subcommittee of the Credentials Committee of their practice and/or research accomplishments. Among the

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criteria evaluated by the committee are examples of patient care service or educational programs developed by the nominee; certifications or other credentials earned; drug therapy management responsibilities; educational presentations; consultantships; service to publications; original research presentations, projects, funding, and publications; and other awards. Persons nominated as a Fellow also must have made a substantial contribution to ACCP through activities such as attendance or presentation at College-sponsored meetings; service as an abstract, Research Institute, or *Pharmacotherapy* reviewer; contribution to College publications; or service as a committee member, Practice and Research Network, chapter officer, or elected officer.

Report of the Nominations Committee

The Nominations Committee has recommended the following slate of candidates for 2006. Elections will occur in spring 2006 and successful candidates will assume office at the 2006 ACCP Annual Meeting in New Orleans.

President-Elect:

Michael E. Klepser, Pharm.D.; Kalamazoo, MI
Gary R. Matzke, Pharm.D.; Pittsburgh, PA

Treasurer:

Jill S. Burkiewicz, Pharm.D.; Downers Grove, IL
Judith A. Smith, Pharm.D.; Houston, TX

Regent:

Curtis E. Haas, Pharm.D.; Buffalo, NY
Ila M. Harris, Pharm.D.; Minneapolis, MN
Gary M. Levin, Pharm.D.; Fort Lauderdale, FL
Todd W. Nesbit, Pharm.D.; Bel Air, MD

Research Institute Trustee (3 year term):

Susan C. Fagan, Pharm.D.; Augusta, GA
Michael W. Jann, Pharm.D.; Atlanta, GA
Joan Korth-Bradley, Pharm.D., Ph.D.; Collegeville, PA
Gary C. Yee, Pharm.D.; Omaha, NE

Research Institute Trustee (2 year term):

Mark A. Munger, Pharm.D.; Salt Lake City, UT
Paul J. Williams, Pharm.D.; Stockton, CA

Additional nominations may be made in writing to the Secretary of the College: Timothy J. Ives, ACCP, 3101 Broadway, Suite 650, Kansas City, MO 64111. Nominations must state clearly the qualifications of the candidate, must be signed by at least 45 Full Members (1% of eligible Full Members), and must be submitted no later than September 23, 2005.

Respectfully submitted,
M. Lynn Crismon, Chair; Steve Barriere; George Foose;
John Pieper; Jeanne Reed.

Plan to Leave Your Heart and Engage Your Mind in San Francisco!

For several months you've been reading about the upcoming 2005 ACCP Annual Meeting, October 23–26, in San Francisco. If you haven't yet made plans to attend, consider this: Where else will you find the intellectual stimulation of leading edge educational programming while you recharge amid the incomparable sights of the City by the Bay? And while you're deciding, remember that the early bird registration deadline is September 16—just a few short weeks away.



Courtesy of the San Francisco Convention & Visitors Bureau

Equally important, you must book by September 21 to receive the special Annual Meeting group rate on your hotel room at the Hilton San Francisco. If you're still on the fence, perhaps you need more information about the educational programming, special events, and networking opportunities that await you in San Francisco. It's time to plan your itinerary.

Be there by Saturday for Special Premeeting Programming

The Annual Meeting events actually get under way on Saturday, October 22. That's when you'll be able to attend one of a series of in-depth, full- and half-day symposia and workshops. New clinical faculty and preceptors will likely want to arrive Friday night to be ready for the 8:00 a.m. Saturday start of **Basic Training for New Clinical Faculty and Preceptors**. The full-day workshop is designed to introduce the essentials of teaching—not elementary methods but the foundational principles of classroom and clinic-based instruction. The program opens with an investigation of the professional nature of teaching and learning paradigms. These concepts will serve as rationale for the rest of the program, during which participants will create learning outcomes, design teaching strategies to achieve these outcomes, and learn to use criteria-referenced, evidence-based assessment feedback to improve student mastery of outcomes. For full details on the workshop, go to the ACCP Web site, <http://www.accp.com/05ampre.php>.

A variety of half-day symposia and workshops also are available Saturday afternoon. The Cardiology PRN will present **An Update in Cardiovascular Pharmacotherapy**, with a review of recently revised guidelines for heart failure and novel treatment strategies; an examination of the updated Guidelines on Percutaneous Coronary Intervention; an overview of treatment challenges for acute coronary syndromes; and a discussion of practical aspects of lipid management as well as a review of lipid management strategies in special populations. The Central Nervous System PRN will present **Depression: Ruling Both Mind and Body** to explore the issues associated with interactions between depression and comorbid medical

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illnesses. The symposium will discuss the pathophysiologic basis of depression and its relationship to medical illness; the impact of depression on the course of comorbid medical disease and patient outcomes; and the most appropriate treatment intervention for the



Courtesy of the San Francisco Convention & Visitors Bureau

management of comorbid depression and medical illness.

Beyond Ouch—Pain and Palliation in Pediatrics, a symposium developed jointly by the Pain Management and Pediatrics PRNs, will open with a discussion of approaches to assessment and treatment of pain in newborns. The half-day session will also cover new advances in treatment of post-op pain in pediatrics; challenges in the treatment of chronic pain in children, and challenges and responsibilities associated with pediatric palliative care. One additional symposium is available: **Health Behavior Change: A Workshop for Clinical Pharmacists**, during which presenters will describe the steps in negotiating behavior change in patients. Workshop participants will learn to apply the general principles of health behavior change; to evaluate a patient's readiness to change health behavior; to conduct a patient counseling session; to evaluate health behavior change processes; and to identify skills that can be applied immediately to improve patient care.

Remember that separate registration is required for each Saturday premeeting program. Use the Annual Meeting registration form to register: <http://www.accp.com/05amreg.pdf>.

The "49er Package" Delivers Special Events for Students

Student members (and pharmacy educators) take note: Students can attend Saturday programming designed especially for students, plus other Annual Meeting activities on Saturday and Sunday, for the student-only \$49 rate. Saturday's activities begin at noon with the half-day program, **Pharmacy Student to Student Pharmacist: Opportunities in Pharmacy Practice**. For full details, see <http://www.accp.com/05amstu.php>. This exclusive student session will include a luncheon with roundtable discussions, a presentation on cardiovascular pharmacotherapy, and a "how-to" session on evaluating and selecting postgraduate residency and fellowship opportunities. Students will then be invited to participate in the newcomer orientation and reception, followed by a meeting and continuing education program hosted by the Northern California College of Clinical Pharmacy.

49er package activities continue Sunday with the Opening General Session. The invited keynote speaker for the session is Mark McClellan, M.D., Ph.D., Administrator of the Centers for Medicare and Medicaid Services. On Sunday afternoon, student job seekers can participate in the Recruitment Forum, a career fair followed by an opportunity for employers and applicants with a mutual interest to meet one-to-one. Sunday concludes with the ACCP Business and Town Hall Meeting—a chance for students to understand the nature of ACCP as a member-driven professional organization, followed by relaxed

networking and refreshments at the Opening Reception. Students can register for the weekend 49er package, or for a reduced rate to attend the full meeting, using the registration form at <http://www.accp.com/05amreg.pdf>.

