

# ACCP Report

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Vol. 25, No. 8; August 2006

## College Launches the ACCP Academy

### Teaching and Learning Is First Certificate Program Offered

The College is pleased to announce the establishment of a new organizational unit, the ACCP Academy, that will provide four unique professional development programs leading to certificates of completion in 1) Teaching and Learning, 2) Leadership and Management, 3) Research and Scholarship, and 4) Clinical Practice. This new educational effort is designed to deliver a flexible, curricular approach to enhancing ACCP members' abilities in their major areas of responsibility. Each multiyear curriculum will deliver both required and elective course work during ACCP's Fall and Spring Meetings; provide opportunities for self-assessment and mentoring; and make available an online system to create individualized electronic portfolios. Academy courses are designed to meet ACCP's usual standards of excellence, and the program faculty include recognized experts in their fields. Relying on interactive instruction, the curricula provide opportunities to apply key principles to everyday professional pursuits. Those who complete respective program curricular and portfolio requirements will receive a certificate and additional recognition as graduates of the ACCP Academy. The Teaching and Learning Certificate Program is the first program to be offered. Programs in Leadership and Management, Research and Scholarship, and Clinical Practice are planned for release in 2007–2008.

### The Teaching and Learning Certificate Program

The ACCP Academy Teaching and Learning Certificate Program is an effort to assist in the recruitment, motivation, and preparation of clinical educators who can inspire students to advance the profession of pharmacy. Such an effort is now critical with the adoption of the all-Pharm.D. degree requirement; rapid changes in technology and society; a perhaps short-term window of opportunity to create new roles for pharmacy practitioners; and market forces militating against education as a profession. Innovative leadership is necessary to ensure that there are sufficient and well-educated pharmacy educators who can motivate and prepare students to perform the current and emerging roles that pharmacists have assumed within health-care teams.

The Teaching and Learning Certificate program is unique in that it:

# ACCP academy

- Offers live, interactive workshops presented by nationally known faculty and preceptors.
- Focuses on clinical education in both the didactic and experiential setting.
- Provides a systematic/foundational core of educational principles and practices.
- Incorporates opportunities for self-assessment, peer assessment, and feedback from a mentor.
- Develops an online formative portfolio that enhances and documents each participant's progress during the program.
- Provides a convenient and cost-efficient delivery of program courses by offering them during ACCP's Annual and Spring meetings on a recurring basis.
- Allows participants to elect additional areas of study that are tailored to their specific instructional needs.
- Awards a Certificate of Completion and official ACCP recognition once the participant completes the program requirements.

The Academy curriculum consists of 18 hours of required modules and 10 hours of curricular track elective modules. Required modules are 1) a day-long basic training workshop, and 2) three 4-hour academic symposia that focus on a) planning for effective teaching, b) implementing teaching and learning strategies, and c) assessing student learning. To complete the 10 hours of curricular track electives, participants can choose modules that examine in more detail such topics as case-writing, group discussions, syllabus preparation, exam construction, and professionalism. All of these interactive sessions are conducted at the Fall and Spring ACCP meetings. Throughout the curriculum, participants will develop and receive feedback on the teaching portfolios they develop. It is anticipated that most individuals will complete the curriculum in 2–3 years.

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## Requirements

### Course Work

#### **Basic Training**

This introductory workshop is designed to introduce new clinical faculty and preceptors to the basic “essentials” of teaching. “Basic” here refers not to elementary materials and methods but to foundational principles that undergird teaching in classroom and clinical settings. The program begins with an investigation of the professional nature of teaching and an overview of teaching and learning paradigms; these serve as a rationale for the rest of the program. Participants will be engaged in creating learning outcomes, designing teaching strategies to achieve the outcomes, and employing criteria-referenced, evidence-based assessment feedback to improve student mastery of outcomes. Teaching and learning strategies will focus on both classroom instruction and clinical precepting. In these workshop activities, participants will integrate concepts of critical thinking, active learning, ability-based education, and assessment-as-learning. At the end of the session, participants will be encouraged to explore their own philosophies of teaching and to use teaching portfolios as a method for directing their growth as clinical pharmacy educators.

Outcomes:

- Describe basic concepts related to current pedagogical theory and practice as they pertain to pharmacy education and practice.
- Develop basic strategies for planning, implementing, and assessing educational experiences structured to achieve clearly defined student outcomes within didactic and clinical settings.
- Clarify one’s own purposes, goals, and philosophy for teaching, and identify strategies for continued self-learning.

The basic training module is a prerequisite for the three required academic symposia described below. Basic training will be offered annually each fall on the day prior to the ACCP Annual Meeting.

#### **Academic Symposia**

The academic symposia are opportunities for participants to achieve more in-depth learning of the topics presented in the basic training module. Offered on a rotating basis in the fall and spring, these half-day sessions are interactive, and participants will be encouraged to share ideas as a part of the learning experience. The focus of each symposium category is described below.

#### **Academic Symposium 1**

##### Planning for Effective Teaching

- Develop learning objectives/outcomes for didactic and clinical settings.
- Create learning activities to achieve objectives/outcomes.
- Develop strategies that promote higher and more sustained levels of learning.

#### **Academic Symposium 2**

##### Implementing Teaching and Learning Strategies

- Implement active learning in both the classroom and clinic.
- Conduct discussions that achieve objectives/outcomes.
- Present interactive lectures.
- Employ precepting skills that motivate students toward life long learning.

#### **Academic Symposium 3**

##### Assessing Student Learning

- Develop assessment-as-learning strategies to enhance student learning in didactic and clinical settings.
- Design a course formulated on ability-based educational principles and strategies.

#### **Curricular Track Electives**

The purpose of the curricular track electives is to allow participants to address specific teaching issues and challenges, and to apply them to their own educational environments. Examples are: How to lead discussions; How to create a portfolio assessment system; How to provide feedback in a clinical setting; How to develop complex cases; How to create and use criteria for assessment; How to handle disruptive students; How to motivate students for self-learning; How to develop professional attitudes in students; How to create and use grading templates. The Teaching and Learning Certificate Program requires completion of 10 hours of elective modules.

##### Outcome

- To address instructional needs associated with specific teaching environments.
- To develop teaching skills and strategies that can be incorporated directly into particular experiential or didactic instructional settings.

#### **Portfolio**

In addition to completing the 18 hours of required modules and 10 hours of elective modules, each participant must assemble a formative portfolio containing teaching philosophy, teaching products, self-assessments, and peer or mentor assessments. Beginning this Fall, portfolio development will be initiated following completion of the basic training module. Each of the three academic symposia will help participants further develop future teaching materials for the portfolio.

Participants are encouraged to recruit a mentor from their own institutions to provide guidance and feedback for the portfolio. Each participant will maintain the portfolio on an online system developed and maintained by ACCP.

### **ACCP Academy Teaching and Learning Certificate Program Requirements**

#### **Required Workshops:**

Four modules (18 hours)

Basic Training (prerequisite)

Three Symposia

Symposium 1: Planning

Symposium 2: Implementing

Symposium 3: Assessing

#### **Curricular Track Electives:**

Five modules in selected specialty areas (10 hours)

#### **Online Portfolio**

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## ACCP Academy

### Teaching and Learning Certificate Program 2006-2009 Curricular Schedule

1st Year 2006/07			
Fall		Spring	
<u>Required</u>	<u>Electives</u>	<u>Required</u>	<u>Electives</u>
Basic Training (6 hrs)	(2 hrs)	Symposium 1: "Planning" (4 hrs)	(2 hrs)
Symposium 1: "Planning" (4 hrs)		Symposium 2: "Implementing" (4 hrs)	(2 hrs)
2nd Year 2007/08			
Fall		Spring	
<u>Required</u>	<u>Electives</u>	<u>Required</u>	<u>Electives</u>
Basic Training (6 hrs)	(2 hrs)	Symposium 2: "Implementing" (4 hrs)	(2 hrs)
Symposium 3: "Assessing" (4 hrs)	(2 hrs)	Symposium 1: "Planning" (4 hrs)	(2 hrs)
3rd Year 2008/09			
Fall		Spring	
<u>Required</u>	<u>Electives</u>	<u>Required</u>	<u>Electives</u>
Basic Training (6 hrs)	(2 hrs)	Symposium 3: "Assessing" (4 hrs)	(2 hrs)
Symposium 2: "Implementing" (4 hrs)	(2 hrs)	Symposium 1: "Planning" (4 hrs)	(2 hrs)

#### Explanatory Notes

1. The prerequisite basic training module will be offered every fall on the day before the ACCP Annual Meeting.
2. One required 4-hour academic symposium will be offered every fall, embedded in regular meeting programming.
3. Two required 4-hour academic symposia will be offered every spring: one on the day before the Spring Forum, and one embedded in regular programming.
4. Curricular track electives (2 offerings, each @ 2 hours in length) will be offered every fall and spring, embedded in regular meeting programming.

