

# ACCP Report

American College of Clinical Pharmacy

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

Vol. 27, No. 8; August 2008

## Rapp Named 2008 Parker Medalist

Robert Rapp, Pharm.D., has been chosen by the Parker Medal Selection Committee as the 2008 recipient of the College's Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy. Dr. Rapp is currently Professor of Pharmacy and Professor of Surgery in the Colleges of Pharmacy and Medicine, respectively, at the University of Kentucky.



Paul Parker was one of clinical pharmacy's most influential proponents. Before his death in 1998, Mr. Parker spent 24 years as Director of Pharmacy at the Chandler Medical Center/University of Kentucky in Lexington. His innovations include development of decentralized pharmacy services, which placed pharmacists in the hospital's clinical areas, as well as development of the nation's first pharmacist-staffed drug information center. Mr. Parker's vision for pharmacy practice was passed along to more than 150 residents and fellows who trained in the Kentucky program during his tenure. These disciples include many of today's leaders in clinical pharmacy who continue to pass on his wisdom and vision to their trainees. The Paul F. Parker Medal recognizes an individual who has made outstanding and sustained contributions to the profession that improve patient or service outcomes, create innovative practices, affect populations of patients, further the professional role of pharmacists, or expand the recognition of pharmacists as health professionals.

In making its selection, the Parker Medal Committee commented on Dr. Rapp's many contributions to clinical pharmacy. "Beginning his clinical pharmacy career in 1970, he has a sustained and visible record of contributions in clinical practice, clinical pharmacy education, and translational research . . . Bob was publishing work in major medical journals that had an impact on patients in the early 1970s. He could be viewed as one of the first 'translational' scientists in pharmacy—and he continues to make contributions today." Dr. Rapp began his faculty career at the University of Kentucky in 1970 and quickly rose to the rank of full professor. He served as Director of the Department of Pharmacy Practice and Science in the college of pharmacy from 1989 to 1998 and is currently Associate Director for Clinical Leadership at the university medical center, a position he has held since 1999.

Bob has been active in clinical pharmacy for over three decades. He has published more than 150 peer-reviewed

papers, served on the editorial boards of five journals (including *Pharmacotherapy*), and delivered innumerable presentations on pharmacotherapy to audiences throughout the world. As his nominators, Ken Roberts, Jimmi Hatton, and John Armistead, point out in their letter of nomination, Dr. Rapp "has made a significant impact on the profession of pharmacy through his practice, clinical teaching, mentoring, scholarship, and administration." Dr. Joseph DiPiro, Executive Dean of the South Carolina College of Pharmacy and a past ACCP President, wrote in his letter of support, "Bob has always been a teacher by his very nature. He loves the chance to teach something new to people. He will teach anyone, students, residents, pharmacists, even senior faculty members. In addition to being a teacher, he is considered a mentor by many who have been at the University of Kentucky."

Robert Blouin, Pharm.D., Dean and Distinguished Professor at the University of North Carolina, noted in his letter to the Parker Medal Committee, "I have known Dr. Rapp for over 30 years. A considerable portion of that time was spent while I was at the University of Kentucky and had the unique privilege of observing Dr. Rapp and Mr. Parker working together to advance the mission of pharmacy practice. . . . Paul Parker and Bob Rapp had many things in common. Their passion for pharmacy and love for Kentucky were the most obvious. But, the quality that always impressed me the most was their understanding of what it truly meant to be a pioneer, a pioneer at a time when our profession was significantly risk averse. . . . They were able to create environments that made others around them better. . . . What is special about Bob Rapp is that he has been touching the lives of Pharm.D. students and residents in this manner throughout his professional career. The impact on our profession has been enormous."

Dr. Rapp has an extensive record of professional accomplishments and awards, including Parenteral Drug Association Research Awards in 1972 and 1976, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation Research Award in 1975, the Kentucky Society of Hospital Pharmacists Pharmacist of the Year Award in 1976, the University of Texas Robert G. Leonard Lecture Award in 1988, the Paul F. Parker Award for excellence in residency training in 2002, and an ASHP Best Practice Award with University of Kentucky colleagues in 2004. Bob is a founding member of ACCP and was elected as a Fellow of the College in 1989.