You Can't Do it All—But it Helps to Plan Ahead!

The ACCP Annual Meeting offers an extensive lineup of educational programming, satellite symposia, PRN focus sessions and networking and business meetings, scientific poster presentations, and industry exhibits. Even though you can't do it all, you will find a choice of programming suited to your needs. Five distinct curricular tracks are available: Curricular Track 1, **Clinical Lab Testing**; Curricular Track 2, **Clinical Practice**; Curricular Track 3, **Inflammation**; Curricular Track 4, **Biotechnology Therapy**; and Curricular Track 5, **Leadership Development**. On Monday, Tuesday, and Wednesday morning, education programs in each track will be presented concurrently. You can choose a single curricular track or select programming from multiple tracks. For example, your schedule for Tuesday morning includes a choice of these sessions within the curricular tracks: The Future of Point of Care Testing (track 1); Medication Therapy Management Services (track 2); Inflammation: In Search of New Links (track 3); Gene, siRNA, and Cell-based Therapies: Which will be First to FDA Approval? (track 4); and Orienting Yourself to be a Leader (track 5). And the choice of curricular track programming is just the beginning.

More Events, More Choices: PRNs, Posters, Satellite Symposia, and Exhibits

ACCP's Practice and Research Networks will host focus sessions—education sessions related to their respective areas of interest—as well as networking sessions in conjunction with their business meetings. Check the schedule on Monday and Tuesday afternoon and evening for the lineup of PRN-hosted sessions and meetings.

This year's call for abstracts yielded a record number of submissions. More than 500 abstracts have been accepted for presentation at the meeting. As you plan your Annual Meeting itinerary, allow time on Monday and Tuesday afternoon to attend the Scientific Paper Platform Presentations. A small number of poster presentations will be held Monday and Tuesday in conjunction with the pharmacy industry forum exhibits. Your tour of the exhibit floor will bring you to these presentations. However, it's important to note that, due to space limitations in the exhibit hall, the vast majority of poster presentations will be held Wednesday morning.

A last but very important planning note: Satellite Symposia scheduled throughout the meeting are available on a variety of therapeutic topics. Some 15 presentations will be offered from Saturday through Wednesday. Watch the ACCP Web site for more information on these sessions. Attendance is free to ACCP meeting registrants but space may be limited.

So Much to do, So Little Time

The early bird registration deadline of September 16 and the hotel reservation deadline of September 21 are looming. Why not make arrangements now for the 2005 Annual Meeting in San Francisco, where you will leave your heart and engage your mind? For full meeting details and a registration form, go to the ACCP Web site, <http://www.accp.com/am05.php>.

Washington Report

C. Edwin Webb, Pharm.D., M.P.H.
Director, Government and Professional
Affairs

A Pharmacist's Conscience & Quality Patient Care

An article in the May 2005 ACCP Report (<http://www.accp.com/report/rpt0505/art01.php>) summarized the circumstances surrounding the highly publicized decision of a pharmacist in Illinois to refuse to dispense a prescription order for emergency contraception based on that pharmacist's conscientious objection to the use of the medication for that purpose. As noted in the article, ACCP's perspective on the issue at that time was reflected in the existing policy of the APhA House of Delegates, of which ACCP is an institutional member. That policy states that

"APhA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient's access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal."

Subsequently, at its meeting in July, the ACCP Board of Regents determined that continuing public discussions, actions by the American Medical Association House of Delegates, and the possibility of legislative and regulatory actions at the national and state levels required the development of a more specific and precise position statement on the issue that represents the vision and core values of ACCP. The Board, working from an initial draft prepared by the ACCP staff following the Board meeting, has adopted the position statement, together with background, that is presented below. The statement is currently being shared with national pharmacy organizations and other groups interested in the issue and will be placed on the ACCP Web site for reference. ACCP members are encouraged to review the position statement and to carefully consider its implications for their practice.

Background:

The professional conduct of a pharmacist is guided by an intricate combination of scientific knowledge, skills, and abilities, combined with experience, humanistic and ethical values, moral principles, and personal beliefs. Just as with any individual human being, the complex interplay of these characteristics influences the pharmacist's behavior during any given interaction with patients, professional colleagues, or the general public.

In the course of professional activities, an individual pharmacist may find that certain situations that involve the legally sanctioned use of medications and related services present a conflict with his/her conscience or personal moral beliefs. A recent example that has drawn substantial attention, and strong reaction from various quarters, is the decision by a pharmacist in Illinois to refuse to fill a prescription order for emergency contraception. However, the issue is not limited to emergency contraception, and in fact is not a "new" issue for pharmacists or other health care professionals. For example, a physician or nurse may face a similar conflict of conscience when deciding whether or not to participate in a procedure or



Position Statement

Prerogative of a Pharmacist to Decline to Provide Professional Services Based on Conscience

The American College of Clinical Pharmacy supports the prerogative of a pharmacist to decline to personally participate in situations involving the legally sanctioned provision and/or use of medications and related devices or services that conflict with that pharmacist's moral, ethical, or religious beliefs.

Examples of such situations could include provision of medications or services to facilitate capital punishment, euthanasia, termination of pregnancy, or contraception.

In exercising this prerogative, however, the pharmacist has a concurrent professional and ethical responsibility to assure that in situations where patients are seeking access to legally prescribed medications, devices, or services, such patients are referred to another pharmacist or other health care provider in an effective, professional, timely, confidential, and non-judgmental manner.

A pharmacist is responsible for prospectively informing colleagues and employers and/or the administration of his/her practice setting about those situations that would result in a conflict of conscience.

A pharmacist should always practice with full respect for the patient's needs, interests, dignity, confidentiality, and welfare and should assure that any professional action or decision that occurs because of conscientious objection does not result in patient harm.

other patient care activity that conflicts with his or her moral values or religious principles.

Nevertheless, the issue as it relates to pharmacists has received substantial national print and television media coverage over the past few months, as well as the attention of state and federal government officials. In response to the specific case in Illinois, governor Rod Blagojevich on April 1, 2005, issued an executive order (since revised and now pending public comment as a regulatory change) requiring pharmacists to fill "all valid prescriptions" within a four-hour period. Shortly thereafter, an editorial in the New York Times stated that:

"A pharmacist's refusal to fill a prescription for birth control or EC has the pernicious effect of delaying, and sometimes even denying, a woman's access to medications that may be urgently needed... Although allowing pharmacists to refer women to another pharmacist or pharmacy to fill a birth control or EC prescription "may seem at first blush like a reasonable compromise, ... it is a prescription for disaster in the real world because many of the pharmacists who refuse to fill prescriptions berate, belittle or lecture their customers... A pharmacist's refusal to fill a prescription is an intolerable abuse of power, and pharmacists have no business forcing their own moral or ethical views onto customers who may not share them."
(*New York Times*, 4/3/05)

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The issue has also drawn the attention of the U.S. Congress. Legislation has been introduced in both the House (H.R. 1652) and Senate (S.809) that would impose substantial civil penalties upon pharmacies that fail to provide for the timely processing of “valid prescriptions” due to the decision of a pharmacist not to dispense based on personal ethical or moral beliefs. Similar legislative proposals that would deny Medicare or Medicaid payments to pharmacies (S.778) or which would provide for lesser civil penalties (H.R. 1539) have also been introduced.