#### Enrollment and Program Costs

The program application is available below and can also be downloaded as a pdf file from the ACCP Web site at [http://www.accp.com/academy\\_app.pdf](http://www.accp.com/academy_app.pdf) Other than the regular meeting registration fees for the ACCP Fall/Spring meetings or selected premeeting symposia, there are no added costs for

obtaining the program's required or elective modules. A one-time application fee of \$100 (to offset expenses for online portfolio maintenance) will be charged upon enrollment in the certificate program. Note that those who have attended prior 2005 and 2006 ACCP Teaching and Learning Programming can receive "advanced placement" credit in the certificate program.

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The logo for ACCP Academy features the letters 'ACCP' in a large, bold, black, sans-serif font. Below 'ACCP', the word 'academy' is written in a smaller, lowercase, black, sans-serif font. The entire logo is centered on a blue gradient background that transitions from a lighter blue at the top to a darker blue at the bottom.

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## ACCP Academy Teaching and Learning Certificate Program Application Form

Today's date: \_\_\_\_\_

Name (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you an ACCP member?  Yes  No

Current position/title: \_\_\_\_\_

Primary practice or professional setting (e.g., academia, acute care, ambulatory care, industry, etc.): \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Pharmacy degree(s): \_\_\_\_\_ Year(s) of graduation: \_\_\_\_\_

Other degrees (B.S./B.A., Master's, Ph.D., other): \_\_\_\_\_

Postgraduate Training (✓):

\_\_\_\_ Residency (general/PGY1) Year completed: \_\_\_\_\_

\_\_\_\_ Residency (specialized/PGY2) Year completed: \_\_\_\_\_

\_\_\_\_ Fellowship Program duration (yrs): \_\_\_\_ Year(s) completed: \_\_\_\_\_

Board Certification(s) (specify credential): \_\_\_\_\_

How many semesters of teaching experience do you have in experiential education? \_\_\_\_

How many semesters of teaching experience do you have in didactic education? \_\_\_\_

Have you attended previous formal preceptor or faculty development programs? \_\_\_\_

Is serving as a full-time faculty member among your career goals? \_\_\_\_

Is serving as a part-time or adjunct faculty member among your career goals? \_\_\_\_

Have you ever maintained a teaching portfolio as a faculty member or preceptor? \_\_\_\_

Do you currently have a mentor related to your teaching responsibilities? \_\_\_\_

Have you received any teaching awards? \_\_\_\_

Do you have a full-time academic appointment? \_\_\_\_ Do you precept students? \_\_\_\_

Do you teach in didactic courses? \_\_\_\_ As a lecturer? \_\_\_\_ As a discussion leader? \_\_\_\_

Are you a course master/coordinator of a didactic course? \_\_\_\_

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Do you provide instruction to practitioners and students in other health care professions? \_\_\_\_\_

Do you have administrative responsibilities (e.g., Program Coordinator, Chair, Director, Dean)? \_\_\_\_\_

I am enrolling in this certificate program because (✓):

\_\_\_\_\_ I desire to enhance my teaching abilities

\_\_\_\_\_ The program is required by my employer

\_\_\_\_\_ The program was suggested by my employer

\_\_\_\_\_ The program was recommended by a colleague

\_\_\_\_\_ Other (please specify reason: \_\_\_\_\_ )

Please indicate if you have previously attended any of the ACCP sessions listed below (✓):

\_\_\_\_\_ Basic Training for New Clinical Faculty and Preceptors (San Francisco, October 2005)

\_\_\_\_\_ Building a Culture of Professionalism in Pharmacy Education (Monterey, April 2006)

\_\_\_\_\_ Using Cases to Enhance Learning Outcomes (Monterey, April 2006)

#### Method of Payment

A one-time fee of \$100 will be charged for enrollment in the certificate program.

Total enrollment fee: \$100.00

Check Enclosed (U.S. funds only), payable to the American College of Clinical Pharmacy

Charge to  AMEX  DISC  MC  VISA

Card Number \_\_\_\_\_

Exp Date \_\_\_ / \_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail or fax this application to:**

**ACCP**

**3101 Broadway, Suite 650**

**Kansas City, MO 64111-2406**

**Fax: (816) 531-4990**

## ACCP Elects 2006 Fellows

Seventeen ACCP members have been elected Fellows of the American College of Clinical Pharmacy and will be recognized during a special ceremony on October 26 at the College's 2006 Annual Meeting in St. Louis, Missouri. 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 2006 ACCP Fellows are:

**Paul M. Beringer**, Pharm.D.; Los Angeles, CA

**Kathryn Blake**, Pharm.D.; Jacksonville, FL

**Gerald G. Briggs**, B.Pharm.; Huntington Beach, CA

**Peggy L. Carver**, Pharm.D.; Ann Arbor, MI

**Jay D. Currie**, Pharm.D.; Iowa City, IA

**Douglas N. Fish**, Pharm.D.; Denver, CO

**Susan Goodin**, Pharm.D.; Cranford, NJ

**Debra A. Goff**, Pharm.D.; Columbus, OH

**S. Lena Kang-Birken**, Pharm.D.; Santa Barbara, CA

**David L. Lourwood**, Pharm.D.; Poplar Bluff, MO

**Robert MacLaren**, Pharm.D.; Denver, CO

**Harold J. Manley**, Pharm.D.; Albany, NY

**Bradley G. Phillips**, Pharm.D.; Iowa City, IA

**Philip T. Rodgers**, Pharm.D.; Chapel Hill, NC

**Kimberly A. Thrasher**, Pharm.D.; Wilmington, NC

**Lee C. Vermeulen**, M.S.; Middletown, WI

**Daniel P. Wermeling**, Pharm.D.; Lexington, KY

After nomination by their colleagues, Fellow candidates undergo a comprehensive and rigorous evaluation by the Credentials: Fellowship Committee of their practice and/or research accomplishments. Among the 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; consultancies; 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 presentations at College-sponsored meetings; service as an abstract, Research Institute, or Pharmacotherapy reviewer; contributions to College publications; service as a committee member; or tenure as a Practice and Research Network, chapter, or other elected ACCP officer.



*ACCP's 2006 Annual Meeting will be held Thursday, October 26, through Sunday, October 29, at the America's Center Convention Center in St. Louis, Missouri.*

## Report of the Nominations Committee

The Nominations Committee has recommended the following slate of candidates for 2007. Elections will occur in spring 2007, and successful candidates will assume office at the 2007 ACCP Annual Meeting in Denver.

President-Elect:

M. Lynn Crismon, Pharm.D.; Austin, TX  
John Murphy, Pharm.D.; Tucson, AZ

Regent:

Susan Bruce, Pharm.D.; Albany, NY  
Lawrence Cohen, Pharm.D.; Spokane, WA  
Michael Horton, Pharm.D.; Austin, TX  
Ann Wittkowsky, Pharm.D.; Seattle, WA

Research Institute Trustee:

Barry Bleske, Pharm.D.; Ann Arbor, MI  
John Cleary, Pharm.D.; Jackson, MS  
Thomas Dowling, Pharm.D., Ph.D.; Baltimore, MD  
David Knoppert, M.Sc.Ph., M.Sc.; London, ON

Additional nominations may be made in writing to the Secretary of the College: Mary T. Roth, ACCP, 3101 Broadway, Suite 650, Kansas Cit, 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 26, 2006.