The 2008 Paul F. Parker Medal will be presented during the Opening General Session at the 2008 Annual Meeting

in Louisville, Kentucky, on Sunday morning, October 19. Dr. Rapp will be in attendance to accept the medal and deliver a brief acceptance address. The Parker Medal Selection Committee is composed of representatives from member organizations of the Joint Commission of Pharmacy Practitioners, together with past presidents of ACCP. Members of the 2008 committee were Jerry L. Bauman (Chair), John A. Bosso, George E. Dukes, Janet P. Engle, William A. Miller, Milap Nahata, J. Robert Powell, Cynthia Raehl, Robert E. Smith, and Thomas R. Temple.

## PRNs Provide Tailored Education and Networking at Annual Meeting

This October, take advantage of programs and networking opportunities tailored to meet your interests! ACCP's 2008 Annual Meeting offers an abundance of sessions designed by your colleagues—members of the ACCP Practice and Research Networks (PRNs)—to address emerging hot topics in a variety of therapeutic and practice areas. Mark your calendar for these events beginning Saturday, October 18, and running through Wednesday, October 22, in downtown Louisville, Kentucky.

Presymposia on Saturday include an all-day program exploring controversies in critical care nephrology. On Saturday afternoon, the Ambulatory Care PRN and Cardiology PRN will collaborate to present current topics in ambulatory cardiology. These two presymposia require registration separate from the Annual Meeting—visit the Web site at <http://www.accp.com/meetings/am08/PremeetingSymposia.php> for more details. Monday afternoon's PRN Focus Sessions include:

- Clinical Topics in Adult Medicine
- Justifying and Expanding Clinical Pharmacy Services: Economic Value and Case Studies
- A Case of Critical Care Dilemmas: Surviving Sepsis
- Current Pharmacotherapy Topics in Gastroenterology
- Clinical Pearls in Endocrinology and Metabolism
- The Great Geriatric Debate: To Treat or Not to Treat
- Tools Available for Optimizing Prevention, Diagnosis, and Treatment of Infectious Diseases
- Treatment of Medical Conditions in Pregnancy

After these educational sessions, select from 11 of the PRN business meetings and networking forums scheduled on Monday evening. These reception-style events offer meeting attendees a great venue for mingling with friends and colleagues who share an interest in specific practice or professional areas. You need not be a member of the PRN to attend these events—all meeting attendees are welcome. In addition to professional socializing, many of these events will include an educational component or poster presentation. The following PRNs will gather on Monday evening from 6:00 p.m. to 9:00 p.m.: Adult Medicine, Cardiology, Clinical Administration, Drug Information, Education and Training, Endocrine and Metabolism, Geriatrics, Health Outcomes, Infectious Diseases, Pediatrics, and Women's Health.

On Tuesday afternoon, additional PRN Focus Sessions will be held, including:

- The Science and Practice of Pharmacogenetic-Guided Warfarin Dosing
- Drug Information Residency Training: An Exploratory Discussion
- Current Challenges in Organ Transplantation

- Pediatric Pulmonary Update
- Battle of the Sexes: Addressing Gender-Specific Differences in Cardiovascular Disease
- Developing the APPE Clinical Rotation: ACPE Guidelines and Beyond
- Quality and Effectiveness of MTM Programs: What to Measure and How to Do It
- Meeting Unmet Therapeutic Needs: Development of Novel Therapies and Programs by Industry

On Tuesday evening, join friends at the business meetings and networking forums for the following PRNs: Ambulatory Care, Central Nervous System, Critical Care, GI/Liver/Nutrition, Hematology and Oncology, Immunology and Transplantation, Nephrology, Pain and Palliative Care, Pharmaceutical Industry, and Pharmacokinetics/Pharmacodynamics.