Unfortunately, these actions, commentaries and much of the discussion on both sides of the issue have tended to foster an “either/or” perspective that fails to effectively balance both patients’ needs and pharmacists’ prerogatives. It is important, possible, and desirable to meet BOTH the needs of the patient and the desire of a pharmacist to practice in ways that do not result in a personal violation of the pharmacist’s moral or religious beliefs.

To that end, pharmacists should strive always to serve the legitimate health care needs and desires of their patients. In the very limited situations where those needs and desires are in conflict with a pharmacist’s values, the obligation of the pharmacist is to provide a referral for the patients to receive the care they desire—without any actions seeking to persuade, coerce, or otherwise impose on the patient any of the pharmacist’s values, beliefs, or objections. At the same time, patients, other health care professionals, employers, and the public at large should respect pharmacists’ prerogative, as fellow human beings and citizens, to decline to personally participate in activities that conflict with their beliefs.

The ACCP Board of Regents has adopted this position statement with the goal of providing useful guidance to both ACCP members and the public concerning the important and necessary balance between assuring the highest quality of patient care and also supporting the legitimate prerogative of pharmacists to decline to participate in activities that conflict with their moral, religious, or ethical beliefs. This statement, supported by the underlying principles contained in the Code of Ethics for Pharmacists (American Pharmacists Association, 1994, as endorsed by ACCP)² constitutes the official position of ACCP.

**Adopted by the ACCP Board of Regents
August 2005**

Call for New and Updated Residency and Fellowship Directory Listings

New This Year: Clinical Scientist Degree Program Listings

The ACCP Directory of Residencies and Fellowships is available both on the Web and in print. This year, the directory’s listings are being expanded to include clinical scientist graduate degree programs. The 2006 print directory (appropriately retitled as the *2006 Directory of Residency, Fellowship and Postgraduate Degree Programs*) will be distributed this December to prospective residency candidates and to pharmacy practice departments in each U.S. school and

²<http://www.aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2903>

college of pharmacy. All ACCP members who serve as principal preceptors of residencies, fellowships, or clinical scientist graduate degree programs (M.S., Ph.D.) are encouraged to list or update their programs in the directory no later than August 26, 2005.

Responses received by August 26 will be listed in the printed directory. This service is provided by the College at no charge to ACCP members. Even if a program is already listed in the directory, the listing will automatically expire if it is not updated annually. All ACCP members have been notified by e-mail and asked to update their listings by verifying accuracy and making any needed changes. This ensures that all listings are correct and up-to-date for prospective applicants who rely on this information. Directory listings that are not updated and verified by August 26 will be automatically removed from the directory. It’s easy to list or update your program. Just follow the instructions below:

- Access the Directory at <http://www.accp.com/resandfel/>.
- To add, edit or delete a listing, go to: <http://www.accp.com/resandfel/>. If you already have a program listed in the current Directory, just open it, make any changes or additions, and resubmit it.
- Forget your password? To use our password reminder system, go to <http://secure.accp.com/source/Library/FindPword.cfm>.

Remember, listings must be added, updated, or deleted by August 26, 2005. If you experience any technical difficulties, or have questions regarding directory updates, please contact Larry Aaron at laaron@accp.com.

Jointly Authored Editorial by Nephrology PRN and Ambulatory Care PRN Published in Nephrology Journal

The Nephrology PRN and Ambulatory Care PRN recently published in the *American Journal of Kidney Diseases* an editorial titled “Clinical Pharmacists as Multidisciplinary Health Care Providers in the Management of CKD: A Joint Opinion by the Nephrology and Ambulatory Care Practice and Research Networks of the American College of Clinical Pharmacy.” The editorial documents the roles of clinical pharmacists as multidisciplinary health care providers in the care of patients with chronic kidney disease (CKD) and is intended to provide background for the nephrology community regarding the clinical and economic value of clinical pharmacists in this setting.

The editorial’s authors were Melanie Joy, Pharm.D., FCCP; Renee DeHart, Pharm.D., BCPS; Cheryl Gilmartin, Pharm.D.; David Hachey, Pharm.D., BCPS; Joanna Hudson, Pharm.D., BCPS; Maria Pruchnicki, Pharm.D., BCPS; Peter Dumo, Pharm.D.; Darren Grabe, Pharm.D.; Joseph Saseen, Pharm.D., FCCP, BCPS; and Alan Zillich, Pharm.D.

ACCP...

Where Pharmacy is Going

Pharmacotherapy Pearls

David Letterman Is Not the Only One with a Top 10 List

Stephen E. Cavanaugh, B.A.
Wendy R. Cramer, B.S., FASCP
Richard T. Scheife, Pharm.D., FCCP

July 2005 marks the 1-year anniversary of the *Pharmacotherapy* e-journal. We are happy to report that the e-journal has been a resounding success, with accesses averaging 27,362 “hits”/month. One of the useful tools provided by Atypon/Extenza,

Pharmacotherapy's e-journal provider, tracks the number of times each article is viewed. After sorting these data we compiled our own list of the “top 10 most viewed articles” from the first quarter of 2005. They are as follows in the table below.