Respectfully submitted,

Ralph Raasch, Chair; Steve Barriere; Kathy Bungay; John Pieper; Kevin Sowinski; Kathleen Stringer; Michael Ujhelyi.

## Seeking Candidates to Fill Current or Future Positions? Looking for the Next Career Opportunity?

### Get a Head Start at ACCP's Annual Recruitment Forum

It's that time of year again—time to begin recruiting for your institution's available positions. Or maybe it's time to start looking for the next opportunity to advance your career. Whichever side of the fence you are on, ACCP's annual Recruitment Forum provides both employers and applicants an efficient venue for meeting face to face in an informal environment. This year's Recruitment Forum will be held from 2:00 p.m. to 5:00 p.m., Thursday, October 26, at the America's Center Convention Center in St. Louis, Missouri.

This service is a convenient and cost-effective way for employers to recruit individuals for virtually any position, including residents, fellows, graduate students, clinical pharmacy practitioners, clinical administrators/directors, clinical faculty, academic administrators, or candidates for pharmaceutical industry positions.

Participating in the Recruitment Forum is easy and costs you nothing. Simply visit the ACCP Web site to register for at least one day of the Annual Meeting and check the box to register your participation in the Recruitment Forum. After you've registered for the meeting, it's time to get started! Employers—post your available positions online through ACCP's 24-hour Online Position Listings service. Applicants—visit the ACCP Web site to view available positions and search by position listing, or by position type, geographical preference, and/or keywords.

When applicants find a position of interest, they can access the contact information provided to connect with the employer in advance of the meeting. Employers and applicants can then arrange to meet at the employer's assigned table during the Recruitment Forum. If so desired, the employer and applicant can schedule another meeting for Friday or Saturday. A room in the Convention Center will be available for such meetings at no charge, and no reservation is needed.

Go online at <http://www.accp.com/recruitm.php> today to view the available positions or to get started listing a position. Be sure to secure your participation in the Recruitment Forum by registering for at least one day of the Annual Meeting. Visit <http://www.accp.com/am06.php> for complete meeting details. For maximum savings, register by September 15 at the early-bird rates!

# ACCP...

Where Pharmacy is Going

## Make a Donation to the Meeting Award Fund and Help Student Pharmacists

The College is actively promoting increased student participation in various ACCP activities and services, including attendance at our major meetings and symposia. However, encouraging student meeting attendance can be hampered by one major factor: limited student financial resources. With the debut of the Best Student Poster competition in Monterey earlier this year, a growing number of students have expressed interest in attending ACCP meetings. However, they must still face the task of covering costs of travel, hotel, and meeting registration.

The ACCP Student Meeting Award Fund provides assistance to students who wish to attend an ACCP meeting, but who need a financial boost. The first Student Meeting Awards, which will include a travel stipend and/or complimentary meeting registration, will support student attendance at the 2006 Annual Meeting in St. Louis.

Many members and PRNs have made generous contributions to the fund, but more support is needed. All ACCP members are encouraged to help support these future clinical pharmacists. We've made it easy for members to make donations to the fund:

- Contact ACCP Customer Service at (816) 531-2177, and make your donation using a credit card or debit card.
- Mail a check, payable to the ACCP Student Meeting Award Fund, to: ACCP, 3101 Broadway, Suite 650, Kansas City, MO, 64111.

Please consider making a donation to the fund to help student pharmacists become involved in ACCP. Your contributions to the ACCP Student Meeting Award Fund are deductible for U.S. federal income tax purposes under §501(c) (3) of the U.S. Internal Revenue Code.

## Learn About the Research Institute's Grants Application and Review Process

In 2006, the ACCP Research Institute will provide more than \$500,000 in support of clinical pharmacy research and training. Learn how you too can get some of this **free money** in 2007!

Plan to attend a 1-hour overview of the research support expected to be available next year, 12:15 p.m., Saturday, October 28, during the College's Annual Meeting in St. Louis. Hear about—

- Investigator Development Research Awards,
- Frontiers Career Development Research Awards,
- the application and review process, and
- hints to help prepare your best grant proposal.



## PSAP-VI: Coming in January With New Features

The sixth edition of the American College of Clinical Pharmacy's *Pharmacotherapy Self-Assessment Program* (PSAP-VI) will be released in January 2007 and contains some new features suggested by past subscribers.

New with this edition are the following: exclusive online testing; electronic answer books in a pdf format; shorter, more concise chapters; and expanded annotated bibliographies. PSAP subscribers will submit all tests through a Web-based testing program. Although subscribers can still receive books in a print or online version, answer books will be available only in an electronic format instead of the print format used in past PSAP editions. Based on subscriber feedback, PSAP chapters will be shorter, focusing on information released in the past 3–5 years. Also, the annotated bibliography references have been increased in response to subscriber feedback indicating that these citations are valuable in their practices.

This fully updated, comprehensive self-study program will help clinical pharmacists expand their skills, update their knowledge in pharmacotherapy science and application, and stay abreast of new developments involving pharmacotherapy. Emphasis is placed on integrating and using new drug therapy knowledge in professional practice.

The peer-reviewed chapters in each book contain current, relevant information for each therapeutic area. Each chapter includes updates of critical pharmacotherapy with a focus on the provision of quality patient care to improve patient outcomes; annotated references to direct health care professionals to additional resources for further study; and multiple choice self-assessment questions in case-study format designed to strengthen participants' clinical management skills. The answer books provide detailed rationale for the self-assessment questions with supplemental references on the subject covered.

The 15 therapeutic focus areas of the 11 home-study books are: Cardiology; Neurology; Psychiatry; Nephrology; Science and Practice of Pharmacotherapy; Infectious Diseases; Pulmonary Diseases; Critical Care; Women's Health; Men's Health; Health Promotion and Maintenance; Gastroenterology; Nutrition; Oncology; and Chronic Illnesses.

Teresa S. Dunsworth, Pharm.D., FCCP, BCPS is Chair of the PSAP-VI Editorial Board and Michelle M. Richardson, Pharm.D., FCCP, BCPS serves as Vice-Chair. Other Editorial Board members are Judy Cheng, Pharm.D., FCCP, BCPS; Katherine H. Chessman, Pharm.D., FCCP, BCPS, BCNSP; Anne L. Hume, Pharm.D., FCCP, BCPS; Lisa C. Hutchison, Pharm.D., M.P.H., BCPS; Adam B. Jackson, Pharm.D., BCPS; Emilie L. Karpiuk, Pharm.D., BCOP, BCPS; Linda G. Martin, Pharm.D., M.B.A., BCPS; Todd P. Semla, Pharm.D., FCCP, BCPS; and Eric T. Wittbrodt, Pharm.D., FCCP, BCPS.

More specific information about PSAP-VI, including early bird promotions, pricing, book release dates, projected CE credits for each book, and ACPE program numbers, will be available later this year.



## Share Your Hobby and Help the Frontiers Fund

Woodworking ...  
knitting ...  
photography ...  
jewelry making ...  
sailing ... drawing ...  
golf ... fine wines ...  
quilting ... sports  
memorabilia ...  
embroidery. These  
are just a few of the  
hobbies enjoyed by  
ACCP members who  
have donated some of  
their creations,



*The Research Institute Silent Auction helps support the ACCP Frontiers Fund. How can you help this year?*

collectibles, or recreational outings for inclusion in the annual ACCP Research Institute Silent Auction. Can you help as well?

The Research Institute Silent Auction/PRN Reception will take place on Friday evening, October 27, during the ACCP Annual Meeting in St. Louis. But you don't have to be at the Annual Meeting to help out, and the value of your donation is considered a tax deductible contribution. Too shy to share any of your creative masterpieces? Cash contributions of at least \$100 will be used to obtain gift items for the evening's raffles.

Return the form below by e-mail to Robert Elenbaas, Director, ACCP Research Institute, at [relenbaas@accp.com](mailto:relenbaas@accp.com) if you can help!

Your name:

Item(s) to be donated:

Brief description of item(s):

Item's \$ value:

## Washington Report

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



## Institute of Medicine Releases Report on Identifying and Preventing Medication Errors

The Institute of Medicine of the National Academy of Sciences has just made available a "pre-publication" report of its Committee on Identifying and Preventing Medication Errors. The report was mandated by Congress as part of the passage of the Medicare Modernization Act of 2003 (MMA), which established the Medicare Part D outpatient prescription drug benefit. Co-chaired by ACCP member and University of Arizona College of Pharmacy dean J. Lyle Bootman, the interdisciplinary committee

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(<http://www.iom.edu/CMS/3809/22526/23141.aspx>)

conducted extensive public hearings and received formal comments from a broad range of professional, scientific, and public groups over a 2-year period as it sought to address the formidable charge assigned by Congress under the guidance of a contract with the Centers for Medicare and Medicaid Services (CMS). The principal elements of the committee's charge were to:

- Develop a full understanding of drug safety and quality issues through an evidence-based review of literature, case studies, and analysis. This review will consider the nature and causes of medication errors, their impact on patients; and the differences in causation, impact and prevention across multiple dimensions of health care delivery— including patient populations, care settings, clinicians, and institutional cultures.
- Attempt to develop credible estimates of the incidence, severity, and costs of medication errors, which can be useful in prioritizing resources for national quality improvement efforts and influencing national health care policy.
- Evaluate alternative approaches to reducing medication errors in terms of their efficacy, cost-effectiveness; appropriateness in different settings and circumstances; feasibility; institutional barriers to implementation; associated risks; and the quality of evidence supporting the approach.
- Provide guidance to consumers, providers, payers, and other key stakeholders on high-priority strategies to achieve both short-term and long-term drug safety goals; to elucidate the goals and expected results of such initiatives and support the business case for them; and to identify critical success factors and key levers for achieving success.
- Assess the opportunities and key impediments to broad nationwide implementation of medication error reductions, and to provide guidance to policy-makers and government agencies (including the Food and Drug Administration, the Centers for Medicare and Medicaid Services, and the National Institutes of Health) in promoting a national agenda for medication error reduction.
- Develop an applied research agenda to evaluate the health and cost effects of alternative interventions, and to assess collaborative public and private strategies for implementing the research agenda through AHRQ and other government agencies.

ACCP's commentary to the Committee ([http://www.accp.com/position/com\\_IOMErrors.pdf](http://www.accp.com/position/com_IOMErrors.pdf)) in August 2005 urged that the committee engage in "...provocative and substantial 'out of the box' thinking about the entire medication use system—not just medication errors—and to develop transformative recommendations that will foster a national commitment to create a re-engineered medication use system." In some cases, the recommendations of the committee appear to meet this challenge.

However, the central message of ACCP's commentary—that substantial realignment is needed in the roles and responsibilities of the principal health professionals currently responsible for the provision of pharmacotherapy—appears not to have been specifically embraced or commented upon by the Committee. Consequently, ACCP will pursue additional dialogue with IOM and other health policy leaders to continue making the case that a comprehensive, system-based approach

to improving the medication use process will be essential to achieve meaningful success in preventing medication errors in patient care. The Committee's seven principal recommendations are listed below:

**Recommendation 1:** To improve the quality and safety of the medication-use process, specific measures should be instituted to strengthen patients' capacities for sound medication self-management. Specifically:

- Patients' rights regarding safety and quality in health care and medication use should be formalized at the state and/or federal levels and ensured at every point of care.
- Patients (or their surrogates) should maintain an active list of all prescription drugs, over-the-counter (OTC) drugs, and dietary supplements they are taking; the reasons for taking them; and any known drug allergies. Every provider involved in the medication-use process for a patient should have access to this list.
- Providers should take definitive action to educate patients (or their surrogates) about the safe and effective use of medications. They should provide information about adverse effects, contraindications, and how to handle adverse reactions, as well as where to obtain additional objective, high-quality information.
- Consultation on their medications should be available to patients at key points in the medication use process (during clinical decision making in ambulatory and inpatient care, at hospital discharge, and at the pharmacy).

**Recommendation 2:** Government agencies (i.e., the Agency for Healthcare Research and Quality [AHRQ], the Centers for Medicare and Medicaid Services [CMS], the Food and Drug Administration [FDA], and the National Library of Medicine [NLM]) should enhance the resource base for consumer-oriented drug information and medication self-management support. Such efforts require standardization of pharmacy medication information leaflets, improvement of online medication resources, establishment of a national drug information telephone helpline, the development of personal health records, and the development of a national medication safety dissemination plan.

- Pharmacy medication information leaflets should be standardized to a format designed for readability, comprehensibility, and usefulness to consumers. The leaflets should be made available to consumers in a manner that accommodates their individual needs, such as those associated with variations in literacy, language, age, and visual acuity.
- NLM should be designated as the chief agency responsible for Internet health information resources for consumers. Drug information should be provided through a consumers' version of the DailyMed program, with links to NLM's Medline Plus program for general health and additional drug information.
- FDA, CMS, and NLM working together should undertake a full evaluation of various methods for building and funding a national network of drug information helplines.
- CMS, FDA, and NLM should collaborate to confirm a minimum data set for personal health records and develop requirements for vendor self-certification of compliance. Vendors should take the initiative to improve the use and functionality of personal health records by incorporating

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basic tools to support consumers' medication self-management.

- A national plan should be developed for widespread distribution and promotion of medication safety information. Health care provider, community-based, consumer, and government organizations should serve as the foundation for such efforts.

**Recommendation 3:** All health care organizations should immediately make complete patient-information and decision-support tools available to clinicians and patients. Health care systems should capture information on medication safety and use this information to improve the safety of their care delivery systems. Health care organizations should implement the appropriate systems to enable providers to:

- Have access to comprehensive reference information concerning medications and related health data.
- Communicate patient-specific medication-related information in an interoperable format.
- Assess the safety of medication use through active monitoring and use these monitoring data to inform the implementation of prevention strategies.
- Write prescriptions electronically by 2010 and all pharmacies be able to receive them electronically, also by 2010. All prescribers should have plans in place by 2008 to implement electronic prescribing.
- Subject prescriptions to evidence-based, current clinical decision support.
- Have the appropriate competencies for each step of the medication use process.
- Make effective use of well-designed technologies, which will vary by setting.

**Recommendation 4:** Enhancing the safety and quality of the medication-use process and reducing errors requires improved methods for labeling drug products and communicating medication information to providers and consumers. For such improvements to occur, materials should be designed according to designated standards to meet the needs of the end user.

Industry, AHRQ, the FDA, and others as appropriate (e.g., U.S. Pharmacopeia, Institute for Safe Medication Practices) should work together to undertake the following actions to address labeling, packaging, and the distribution of free samples:

- The FDA should develop two guidance documents for industry: one for drug naming and another for labeling and packaging. The FDA and industry should collaborate to develop (1) a common drug nomenclature that standardizes abbreviations, acronyms, and terms to the extent possible, and (2) methods of applying failure modes and effects analysis to labeling and packaging.
- Additional study of optimum designs for all drug labeling and information sheets to reflect human and cognitive factors should be undertaken. Methods for testing and measuring the effect of the materials on providers and consumers should also be established, including methods to field-test materials. The FDA, NLM, and industry should work with consumer and patient safety organizations to improve the nomenclature used in consumer materials.
- The FDA, the pharmaceutical industry, and other stakeholders should collaborate to develop a strategy for expansion of unit-of-use packaging for consumers to new

therapeutic areas. Studies should be undertaken to evaluate different methods of presenting unit-of-use packaging and designs that best support different consumer groups in their medication self management.