Issue	Article	Authors	Total Successful Accesses
Vol 24(12 Pt 2)	Resistance to Antimicrobial Agents: An Update	Rybak MJ	507
Vol 25(1)	Community-Associated Methicillin-Resistant <i>Staphylococcus aureus</i> : A Review	Rybak MJ, LaPlante KL	491
Vol 25(1)	A Spike in Fatal Medication Errors at the Beginning of Each Month	Phillips DP, Jarvinen JR, Phillips RR	433
Vol 25(1)	Caring for Patients with Chronic Kidney Disease: A Joint Opinion of the Ambulatory Care and the Nephrology Practice and Research Networks of the American College of Clinical Pharmacy	Zillich AJ, Saseen JJ, DeHart RM, Dumo P, Grabe DW, Gilmartin C, Hachey DM, Hudson JQ, Pruchnicki MC, Joy MS	367
Vol 25(1)	Predictors of Hospital Mortality for Patients with Severe Sepsis Treated with Drotrecogin alfa (activated)	Micek ST, Isakow W, Shannon W, Kollef MH	321
Vol 25(2)	Trimethoprim-Sulfamethoxazole as a Viable Treatment Option for Infections Caused by Methicillin-Resistant <i>Staphylococcus aureus</i>	Grim SA, Rapp RP, Martin CA, Evans ME	272
Vol 25(2)	Antibiotic Lock Technique: Review of the Literature	Bestul MB, VandenBussche HL	245
Vol 24(7)	Likelihood and Mechanisms of Cross-Allergenicity Between Sulfonamide Antibiotics and Other Drugs Containing a Sulfonamide Functional Group	Brackett CC, Singh H, Block JH	242
Vol 25(1)	Effects of Itraconazole or Grapefruit Juice on the Pharmacokinetics of Telithromycin	Shi J, Montay G, Leroy B, Bhargava VO	231
Vol 25(1)	Long-Term Impact of a Community Pharmacist Intervention on Cholesterol Levels in Patients at High Risk for Cardiovascular Events: Extended Follow-up of the Second Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP-plus)	Yamada C, Johnson JA, Robertson P, Pearson G, Tsuyuki RT	229

Congratulations to all of the authors who made it to this exalted list!

NEW—Quick Reference for Clinical Decision Making

Using algorithms to illustrate drug therapy decisions is an integral component of ACCP's *Pharmacotherapy Self-Assessment Program* (PSAP) series. The newly released third edition of *A Guide to Clinical Decision-Making: The PSAP Algorithms* provides selected clinical treatment algorithms from both the fourth and fifth editions of PSAP, combined in one easy-access online book. The algorithms have been updated, as needed, by the original authors to reflect the most current, relevant information for quick decision-making in day-to-day practice.

The selected algorithms are taken from PSAP-IV and from the books released to date in the PSAP-V series. New algorithms will be added as new books in the PSAP-V series are released. Purchasers will receive quarterly updates, through July 2006, as new algorithms from the PSAP-V series

become available.

Provided as a .pdf, each algorithm is searchable by key words and organized by therapeutic area. More than 200 algorithms will be included in this online book when the fifth edition of PSAP is completed in July 2006. Therapeutic areas include: Cardiology; Respiratory; Endocrinology; Rheumatology; Infectious Diseases; Critical Care; Urgent Care; Neurology; Psychiatry; Gastroenterology; Pediatrics; Nephrology; Hematology; Oncology; Women's Health; Men's Health; Healthcare Stakeholders; Geriatrics; Special Populations; and Nutrition. Upcoming therapeutic areas will include Chronic Illnesses and Transplantation.

For more information or to place an order, visit the ACCP Bookstore online at www.accp.com or contact ACCP at 816-531-2177. Use code **BR0805** when you place your order.

Prices

Member price \$54.95
Nonmember price \$59.95

Research Institute Provides More than \$500K for Fellowships and Research Awards in 2005

The ACCP Research Institute Board of Trustees has announced the recipients of its 2005 Fellowships and its



Investigator Development, Career Development, and Frontiers Research Awards. The 2005 awards mark an important milestone in the growth of clinical pharmacy research and researcher development supported by the ACCP Research Institute. For the first time, the Institute will provide more than a half million dollars of research grant support in a single year—with nearly half this amount made possible by the contributions of ACCP members and others to the College's Frontiers Fund.

Fellowships provide stipend support for an intensive research training experience for a developing clinical pharmaceutical scientist. The Investigator Development Research Awards provide \$17,500–\$20,000 to support specific research projects by new or developing investigators, while the ACCP Career Development Research Award provides \$50,000 over two years to support the research of a mid-career College member.

This is the second year that the Research Institute has been able to offer its Frontiers Research Awards. Supported by the Frontiers Fund, these grants support either clinical or pharmacy-related health services (practice) research in areas of unmet need. Based on Frontiers Fund contributions made during 2004, the ACCP Research Institute was able to fund nearly \$215,000 in expanded health services and clinical research this year. The Frontiers Fund's goal in 2005 is to further increase to at least \$300,000 its support of important research that benefits patient care and the practices of all ACCP members.

Grant recipients and the corporate sponsors of the College's Fellowships and Investigator Development Research Awards will be recognized during a special Research Institute program at ACCP's 2005 Annual Meeting in San Francisco, CA.



FRONTIERS FUND
Invest Today to Expand Pharmacy's Frontiers

Recipients will present the results of their research at a future ACCP Annual Meeting.

All fellowship and research award proposals were evaluated by an expert review panel and by the Institute's Grants and Fellowships Selection Committee, one member of which served as the primary reviewer for each Fellowship or Research Award competition. A conference telephone call was held for each review panel, during which a consensus review of each proposal and recommendation regarding funding was developed. During the selection committee meeting, the primary reviewer summarized the panel's discussions and recommendations, and a recipient was chosen for each Research Award or Fellowship.

An important feature of the Research Institute's grants review process is that a summary evaluation is provided to all applicants to assist in preparing future grant applications. Prepared by the category's primary reviewer, this consensus evaluation integrates the recommendations of all four reviewers. In addition to complementing the proposal's strengths, it provides guidance to enhance future grant applications.

Special thanks are offered to the following individuals who contributed their valuable time and expertise to the review and grant selection process:

- Marilyn M. Barbour, Pharm.D., FCCP, BCPS
- Paul M. Beringer, Pharm.D., BCPS
- John A. Bosso, Pharm.D., FCCP, BCPS
- Deborah S. Carson, Pharm.D., FCCP, BCPS
- Barry L. Carter, Pharm.D., FCCP, BCPS
- Kim C. Coley, Pharm.D.
- William E. Dager, Pharm.D.
- Thomas C. Dowling, Pharm.D., Ph.D.
- Teresa S. Dunsworth, Pharm.D., FCCP, BCPS
- Susan C. Fagan, Pharm.D., FCCP, BCPS
- Patty Fan-Havard, Pharm.D.
- Daniel E. Hilleman, Pharm.D., FCCP
- William Doug Figg, Pharm.D., FCCP, BCPS
- Stephen F. Hamilton, Pharm.D., FCCP
- Pam Heaton, Ph.D.
- Sean Hennessy, Pharm.D., Ph.D.
- Mark T. Holdsworth, Pharm.D., BCOP
- Julie A. Johnson, Pharm.D., FCCP, BCPS
- Michael E. Klepser, Pharm.D., FCCP
- Patricia D. Kroboth, Ph.D., FCCP
- Richard M. Lush, Ph.D.
- Gary R. Matzke, Pharm.D., FCCP
- Jane T. Osterhaus, MS, Ph.D., FCCP
- Amy Pakyz, Pharm.D., BCPS
- Michael D. Reed, Pharm.D., FCCP
- Terry L. Schwinghammer, Pharm.D., FCCP
- Roger W. Sommi, Pharm.D., FCCP, BCPP
- Kathleen M. Tornatore, Pharm.D.
- Lee C. Vermeulen, M.S.
- Barbara G. Wells, Pharm.D., FCCP, BCPP

2005 Fellowship and Research Award Recipients Research Institute, American College of Clinical Pharmacy

Fellowships

Ortho-McNeil Infectious Diseases Fellowship

Rose Jung, Pharm.D., BCPS, Preceptor
Ty Heath Kiser, Pharm.D., BCPS, Fellow
University of Colorado, Denver, CO

Career Development Research Award

Marianne McCollum, Ph.D., BCPS
University of Colorado, Denver, CO

"Diabetes and Depression: Resource Use and Expenditures"

Frontiers Research Awards

Donald Brophy, Pharm.D., FCCP, BCPS
Virginia Commonwealth University, Richmond, VA
"Genetic Polymorphisms and Vascular Access Thrombosis"

Christine Ruby, Pharm.D., BCPS

Duke University, Durham, NC

"Medication Use at the End of Life"

Kari Olson, Pharm.D., BCPS

Kaiser Foundation Health Plan, Aurora, CO

"Outcomes after Discharge from a Pharmacist-run Secondary Prevention Service"

also supported by the Kos Dyslipidemia Research Award

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Judith Smith, Pharm.D., BCOP
University of Texas MD Anderson Cancer Center, Houston, TX
"Optimizing the Treatment of Recurrent Ovarian Cancer"

Hengameh Raissy, Pharm.D.
University of New Mexico, Albuquerque, NM
"Pretreatment of Albuterol vs. Montelukast in Exercise Induced Bronchospasm in Children"
also supported by the Sanofi-Aventis Allergy/Asthma Research Award

Curtis Haas, Pharm.D., FCCP, BCPS
State University of New York, Buffalo, NY
"Kinetics and Dynamics of IV Enoxaparin in the Trauma ICU"

Lingtak-Neander Chan, Pharm.D., BCNSP
University of Washington, Seattle, WA
"Gastrointestinal Adaptation in Patients with Roux-en-Y Gastric Bypass Surgery"

Investigator Development Research Awards

ACCP Pharmacotherapy Research Award

Tawny Bettinger, Pharm.D., BCPP
University of Texas, Austin, TX
"Point of Service Monitoring for Atypical Antipsychotics"

Amgen Hematology/Oncology Research Award

Robert Dicenzo, Pharm.D., BCPS
State University of New York, Buffalo, NY
"Optimizing Adjuvant Chemotherapy in Obese and Overweight Women"

AstraZeneca Cardiovascular Research Award

Brian Overholser, Pharm.D.
Purdue University, Indianapolis, IN
"Sympathetic Activation of I(Ks) during I(Kr) Inhibition"

AstraZeneca Health Outcomes Research Award

Jessica Milchak, Pharm.D.
University of Iowa, Iowa City, IA
"Guideline Adherence and Blood Pressure Control in Elders"

Kos Dyslipidemia Research Award

With additional support by an ACCP Frontiers Research Award
Kari Olson, Pharm.D., BCPS
Kaiser Foundation Health Plan, Aurora, CO
"Outcomes After Discharge from a Pharmacist-run Secondary Prevention Service"

Sanofi-Aventis Allergy/Asthma Research Award

With additional support by an ACCP Frontiers Research Award
Hengameh Raissy, Pharm.D.
University of New Mexico, Albuquerque, NM
"Pretreatment of Albuterol vs. Montelukast in Exercise Induced Bronchospasm in Children"

Sanofi-Aventis Central Nervous System Research Award

Susie Park, Pharm.D., BCPP
University of Southern California, Los Angeles, CA
"Serotonin Transporter Gene Polymorphism in HDV Patients"

Sanofi-Aventis Infectious Diseases Research Award

Nathan Wiederhold, Pharm.D.
University of Texas, San Antonio, TX
"Genomic Screening of Organism Response to Antifungals"

Sanofi-Aventis Thrombosis Research Award

James Kalus, Pharm.D., BCPS
Wayne State University, Detroit, MI
"Neurohormonal Inhibition in Atrial Fibrillation"

TAP Women's Health Research Award

Annie Kai Cheang, Pharm.D., BCPS
Virginia Commonwealth University, Richmond, VA
"Putative Insulin Mediator and Insulin Resistance"

Special Call for Proposals ... ACCP Research Award Eligibility Expanded

The ACCP Research Institute has reissued a call for proposals for the following Investigator Development Research Awards:

- **Amgen Nephrology Research Award**
- **TAP Pharmaceutical Products Gastrointestinal Research Award**
- **Watson Pharmaceuticals Anemia Research Award**

These Research Awards provide \$17,500 to support a specific clinical, pharmacoeconomic or



outcomes, or health services research project directly related to the stated areas of emphasis. Any ACCP member who qualifies as a new or developing investigator is eligible to apply.

Coincident with this special call for proposals, the eligibility criteria for the Investigator Development Research Awards have been expanded to include principal investigators who are 10 or fewer years since completion of their formal training or first academic appointment. Previously, eligibility was limited to investigators who were five or fewer years into their research careers.

Many people move from practice to faculty positions, from nontenure-track to tenure-track positions, or from "nonresearch" to "research" positions. Depending on their circumstances, these individuals may be eligible to apply even though they are more than 10 years since completion of their formal training. Principal investigators are encouraged to contact Research Institute Director Robert Elenbaas, Pharm.D., FCCP, if they are uncertain whether they are eligible (816-531-2177; relenbaas@accp.com).

The application deadline is October 1, 2005. Additional information and application materials can be downloaded from the ACCP Web site at <http://www.accp.com/frontiers/ricall.php>.

Michael Bentley, Cindy O'Bryant Receive Nephrology and Hematology/Oncology PRN Minisabbaticals

Through their Minisabbatical programs, several of the College's Practice and Research Networks (PRNs) have opportunities for their members to gain new practice or research skills that will help them develop new clinical services

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or expand their research capabilities.

Michael Bentley, Pharm.D., an Assistant Professor at the Virginia Commonwealth University School of Pharmacy and Clinical Pharmacist at Carilion Roanoke Memorial Hospital, has been awarded the 2005 Nephrology PRN Minisabbatical. Cindy O'Bryant, Pharm.D., BCOP, Assistant Professor with the University of Colorado and Clinical Oncology Pharmacy Specialist at the University of Colorado Cancer Center has been awarded the Hematology/Oncology PRN's 2005 Minisabbatical.

During his program, Dr. Bentley will work with Bruce Mueller, Pharm.D., FCCP, BCPS, at the University of Michigan to develop and evaluate a protocol to minimize the acid-base and electrolyte disturbances commonly seen in patients during continuous renal replacement therapy.

Dr. O'Bryant's minisabbatical will be mentored by S. Gail Eckhardt, M.D., in the University of Colorado Health Science Center Division of Oncology. There, she will develop skills in western analysis of molecular markers that predict response to chemotherapeutic agents.