- The Agency for Health Care Research and Quality should fund studies that evaluate the impact of free samples on overall patient safety, provider prescribing practices, and consumer behavior (for example, adherence), as well as alternative methods of distribution that can improve safety, quality, and effectiveness.

**Recommendation 5:** Industry and government should collaborate to establish standards affecting drug-related health information technologies, specifically:

- The NLM should take the lead in developing a common drug nomenclature for use in all clinical information technology systems based on the standards for the national health information infrastructure.
- AHRQ should take the lead in organizing safety alert mechanisms by severity, frequency, and clinical importance to improve clinical value and acceptance.
- AHRQ should take the lead in developing intelligent prompting mechanisms specific to a patient's unique characteristics and needs; provider prescribing, ordering, and error patterns; and evidence-based best-practice guidelines.
- AHRQ should take the lead in developing user interface designs based on the principles of cognitive and human factors and the context of the clinical environment.
- AHRQ should support additional research to determine specifications for alert mechanisms and intelligent prompting, and optimum designs for user interfaces.

**Recommendation 6:** Congress should allocate the necessary funds and AHRQ should take the lead, working with other government agencies such as CMS, FDA and NLM, in coordinating for a broad research agenda on the safe and appropriate use of medications across all care settings, covering research methodologies, incidence rates by type and severity, costs of medication errors, reporting systems, and, in particular, further testing of error prevention strategies.

**Recommendation 7:** Oversight and regulatory organizations and payers should use legislation, regulation, accreditation, and payment mechanisms and the media to motivate the adoption of practices and technologies that can reduce medication errors, and to ensure that professionals have the competencies required to deliver medications safely.

- Payers and purchasers should continue to motivate improvement in the medication-use process through explicit financial incentives.
- CMS should evaluate a variety of strategies for delivering medication therapy management.
- Regulators, accreditors, and legislators should set minimum functionality standards for error-prevention technologies.
- States should enact legislation consistent with and complementary to the Medicare Modernization Act's e-prescribing provisions and remove existing barriers to e-prescribing.
- All state boards of pharmacy should undertake quality-improvement initiatives related to community pharmacy practice.

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- Medication error reporting should be promoted more aggressively by all stakeholders (with a single national taxonomy used for data storage and analysis).
- Accreditation bodies responsible for the oversight of professional education should require more training in improving medication management practices and clinical pharmacology.

These recommendations provide a broad framework for addressing the challenge of an unacceptably high incidence of errors in the nation's medication use system. But even if all of these recommendations are achieved over the next decade—a substantial challenge given the complexities and costs of such an effort—failure to also integrate and fully use the patient care services and capabilities of the clinical pharmacist will result in a system that will continue to be less effective than the one that patients and society need—and deserve.

## ACCP Offers Preparatory Review Courses to Prepare for Board Exams

ACCP offers two preparatory review courses designed to help clinical pharmacists prepare for their certification examinations administered by the Board of Pharmaceutical Specialties in October.

To help those studying for the Pharmacotherapy Specialty Certification Examination, ACCP provides the 2006 *Updates in Therapeutics: The Pharmacotherapy Preparatory Course*. Those preparing for the Oncology Pharmacy Specialty Certification Examination often rely on the 2006 *Oncology Pharmacy Preparatory Review Course*. Each course offers materials presented in a variety of formats to suit different learning styles.

### Updates in Therapeutics

*Updates in Therapeutics: The Pharmacotherapy Preparatory Course* is the same course that is presented live each year during ACCP's Spring Practice and Research Forum. Developed by Board Certified Pharmacotherapy Specialists, the course content provides a comprehensive review of the knowledge domains covered in the Pharmacotherapy Specialty Certification Examination. The course uses a case-based approach, with strong emphasis on the thought processes needed to solve patient care problems in each therapeutic area. To view the faculty and learning objectives for this course, please go to [http://www.accp.com/th\\_06bcps.php](http://www.accp.com/th_06bcps.php).

*Updates in Therapeutics* course materials include the Course Workbook; Online Book; CD-ROM; CD-ROM and Course Workbook with CE; Web-based Online Course with CE; and CD-ROM and Online Workbook with CE.

Orders for Pharmacotherapy Preparatory Course instructional materials may be placed online at [http://www.accp.com/th\\_06bcps.php](http://www.accp.com/th_06bcps.php). Orders may also be placed by phone at (816) 531-2177, or by fax at (816) 531-5055.

Prices	Member	Nonmember
Print Workbook and CD-ROM with CE Credit	\$285.00	\$400.00
Online Workbook and CD-ROM with CE Credit	\$275.00	\$390.00
Online Course with CE Credit	\$260.00	\$385.00
CD-ROM	\$180.00	\$275.00
Print Workbook	\$125.00	\$175.00
Online Workbooks	\$110.00	\$160.00

This course is supported in part by educational grants from Amgen, Berlex Oncology, and Schering-Plough.



The American College of Clinical Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive ACPE credit, the Web-based post-test must be completed, and a score of 75% or above achieved. ACCP will mail a statement of credit to all who successfully complete the Web-based post test. The Universal Program Numbers are: Pharmacotherapy Preparatory Course Online, 2006 Edition: Endocrine and Metabolic Disorders; Infectious Diseases; Acute Care Cardiology, 217-000-06-011-H01, 3.0 contact hours; Biostatistics-A Refresher; Clinical Trial Design; Biostatistical Applications, 217-000-06-012-H01, 3.0 contact hours; Ambulatory Care; HIV/Infectious Diseases, 217-000-06-013-H01, 2.0 contact hours; Nephrology; Critical Care; Outpatient Cardiology, 217-000-06-014-H01, 3.0 contact hours; Fluids, Electrolytes, and Nutrition; General Psychiatry, 217-000-06-015-H01, 2.0 contact hours; Geriatrics; Pharmacokinetics-A Refresher; Pediatrics, 217-000-06-016-H01, 3.0 contact hours; Oncology Supportive Care; Gastrointestinal Disorders; Men's and Women's Health; and Neurology, 217-000-06-017-H01, 4.0 contact hours. This course was released July 1, 2006, and will expire October 31, 2007.

### Oncology Pharmacy Preparatory Review Course

The 2006 *Oncology Pharmacy Preparatory Review Course*, which is jointly sponsored by ACCP and the American Society of Health-System Pharmacists (ASHP), is designed to help oncology pharmacy practitioners prepare for the Board of Pharmaceutical Specialties (BPS) Oncology Pharmacy Specialty Certification Examination. The course content is based on the knowledge domain areas that are tested within the oncology pharmacy examination.

The detailed workbook, filled with patient cases and practice-based self-assessment questions, is an excellent resource for assessing knowledge in multiple areas of oncology practice. The instructional materials were developed by clinical and educational experts and derived from the live presentation of the 2006 course. Course materials are available in the following formats: Online Course with Continuing Pharmacy Education Credit; CD-ROM and Print Book with Continuing Pharmacy Education Credit; CD-ROM; and Print Book. For information on the faculty for this course or to view the learning objectives, please go to [http://www.accp.com/op\\_06w.php](http://www.accp.com/op_06w.php).

Orders for instructional materials from the prep courses may be placed online at [http://www.accp.com/op\\_06w.php](http://www.accp.com/op_06w.php) for the 2006 Oncology Pharmacy Preparatory Review Course. Orders may also be placed by phone at (816) 531-2177, or by fax at (816) 531-5055.

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Prices	Member	Nonmember
Online Course with CE	\$320.00	\$415.00
CD-ROM and Print Book with CE	\$360.00	\$435.00
CD-ROM	\$235.00	\$285.00
Print Book only	\$105.00	\$125.00

This course is partially supported by educational grants from Amgen, Inc. and sanofi-aventis.