In addition to Hematology/Oncology and Nephrology, other PRNs that provide minisabbatical experiences for their members

are Cardiology, Central Nervous System, Infectious Diseases, and Pain Management. More information about the PRN minisabbaticals, administered through the ACCP Research Institute, can be found in the "Research Institute" portion of the ACCP Web site at <http://www.accp.com/frontiers/research.php>.



Leadership Development: Managers Make a Difference

(Ed. Note: In her July 2005 President's Column, Barbara Wells noted that "development of our leadership abilities is a responsibility that all of us share... To effectively serve our patients' needs and work with other health professionals to create a patient-centered, seamless and safe, outcomes-focused health care system, well-honed leadership skills will be essential." The following is the first in a series of columns adapted from management and leadership articles written by LeaderPoint's Jon Hope. LeaderPoint is the organization with which ACCP partners to provide the Leadership Experience. You needn't have "manager" as part of your formal title to benefit from this series or from the concepts developed in the Leadership Experience. We hope you will enjoy and benefit from these columns.)*

What separates good companies (health care organizations or universities) from great ones? Do great ones have better technology, better employees, and better businesses? Not really. The great ones have better managers—at all levels of management. (They have better leadership—at all levels within the organization.)

Management (leadership) makes a difference. With great management (leadership), people know where they're going, what's important, and how they can make a difference. People have direction, focus, and commitment. That makes a company a great place to work and a place to do great work.

Great managers (leaders) make no small jobs and make no

jobs small. They do this because they pay attention to the unique role of management and have worked hard to learn how to perform that role well.

Management is an unnatural act. We don't learn how to get things done through people in school or early work situations. We learn how to do things by ourselves. Great managers (leaders) have learned what they must do in order for rather common people to be able to accomplish uncommon outcomes.

What is it great managers (leaders) have learned? They have learned how to identify an opportunity and articulate it so others can understand it. They have learned how to plan a way to seize opportunity so that others can participate fully in pursuing it. They have learned how to recognize precisely where people are lost and how to help them find their way again. They have learned how to envision the destination and the journey so that they can help others get past the rough spots on the road.

They have learned to value achieving the common end more than their own success. They value performance more than popularity and trust more than control. They value clarity more than being right.

They believe in cooperation. They are unwilling to put people in competitive or political situations. They believe they can set an expectation, and others can and will take responsibility for accomplishing it. They believe in free will, choice and working hard to avoid coercion.

What great managers (leaders) know how to do, value, and believe allows them to make a unique contribution—one that no one else can make. That is, to be clear about what must be done and why it is important and to create the context in which it is to be done. Great managers [leaders] don't try to do what others must do. They don't try to tell others how to accomplish the required outcomes. They don't try to control anybody else's behavior. They won't do anyone else's thinking for them.

The result, of course, is clarity, simplicity, and opportunity. Great managers (leaders) make it look easy, but it is not easy. Management is a seemingly simple concept but extremely difficult to do well. Few others see the work great managers do. Few understand how difficult it is to work with a blank sheet of paper—to create an effective, efficient, and economical system from nothing.

Great managers are not born with great management skill. This skill can and must be developed. It is developed as any other skill is developed—through experience. Talking about management won't develop great skill. Skill in nonmanagement areas (such as clinical practice, teaching, or research) won't develop managerial skills. You have to do it to learn it.

The problem for most managers is that learning management skills takes considerable time and feedback is often delayed or not given at all. Too often, a person is given a management (leadership) opportunity without preparation. If he or she succeeds, another (usually bigger) opportunity is given. If he or she fails, no feedback or further opportunity is given.

Success or failure is usually determined by the consequences, not by examination of the means used to get the consequences. Most people are left to their own devices to figure it out. Perhaps that's why managers take so quickly to fads and quick fixes.

In this column, we will explore the fundamental issues of management and how great managers apply these fundamentals. We'll look at conventional (management) "wisdom" ... and show why it is (often) not wisdom at all.

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Until then, ask yourself how clearly and simply you have defined what others must accomplish. How much of your time is spent directing rather than helping those who do the work?

Jon W. Hope
Director of Programs
LeaderPoint
www.leaderpoint.biz

* The next ACCP Leadership Experience, a multiday management and leadership development experience, will take place February 27–March 2, 2006. For information, visit <http://www.leaderpoint.biz/accp.htm>.

Moved? New E-mail Address? Update Your Contact Information Online

If you've moved or changed your e-mail address, remember that you can now update your contact information 24/7 on the ACCP Web site by following the procedures below.

1. Go to www.accp.com.
2. Choose My ACCP on the left side menu, then Contact Information.
3. Enter Username and Password to login.
4. Click on your name under Profile in the blue left side menu.
5. Review your contract information.
6. To change your contact information, click Edit in the upper right options bar.
7. Make your changes and submit.

If you've forgotten your password, please use our password reminder system at <http://secure.accp.com/source/Library/FindPword.cfm>.

Awards, Promotions, Grants, etc.

James Clem, Pharm.D., Professor of Clinical Pharmacy at South Dakota State University College of Pharmacy, received the College's Edward Patrick Hogan Award for Excellence in Teaching at this year's spring graduation ceremony.... **Robert DiDomenico**, Pharm.D., Clinical Assistant Professor of Pharmacy Practice at the University of Illinois at Chicago (UIC) College of Pharmacy, was recently honored as the 2004-2005 UIC Residency Preceptor of the Year.... **Thomas Dowling**, Pharm.D., Ph.D., has been promoted to the rank of Associate Professor with tenure at the University of Maryland School of Pharmacy.... **John Garofalo**, Pharm.D., Clinical Assistant Professor of Pharmacy Practice at the University of Illinois at Chicago (UIC) College of Pharmacy, was recently honored as a co-recipient the 2004-2005 UIC Pharmacy Resident Appreciation Award.... **Thomas Johnson**, Pharm.D., BCPS, Associate Professor of Clinical Pharmacy at South Dakota State University College of Pharmacy, received the 2004 Outstanding Health-System Pharmacist of the Year Award from the South Dakota Society of Health-System Pharmacists.... **Edith Nutescu**, Pharm.D., has been promoted to the rank of Clinical Associate Professor of Pharmacy Practice at the University of Illinois at Chicago (UIC) College of Pharmacy.... **Samuel Poloyac**, Pharm.D., Ph.D., Assistant Professor of Pharmaceutical Sciences at the University of

Pittsburgh School of Pharmacy, received a \$1.5 million grant from the National Institutes of Health to determine the role of 20-HETE, a metabolite of arachidonic acid, in the pathogenesis of stroke.... **Martin Schulz**, Ph.D., Head of the Center for Drug Information and Pharmacy Practice at ABDA – Federal Union of German Associations of Pharmacists in Berlin, Germany, has been appointed Adjunct Professor of Clinical Pharmacy at the Johann Wolfgang Goethe-University Frankfurt at Main.... **Gary Stoehr**, Pharm.D., Associate Dean for Assessment and Curricular Outcomes, has been named the 2005 Pharmacist of the Year by the Pennsylvania Society of Health-System Pharmacists.