The American College of Clinical Pharmacy and the American Society of Health-System Pharmacists are accredited by the Accreditation Council for Pharmacy Education as providers of continuing pharmacy education. To receive credit, the Web-based post test must be completed, and a score of 75% or above

achieved. ACCP will mail a statement of credit to all who successfully complete the Web-based post test. The program is approved for 28.0 contact hours. Universal Program Number: 217-204-06-039-H01. This course was released July 1, 2006, and will expire October 31, 2007.

## Leadership Development: Can You Be a Nice Person AND a Good Boss?

*(Ed. Note: The following is the third installment in a recurring 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 job 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.)*

Can you be a great person AND a high-achieving boss?

It depends. First, what are the qualities of a great person? Second, what does it take to be high achieving? Let's deal with the question of what constitutes a great person first.

In our society, we raise people to be ethical, popular, successful, and in control. Basically, you should also mind your own business and get along. There is nothing wrong with this. It's sometimes a difficult balance, but we admire people who know a lot, who are proficient at their job, who succeed, and who don't act as if they are special. Even managers often have this blend of characteristics. That brings up the issue of the high-achieving person.

In any company, the strategies, tactics, and operations work or fail, and the company is either prospering, surviving, or dying.

In prospering companies the boss can be a nice person and tell employees to "just keep doing what you are doing." It's different, however, in the other two situations. If the company is barely surviving, there must be a reason. Usually, some operations are uneconomical, some tactics are inefficient, or some strategies are ineffective. Perhaps employees can fix these problems, in which case the boss can continue to be a nice person and allow them to find solutions.

When a company is facing survival and the employees can't fix the problems (assuming that they have been empowered to do so), the boss has to take actions that might be seen as intrusive. Most of these changes will conflict with the boss's image as a nice person.

When survival is the issue, the boss will probably have to make unpopular choices. He or she will probably have to ask questions—some tough, and others seemingly even demeaning

or derogatory. It's easy to take such questions personally. The boss of a company in trouble can become unpopular very quickly if he or she begins to focus on performance when employees are not. That happened to Lee Iacocca at Chrysler.

Often, in cases where the company is in trouble, far too many people are focused on individual success and too few are focused on identifying and doing what needs to be done to make the company successful. By shifting the focus to achieving the common end, the boss often is seen as turning his or her back on the individual's success, which seems to have happened to Jack Welch at General Electric in the early 1980s.

Companies get in trouble because people value being right over being clear. Discussions in troubled companies often revolve around who or what is right. Communication deteriorates because people find both technical and abstract ways to be right, and clarity suffers. When bosses focus on clarity, most people in the company see them as wrong and think that being right is more important than integrity. This was Donald Petersen's problem at Ford during the Taurus design period.

By insisting that people take responsibility, the boss loses some degree of control over employee's actions. This shift in responsibility is hard not only for some bosses, but also for some employees. If the management system is command and control, the only trust is in one's capacity to control what people do. When people are expected to identify and fix problems, they have to take responsibility for outcomes. Building and using a management system that can be trusted is difficult and is also counter to what most people have been taught, so it doesn't happen often. IBM faced this issue during the development of the System 360 in the 1960s.

Even if procedures must change for the company to survive, not everyone is going to see the need. Thus, the boss can seem to be concerned with the wrong priorities.

This, of course, doesn't explain why some bosses aren't pleasant people even when things are going well. I suspect that's the subject for another column involving psychology. The truth is that an effective boss can afford to be a great person when things are going well.

Jon W. Hope  
Director of Programs  
LeaderPoint  
<http://www.leaderpoint.biz>

\*The next ACCP Leadership Experience, a multiday management and leadership development experience, will take place November 6–9, 2006. For more information about the ACCP Leadership Experience, or to view the faculty and learning objectives for the program, please go to the LeaderPoint Web site at <http://www.leaderpoint.biz/accp.htm>. Through the Web site, access a detailed schedule of the ACCP Leadership Experience, course learning objectives, continuing pharmacy education credit, and information on enrollment and fees. The LeaderPoint Web site also offers online registration for the course.



The American College of Clinical Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive ACPE credit, participants in the Leadership Experience must complete an evaluation and a Verification of Attendance for the program. ACCP will mail a statement of credit to all eligible participants within six weeks of the program. The Leadership Experience is approved for 30.0 contact hours. Universal Program Number: 217-999-05-015-L04.

## Anticoagulation and Heart Failure Training Programs Available Through ACCP Research Institute

Applications are now being accepted for the ACCP **Anticoagulation Training Program and the ACCP Heart Failure Training Program**. Consider how these intensive traineeships offered through the ACCP Research Institute could benefit you or your colleagues, fellows, residents, and students.

Funded by an educational grant from Sanofi-Aventis, the Anticoagulation Training Program is targeted to pharmacy students, residents, and fellows. The 4–6 week experience is precepted by Henry Bussey, Pharm.D., FCCP, and is conducted at the Anticoagulation Clinics of North America/University of Texas in San Antonio.

Funded by an educational grant from GlaxoSmithKline, the 2–4 week Heart Failure Training Program is precepted by Barry Bleske, Pharm.D., FCCP, at the University of Michigan; Mark Munger, Pharm.D., FCCP, at the University of Utah; Jean Nappi, Pharm.D., FCCP, BCPS, at the Medical University of South Carolina; J. Herbert Patterson, Pharm.D., FCCP, BCPS, and Jo Ellen Rodgers, Pharm.D., BCPS, at the University of North Carolina; and Kerry Pickworth, Pharm.D., at The Ohio State University. Although focused mainly on residents, fellows, and clinical pharmacy practitioners, a limited number of trainee positions are available for students.

For students accepted into either program, the necessary arrangements will be made with the student's home institution so the traineeship qualifies for academic and clerkship credit.

**Application deadline is September 29, 2006.** For more information, visit <http://www.accp.com/frontiers/research.php>, or contact Cathy Englund at the ACCP Research Institute ([cenglund@accp.com](mailto:cenglund@accp.com)).

## Minisabbaticals Help Members Develop New Practice and Research Skills

Through their Minisabbatical programs, several of the College's PRNs have opportunities for their members to gain new practice or research skills that will help them develop new clinical services or expand their research capabilities. The following Minisabbaticals were awarded in 2006:

**Cardiology**—Robert Straka, Pharm.D., Associate Professor at the University of Minnesota College of Pharmacy, will be working with Julie Johnson, Pharm.D., and others at the University of Florida Center for Pharmacogenomics. There, he will further develop his knowledge and skills related to the techniques, methods, and approaches to the design and conduct of research on the pharmacogenetics of cardiovascular drugs.

**Central Nervous System**—The CNS Minisabbatical was awarded to Michele Splinter, Pharm.D., BCPS, at the University of Oklahoma College of Pharmacy. Dr. Splinter's minisabbatical will be mentored by Ruth Nemire, Pharm.D., at the Nova Southeastern College of Pharmacy and International Center for Epilepsy. Dr. Splinter will gain experience in the outpatient management of patients with epilepsy and the development of a clinical pharmacy practice in this area. Her plan is to then establish an outpatient clinic for medication therapy management within the University of Oklahoma Health Science Center Faculty Neurology Clinic.

**Infectious Diseases**—Angela Kashuba, Pharm.D., of the University of North Carolina School of Pharmacy received the Infectious Diseases PRN Minisabbatical. The support will allow her to work with Alan Forrest, Pharm.D., at the State University of New York at Buffalo to develop pharmacokinetic and dynamic models that correlate antiretroviral drug concentrations in the female genital tract with local antiretroviral response. The experience is designed to complement a K23 Mentored Clinical Scientist Award that Dr. Kashuba has received from the National Institute of Allergy and Infectious Diseases.

**Nephrology**—Renee Robinson, Pharm.D., M.P.H., an Assistant Professor at The Ohio State University School of Pharmacy, has been awarded the 2006 Nephrology Minisabbatical, which is supported by an educational grant from Amgen, Inc. During her program, Dr. Robinson will work with Annette O'Connor, Ph.D., at the Ottawa Health Research Institute to develop and evaluate an evidence-based decision aid for medication selection in adolescent renal transplantation. Such aids supplement practitioner counseling by providing patients with information about the benefits and risks of therapy, increase patient participation in their care, and improve their understanding of options and consequences of therapy.

**Pain and Palliative Care**—As part of her minisabbatical, Tonya Pearson, Pharm.D., Clinical Pharmacy Specialist at Piedmont Fayette Hospital in Fayetteville, GA, will work with Jennifer Strickland, Pharm.D., BCPS, at Lakeland Regional Medical Center in Lakeland, FL. Her overall goals are to further enhance her clinical knowledge and skills related to pain management pharmacotherapy and to gain additional insight into the operation of an interdisciplinary pain team.

Learn more about the PRN Minisabbatical programs, administered through the ACCP Research Institute, at <http://www.accp.com/frontiers/research.php>.

## Pharmacotherapy Pearls

### Call to Pharmacotherapy Reviewers to Update Their Areas of Expertise

*Wendy R. Cramer, B.S., FASCP*  
*Richard T. Scheife, Pharm.D., FCCP*

Our current Web page for reviewers, authors, and editors is on <http://www.pharmacotherapy.org> and provides access to a link to our sophisticated online manuscript management system called Manuscript Central by ScholarOne, Inc. This new Web-based software allows authors to submit new and revised manuscripts and allows reviewers to perform their reviews online. In order for the system to work optimally for both reviewers and the journal, it is imperative that the reviewers' areas of expertise be accurate and current. To this end, we have created just over 100 descriptors of areas of expertise (e.g., heart failure, HIV, cytochrome P450) that represent our reviewers. These categories are as follows:

ACE inhibitors  
Acute coronary syndrome  
ADHD  
Administration  
Adverse drug reactions

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AIDS	Hypertension
Allergy	Immunizations
Alzheimers disease	Immunology
Ambulatory	Industry
Aminoglycosides	Infectious disease
Analgesia	Insomnia
Anemias	Legal
Anesthesiology	Lipids
Anticoagulation	Liver
Antiepileptic drugs	Lyme disease
Antifungals	Managed care
Antiinflammatories	Migraine
Antiplatelets	Nausea
Antiretrovirals	Neonatology
Antivirals	Neurology
Anxiety	Neuromuscular-blocking agents
ARDS	Neuropathy
Arrhythmias	Neurosurgery
Arthritis	Neuroscience
Asthma	Nuclear medicine
Bacterial resistance	Nutrition
Biotechnology	Obesity
Bioterrorism	Oncology
Bipolar	Ophthalmology
Botulism	Outcomes
Breastfeeding	Parkinsons disease
Burns	Patient safety
C-reactive protein	Pediatrics
CAD	Peptic ulcer disease
Cardiology	Pharmacodynamics
COPD	Pharmacoeconomics
Community practice	Pharmacogenomics
Complementary and alternative medicine	Pharmacokinetics
Computer technology	Pharmacology
Contraception	Pharmacy education
Critical care	Pharmacy practice
Cytochrome P450	Pregnancy
Dementia	Psychiatry
Depression	Public health
Dermatology	Pulmonary
Diabetes	Quality of life
Dialysis	Renal
Drug abuse	Restless leg syndrome
Drug information	Septic shock
Drug safety	Sickle cell
Endocrinology	Smoking cessation
Epidemiology	Spinal cord and brain injury
Ethics	Statistics
Evidence-based medicine	Stereoisomers
Febrile neutropenia	Steroids
Fluids and electrolytes	Stroke
Fluoroquinolones	Study design
Forensic medicine	Surgery
Gastroenterology	Thrombocytopenias
Geriatrics	Thyroid
Glaucoma	Toxicology
Gout	Transplant
Headache	Travel Medicine
Heart failure	Urology
Hematology	Vancomycin
Hospice	Womens Health

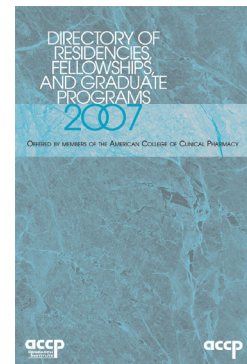
We ask that all reviewers for *Pharmacotherapy* update their areas of expertise (choosing as many areas as appropriate) and contact information in our system. To do this, please follow these steps:

1. Go to [www.pharmacotherapy.org](http://www.pharmacotherapy.org) and click on "Article Submission and Review."
2. Enter your user ID and password into Scholar One (Manuscript Central) and sign in. If you have forgotten your user ID and password, go to "Password Help" and your user ID and password will be e-mailed to you.
3. Click on "Edit Account" at the top right of the screen.
4. Make the appropriate edits on your areas of expertise and contact data.

As you well know, this maneuver will help to ensure that you receive papers in your specific areas of expertise. We appreciate your taking the time to update this information.

## Call for New and Updated Training Program Directory Listings

The *ACCP Directory of Residencies, Fellowships, and Graduate Programs* is available both on the Web and in print. The 2007 print directory will be distributed this December to prospective residency candidates and to pharmacy practice departments in each U.S. school and 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 25, 2006.



Responses received by August 25 will be listed in the printed directory. With the assistance of Amgen Inc., 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 25 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 25, 2006. If you experience any technical difficulties, or have questions regarding directory updates, please contact Larry Aaron at [laaron@accp.com](mailto:laaron@accp.com).



*The next ACCP Leadership Experience will be held in scenic Phoenix, Arizona, November 6-9, 2006.*

## Phoenix will be Meeting Venue for the Next ACCP Leadership Experience

Sign up today for the ACCP Leadership Experience, which will be held November 6-9, 2006, at the Hilton Phoenix Airport Hotel in Phoenix, Arizona. This intense, 3½-day course provides participants with the opportunity to integrate a comprehensive, systematic management and leadership model into their personal and professional work. More information about the ACCP Leadership Experience is available through the LeaderPoint Web site at <http://www.leaderpoint.biz/accp.htm>. Through the Web site, access a detailed schedule of the ACCP Leadership Experience, course learning objectives, continuing pharmacy education credit, and information on enrollment and fees. Once you make your decision to register for the Leadership Experience, the LeaderPoint Web site also offers online registration for the course.



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ACCP will mail a statement of credit to all eligible participants within six weeks of the program. The Leadership Experience is approved for 30.0 contact hours. Universal Program Number: 217-999-05-015-L04.

## Moved or Moving? Changed Your E-mail Address? Update Your Contact Information Online

ACCP members can update their contact information 24/7 on the ACCP Web site by following the procedures below.

1. Go to [www.accp.com](http://www.accp.com).
2. Choose My ACCP on the left side menu, then click on Contact Information.
3. Enter Username and Password to login. You will go to the Renew Dues page. (If you have a current bill for membership dues, you will see RENEW DUES on the blue, lefthand menu and on the right side tabs. Be sure to update your contact information before making your dues payment.)
4. Click on your name under Profile in the blue menu on the left.
5. Review your "public record." This is the information that other ACCP members can see about you.
6. To change your contact information, click Edit in the upper right options bar.
7. Make your changes and submit.

If you do not know your username and password, please contact the ACCP staff at [membership@accp.com](mailto:membership@accp.com), or (816) 531-2177.

## Awards, Promotions, Grants, etc.

**Christopher Crank**, Pharm.D., BCPS, clinical specialist in infectious diseases at Rush University Medical Center in Chicago, was recently selected as Preceptor of the Year at both Midwestern University's Chicago College of Pharmacy and the Purdue University School of Pharmacy and Pharmaceutical Sciences . . . **Ronald Hall II**, Pharm.D., BCPS, assistant professor at the Texas Tech Health Sciences Center School of Pharmacy, is one of 14 clinicians chosen to participate in the National Institutes of Health Clinical Scholars Program. . . **Margaret Malone**, Ph.D., FCCP, Professor of Pharmacy Practice at the Albany College of Pharmacy, has been granted fellowship status in the North American Association for the Study of Obesity (NAASO), The Obesity Society. . . **Megaly Rodriguez de Bittner**, Pharm.D., BCPS, was recently appointed chair of the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy.