New Members

Abby Adesanya
Abdulaziz H. Al-Saggabi
Kevin Arp
Renee A. Bellanger
David Bobeck
Theresa Breithaupt
Mark Chen
Helen Choy
Jennifer Cowley
Deanna L. Di Libero
Maria Ellis
Katherine K. Freeman
Polina I. German
Steven Gilbert
Jessica Gravette
Charnelda L. Gray
Vanessa S. Gray
Julian C. Grimsley
Bryan D. Hayes
Kalinda Hodson
Stacey Hong
Megan A. Kaun
Shane Komoda
Joanna Louie
Sara K. Maier
Vincent Marano
Patricia Massey
Wesley D. McMillian
Sherri Moazi
Khue-Nhi Thi Nguyen
Domenica Oberholtzer
Brandy Persson
Heidi Ress
David S. Roffman
Ayana K. Rowley

Sara Ryan
Jeremy Smart
Melissa A. Souder
Sheila M. Stephens
Miranda L. Thomas
Dex Underwood
Joan Vander Woude
Precil Varghese
John B. Watkins
Jacqueline Wong
Karen Wong
Julie D. Wright
Manal B. Zaidan

The following individuals recently advanced from Associate to Full Member:

Arthur L. Allen
Stephanie L. Anderson
Kara M. Bozik
Jill Chappell
Bob Jackson

New Member Recruiters

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

Miranda Andrus
Lisa Hampton
Jackie M. Roh
Steven R. Smith



Courtesy of the San Francisco Convention & Visitors Bureau

Be sure to check out details on the ACCP 2005 Annual Meeting at www.accp.com. This year's meeting will be in San Francisco, California. See this issue for details, too.

Assistant/Associate Directors of Professional Development

American College of Clinical Pharmacy

The American College of Clinical Pharmacy (ACCP) is seeking candidates for two newly created staff positions at the Assistant or Associate Director level in Professional Development: Member Services, and Professional Development: Publications. Both positions will be based at ACCP's national headquarters in Kansas City, Missouri.

The Member Services Position will guide the planning, development, implementation, and evaluation of ACCP's live and distance education programs, including the Annual Meeting, Spring Practice and Research Forum, Updates in Therapeutics Series, and other symposia. This individual will oversee the development of educational programming as well as conference/convention management and logistics. He or she will collaborate closely with management and executive staff in evaluating the professional development needs of the membership and in identifying and implementing new professional development programs, services, and delivery methods. Candidates must have earned a Pharm.D. degree and completed a residency or fellowship, or gained equivalent experience. Board certification is desired. Preference will be given to those with 5 or more years experience as a clinical pharmacy practitioner or educator, including educational program development.

The Publications Position will oversee the planning, editorial development, production, distribution, and evaluation of ACCP's print and electronic publications series, including the *Pharmacotherapy Self-Assessment Program* and *Pharmacogenomics: Applications to Patient Care*. This individual will manage staff engaged in editorial development and production. He/she will collaborate closely with management and executive staff in evaluating the professional development needs of the membership and in identifying and implementing new professional development programs, services, and delivery methods. Candidates must have earned a Pharm.D. degree and completed a residency or fellowship, or gained equivalent experience. Board certification is desired. Preference will be given to those with 5 or more years experience as a clinical practitioner or educator. Involvement in publishing or as an author/contributor to scholarly publications is desirable.

The College offers a competitive salary and benefits program. Title and salary will be commensurate with experience. Although recruitment will continue until the positions are filled, candidates should submit a letter of interest and curriculum vitae by September 1, 2005, to:

Richard Collins
Operations Manager
American College of Clinical Pharmacy
3101 Broadway, Suite 650
Kansas City MO 64111
E-mail: rcollins@accp.com

Therapeutic and Field-Based (Pharm.D.) Opportunities Nationwide

sanofi-aventis

At the heart of all that matters are people, connected in purpose by career, life, and health. Throughout the world and here at home, Sanofi-Synthelabo and Aventis Pharmaceuticals, members of the sanofi-aventis Group, fight for what is essential to us all—health. Now the world's third-largest pharmaceutical company, our R&D organization has created a superior product portfolio and one of the industry's richest pipelines that will set the course for improving the health of millions worldwide.

Your expertise in your field and your passion for science and discovery will ensure we continue to improve the health of millions... because health matters. Our Science and Medical Affairs organization ranks among the best in the world, employing 17,000 scientific personnel in 20 research centers on three continents. As a result of our world-class research capabilities, sanofi-aventis is developing leading positions in major therapeutic areas in which there is a crucial need for innovative medicines to help millions of patients. These areas include:

- Cardiovascular
- Metabolism
- Oncology
- Osteoarthritis
- Respiratory

Driven by a pioneering spirit, a strong set of core values, and a mosaic of talent worldwide, we strive for success—in health. In doing so, we strengthen careers and enrich lives. Discover your future with sanofi-aventis. For information on our current opportunities, and to apply online, visit our Web site at <http://www.careers.sanofi-aventis.us>.

By embracing diversity of thought and culture, sanofi-aventis fosters positive, innovative thinking that will benefit people worldwide.

Assistant Dean for Clinical Research

Virginia Commonwealth University School of Pharmacy

A full-time, tenure-track faculty position at the rank of professor in the Department of Pharmacy and as the Assistant Dean for Clinical Research has been established, effective July 1, 2005. The Assistant Dean for Clinical Research will work closely with the Chair of the Department of Pharmacy to develop, promote, and coordinate successful clinical research programs, especially programs that are funded by federal and foundation sources. Clinical research in the areas of health care policy, patient-oriented practice research, health outcomes, pharmacoepidemiology, and pharmacogenetics-genomics are the main areas of focus, but additional areas may develop as opportunities arise. This individual will be expected to provide direct mentorship for clinical faculty and be responsible for developing and coordinating training programs in clinical research as part of the school's faculty development program. The Assistant Dean for Clinical Research will be responsible for monitoring all federal and state public policies, including new requests for proposals (RFP) and requests for applications (RFA), as well as all bills and proposed laws or regulations that may impact pharmacy education, research, or practice. In addition, the Assistant Dean will be responsible for planning, organizing and executing the health policy research and educational activities of the school such as debates, lectures, seminars, workshops, and the Capitol clerkship and residency programs.

The successful applicant should have an earned Ph.D. or Pharm.D. with postgraduate training and should have a strong record of sustained research, scholarly activity, and administrative experience. Additionally, this person should be well-versed in both federal and state health policy. Applications will continue to be received until the position is filled.

Interested applicants should submit a CV, letter of intent, and the names of three references to:

William E. Smith, Pharm.D., M.P.H., Ph.D.
Executive Associate Dean, School of Pharmacy
Virginia Commonwealth University
410 N. 12th Street
Richmond VA 23298-0581

*Virginia Commonwealth University is an equal opportunity/affirmative action employer.
Women, ethnic minorities, and persons with disabilities are encouraged to apply.*



Drug-Information Clinical Specialist

Be a part of Making Cancer History. The University of Texas M. D. Anderson Cancer Center is recognized as a world leader in healthcare. We are committed to remaining at the forefront of cancer prevention, patient care, education, and research. Through the utilization of state-of-the-art facilities and equipment, extensive research and the development of innovative treatment protocols, we at M. D. Anderson have been able to consistently achieve remarkable quality outcomes for both patients and their families.

We are looking to hire a Clinical Specialist who will report directly to the Director, Drug Use Policy in the Division of Pharmacy. Responsibilities include, but are not limited to, retrieval, processing, and documentation of drug information requests; ongoing quality assurance of drug information activities; drug information support to the Pharmacy and Therapeutics (P&T) Committee and its task forces including literature review, development of formulary monographs and treatment guidelines, and formulary management strategies; coordination of longitudinal drug information rotations for oncology, infectious diseases and critical care residents; coordination of the development and review of pharmacy-related patient education monographs; assistance in maintenance of pharmacy intranet and internet sites and the online pharmacy formulary; and provision of drug information literature support for other institutional committees including the Institutional Review Board (IRB) and Revenue Cycle.

All candidates must meet the following requirements:

- Pharm.D. degree or equivalent experience
- ASHP-accredited drug information residency; or either an ASHP-accredited pharmacy practice residency or oncology specialty residency with 2-3 years drug information experience; or 5 years of experience in a formal drug information setting

In addition, two or more years of drug information experience is preferred.

Join us in one of the nation's great cities for a career at America's top cancer center. Houston, the country's 4th largest city, offers an outstanding quality of life. Here, southwestern charm combines with world-class entertainment, cultural resources, restaurants, professional sports, as well as first-rate schools and universities, and NO STATE INCOME TAX. You'll enjoy it all in the Lone Star State's largest city!

We look forward to hearing from you and talking to you about our wonderful facility, employees, and city. Qualified applicants are invited to **e-mail resumes to ncampbel@mdanderson.org or to apply online via our Web site at www.mdanderson.org/careers.**

EEO/AA.

Smoke-free environment.

Visit our Web site at www.mdanderson.org/careers.

Faculty Positions

University of Tennessee College of Pharmacy – Knoxville Campus Department of Pharmacy

The University of Tennessee Health Science Center College of Pharmacy seeks nominations and applications for four assistant or associate professor positions for its campus at the University of Tennessee Medical Center in Knoxville, Tennessee. These positions are available as of July 1, 2006, and are full-time, tenure-track appointments.

The successful applicants should hold a Pharm.D. degree and have completed a pharmacy practice residency as well as a specialized residency or fellowship, or have equivalent training or experience in their area of expertise. Applicants with training and experience in emergency medicine, ambulatory/primary care, cardiology, oncology, or internal medicine will be given preferential consideration. Pharmacy licensure in Tennessee will be required. The applicants should demonstrate excellence in written and oral communication, clinical skills, and teaching. The ability to deliver clinical service in an integrated, decentralized pharmacy system is highly desirable. The potential or demonstrated ability to produce scholarly activity in an academic setting is important. Board certification or eligibility for board-certification is preferred.

Typical responsibilities of the positions are summarized below.

- **Teaching:** Co-coordination of one required course, coordination of one elective or therapeutic selective course, participation in one semester of a case-based course in applied therapeutics, and service as a rotation preceptor for six months each year.
- **Scholarship:** Contribution to the literature in peer-reviewed publications. This may include, but is not limited to, clinical research, health systems research, outcomes studies, review articles, book chapters, and case reports. Presentations at local, regional, and national meetings are expected.
- **Clinical service:** Provision of clinical service within the integrated decentralized pharmacy service at the University of Tennessee Medical Center in Knoxville, for six months each year. Practice settings include emergency medicine, ambulatory care, cardiology, oncology, and internal medicine.
- **Service to the university:** Participation in one college or department committee and one medical center committee; service in an advisory role to a student group or function.

Salary will be commensurate with experience. Review of applications will begin immediately and will continue until the positions are filled. Qualified applicants should send by mail and e-mail a letter of intent, current curriculum vitae, and the names and addresses of three references to:

Richard A. Helms, Pharm.D.
Chair, Search Advisory Committee
University of Tennessee Health Science Center
College of Pharmacy
847 Monroe Avenue, Suite 208
Memphis TN 38163
Telephone: (901) 448-6034
E-mail: cataylor@utmemo.edu

For further information regarding the University of Tennessee Health Science Center College of Pharmacy and UT Medical Center in Knoxville, view these Web sites: <http://www.utmemo.edu/> and <http://www.utmedicalcenter.org>

The University of Tennessee is an Equal Opportunity/Affirmative Action/Title IX/Section 504/ADA Employer, and encourages applications from qualified women and minorities.

Full-Time Pharmacists and Night Shift Pharmacist

Mission Hospitals, an 800-bed tertiary care center for Western North Carolina, has a progressive pharmacy staff that includes more than 40 pharmacists, including 8 board certified pharmacotherapy specialists, who work in patient care teams to provide a variety of clinical services. The hospital, affiliated with the Mountain Area Health Education Center, is a primary teaching site for the University of North Carolina School of Pharmacy (more than 70 student months/year) and supports family practice and obstetrics medical residency programs (46 residents). ASHP-accredited residencies are offered in pharmacy practice and primary care. Located in Asheville near Blue Ridge Parkway, Smoky Mountains National Park, and the Biltmore Estate, the region is a plentiful source of art, music, and culture.

Full-time Pharmacist Positions

- Critical Care Service Line Pharmacists
- Cardiology Service Line Pharmacists
- Pediatric/NICU Pharmacist

Our clinical/distributive pharmacists work rotations of four weeks (8:00 a.m. – 4:30 p.m.) in a primary service line, one week (2:30 p.m. – 11:00 p.m.) in our core pharmacy, every fourth weekend, one holiday per year (rotating), and provide night shift vacation coverage (rotating). An evening shift differential is provided.

Pharmacists serve as preceptors for pharmacy practice residents and pharmacy students from UNC at Chapel Hill. PDAs are used for clinical intervention documentation and access to drug information resources. Weekly clinical meetings are held with opportunities provided for North Carolina CE credit.

Night Shift Position

Our night shift pharmacists work seven, 10-hour shifts (9:30 p.m. – 8:00 a.m.). Two pharmacists provide coverage for the 800-bed hospital (11:00 p.m. – 7:30 a.m.). A shift differential plus bonus are provided.

To apply, please visit our website at www.missionhospitals.org or contact:

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