## New Members

Daniel Abazia	Sunghye Im
Shmeylan Al Harbi	Douglas Jennings
Majed Al Jeraisy	Jana Johnson
Dorothy Albright	Michonne Johnson
Ashmi Anand	Christopher Jones
Ronald Anderson	William Karolski
Jason Barreto	Lay Kaw
Annette Bird	Lauren Keyser
Benjamin Brielmaier	Scott Kincaid
Nicole Brogden	Dana Kirk
William Cahoon	Kathryn Kiser
Udobi Campbell	Jamie Kisgen
Jessica Carney	Jacqueline Klootwyk
Sonya Chhatwal	Henry Krell
Saira Choudry	Lisha Kronmann
Erin Christensen	Ravina Kullar
Lindsey Collins	Michelle Lamb
Todd Conner	Barbara Larney-Roper
Jacqueline Dang	Tran Le
Selena Daniels	Jessica Lereah
James DeFoe	Robert Licier
Diane Domas	Kristjon Lindgren
Joanne Dominguez	Sarah Lipski
Sheila Errett	Mimi Lo
Martha Espinozaa	Anne Lowe
Andras Farkas	Courtney Mack
Farrukh Faruqui	Cindy Mak
Margaret Fernandez	Karrie Marren
Salvatore Ferro	Tonya Martin
Eileen Anne Flores	Lena Mayner
Nicolas Forcade	Elizabeth McClaskey
Mary Fox-Geiman	Janice McDonough
Andrea Goodrich	Monica Miller
Angelina Hamel	Catherine Murphy
Chad Hatfield	Claire Murphy
Kathleen Hazelwood	Keri Naglosky
Nelyda Hernandez-Whaley	Elizabeth Neuner
Kimberly Holden	Christine Oramasionwu
Jon Hoover	Maria-Jose Pallares
Lindsay Hovestreydt	
Diana Hunt	

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Meera Patel  
Nimish Patel  
Sarah Paulson  
Gregory Pfister  
Hanna Phan  
Abbey Pitzenberger  
Jason Pogue  
Deborah Pritchett  
Jessica Purcell  
Sarah Raguckas  
Matthew Ransom  
Natalie Robertson  
Michael Rush  
Krista Schmidt  
Reem Shalabi  
Elizabeth Snarr  
Keri Snowden  
Tsz-Yin So  
Brandy Strickland  
Dorothy Surowiec  
Asha Tata  
Kerri Temple  
Benjamin Van Tassell  
Mini Varghese  
Mary Vilay  
Joseph Wael  
Molly Walbrown

Jordan Whitehill  
Lakesha Wiley  
Amanda Wilson

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

Brad Clay  
Tamara Close  
Jennifer Cocohoba  
Lea Dela Pena  
Andrea Landgraf  
Jennifer Lowe  
Joyce Loyed  
Denise Pratt  
Patrick Richards  
Lewis Till  
Nathan Wiederhold

**New Member Recruiters**

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

Ahmed Aljedai  
Miranda Andrus

Donald Brophy  
Victor Cohen  
Michael Cook  
Maryann Cooper  
Wafa Dahdal  
Daryl DePestel  
James Dorociak  
Lorin Dutton  
Lisa Edgerton  
Steven Erickson  
Kenneth Eugenio  
Helen Fiechtner  
Christopher Frei  
Douglas Geraets  
James Hoehns  
Vanthida Huang  
LaDonna Jones  
Jennifer Lake  
Jean Lee  
Anit Legare  
Linda Linderbeck  
Janis MacKichan  
Gary Matzke  
Robert McGory  
Wesley McMillian  
S. Dee Melnyk  
Mark Munger  
Milap Nahata  
Heather Pace  
Amy Pai

David Parra  
Bethany Pfister  
Jennifer Phillips  
Shay Phillips  
Jason Pogue  
Brian Potoski  
David Ritchie  
Jo Ellen Rodgers  
Philip Rodgers  
Jackie Roh  
Kevin Rynn  
Edward Sheridan  
Harminder Sikand  
Douglas Slain  
Christine Smith  
Douglas Swanson  
Robert Talbert  
Matthew Walbrown  
Amber Wedmore  
Marlea Wellein  
Issam Zineh



## **Director of Research**

### **American College of Clinical Pharmacy**

The American College of Clinical Pharmacy (ACCP) is seeking candidates for the newly created staff position of Director of Research. This senior level position will be based at ACCP's national headquarters in Kansas City, Missouri.

The Director of Research will serve as Director of the ACCP Research Institute; oversee the creation of new ACCP initiatives that facilitate investigator development, including -the Researchers and Scholars certificate program within the ACCP Academy; advance the College's overall research mission and agenda; serve as a liaison to selected ACCP or Research Institute standing or ad hoc committees; and represent ACCP and the ACCP Research Institute to other organizations and agencies for research-related activities. As Director of the ACCP Research Institute, s/he will serve as the Institute's chief operations officer; direct other Research Institute staff; oversee strategic and financial planning and fund-raising activities; prepare and monitor an annual budget; and identify, develop, and implement initiatives to increase the quantity and scope of research and investigator development support provided by the Research Institute.

The Director of Research will ideally be a senior, experienced individual with strong connections to pharmacy and the pharmaceutical sciences. Education as a pharmacist and experience in pharmaceutical research are highly desired. Previous experience or relationships with the pharmaceutical industry or other foundations are of benefit.

The College offers a competitive salary and benefits program. It is desired that the successful candidate join ACCP by January 2007. Although recruitment will continue until the position is filled, candidates should submit a letter of interest and curriculum vitae by October 1, 2006, to:

**Richard Collins, J.D.**  
**Operations Manager**  
**American College of Clinical Pharmacy**  
**3101 Broadway, Suite 650**  
**Kansas City, MO 64111**  
**Telephone: (816) 531-2177**  
**E-Mail: [rcollins@accp.com](mailto:rcollins@accp.com)**

**Faculty Position  
Anderson Endowed Chair in Clinical Pharmacology**

**Department of Pharmacy Practice  
Purdue University  
Indianapolis, Indiana**

**Rank:** Associate Professor/Professor (Tenure-track, academic year appointment)

**Available:** September 2006

**Responsibilities:** The Department of Pharmacy Practice at Purdue University seeks to fill a tenure-track endowed chair position with an established mid-career scientist. The successful candidate is expected to sustain a nationally recognized program of discovery and scholarship. Candidates with an accomplished research record in any area will be considered, but preference will be given to candidates with an accomplished research record in pharmacogenomics, oncology, cardiology, or obstetrics. The successful candidate will be expected to provide effective instruction and mentorship to Pharm.D. students, graduate students and/or postdoctoral fellows, and will be expected to participate in national and international outreach activities. This position will be located in the Department of Pharmacy Practice on the combined campus of Indiana University-Purdue University-Indianapolis (IUPUI).

**Qualifications:** Must hold a Pharm.D. degree, Ph.D. in a related discipline, and/or M.D. The candidate should possess a proven track record of grantsmanship and scholarly publications, experience in interdisciplinary research, and ability to interact with a diverse group of investigators in the Department of Pharmacy Practice and in the School of Medicine, Indiana University.

**Salary and Benefits:** Commensurate with education, training and professional experience. Excellent fringe benefit package that includes TIAA-CREF retirement program, medical, life and disability insurance, and sabbatical leave program.

**Application Procedure:** Review of applications has begun, and will continue until the position is filled. Qualified persons are requested to send a letter of application and curriculum vitae to:

**James E. Tisdale, PharmD  
Chair, Search Committee  
Department of Pharmacy Practice, Purdue University  
W7555 Myers Building, WHS  
1001 West 10th Street  
Indianapolis IN 46202  
Telephone: (317) 613-2315, ext 306  
E-mail: [jtisdale@iupui.edu](mailto:jtisdale@iupui.edu)**

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