The Annual Meeting's final PRN Focus Session—Oral Chemotherapy: Outcomes, Advantages, and Challenges—will be held on Wednesday morning. For complete agendas and lists of program faculty, visit our Web site at <http://www.accp.com/docs/meetings/am08/MeetingSchedule.pdf>. The early meeting registration deadline is just around the corner—September 5. Register today to receive “early-bird” discounts. Online meeting registration and hotel reservations can be completed at <http://www.accp.com/meetings/am08/>.

## ACCP Elects 2008 Fellows

Twenty-three ACCP members have been elected Fellows of the American College of Clinical Pharmacy and will be recognized during a special ceremony on October 19 at the College's 2008 Annual Meeting in Louisville, Kentucky. 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 can be recognized by the initials “FCCP” as part of their title. The 2008 ACCP Fellows are:

- Iman E. Bajjoka**, Pharm.D.; West Bloomfield, MI
- Larisa H. Cavallari**, Pharm.D.; Chicago, IL
- Jack J. Chen**, Pharm.D.; Loma Linda, CA
- Nicole S. Culhane**, Pharm.D.; Timonium, MD
- William E. Dager**, Pharm.D.; Shingle Springs, CA
- Robert DiCenzo**, Pharm.D.; Pittsford, NY
- Robert E. Dupuis**, Pharm.D.; Chapel Hill, NC
- Erika J. Ernst**, Pharm.D.; Iowa City, IA
- Michael E. Ernst**, Pharm.D.; Iowa City, IA
- Karen M. Gunning**, Pharm.D.; Salt Lake City, UT
- R. Donald Harvey III**, Pharm.D.; Avondale Estates, GA
- Krystal K. Haase**, Pharm.D.; Amarillo, TX
- Lisa C. Hutchison**, Pharm.D., MPH; Little Rock, AR
- Eric A. Jackson**, Pharm.D.; Hartford, CT
- Bob L. Lobo**, Pharm.D.; Germantown, TN
- Eric J. MacLaughlin**, Pharm.D.; Amarillo, TX
- Peggy S. McKinnon**, Pharm.D.; Ballwin, MO
- Jill A. Rebuck**, Pharm.D.; Lancaster, PA

**Melody Ryan**, Pharm.D.; Lexington, KY  
**Douglas Slain**, Pharm.D.; Morgantown, WV  
**Kelly M. Smith**, Pharm.D.; Lexington, KY  
**Kathleen Tornatore**, Pharm.D.; Williamsville, NY  
**Geoffrey C. Wall**, Pharm.D.; Johnston, IA

After nomination by their colleagues, Fellow candidates undergo a comprehensive and rigorous evaluation by the Credentials: Fellowship Committee of their practice and 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; consultantships; service to publications; original research presentations, projects, funding, and publications; and other professional activities and 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.

Members of this year's Credentials: Fellowship Committee, each of whom dedicated numerous hours to the review of FCCP applications and other documents, were Richard Artymowicz, David Burgess, Daniel Canafax, Craig Coleman, Lori Dickerson, Diane Goodwin, Michael Horton, Melanie Joy, Gary Levin, Julie Maurey, John Meyer, Margaret Noyes Essex, Chris Paap, Jay Rho, Gordon Sacks, Terry Seaton (Chair) Larry Segars, Mark Shaefer, Roger Sommi, William Spruill, Eva Vasquez, William Webster (Vice-Chair), and Cathy Worrall.

## Report of the Nominations Committee

The Nominations Committee has recommended the following slate of candidates for 2009. Elections will occur in spring 2009, and successful candidates will assume office at the 2009 ACCP Annual Meeting in Anaheim, California.

### President-Elect:

Lynn Crismon, Pharm.D.; Austin, TX  
Bill Kehoe, Pharm.D.; Stockton, CA

### Treasurer:

Marie Chisholm, Pharm.D.; Tucson, AZ  
Cynthia Sanoski, Pharm.D.; Blackwood, NJ

### Regent:

Judy Cheng, Pharm.D., MPH; Chestnut Hill, MA  
Robert DeYoung, Pharm.D.; Grand Rapids, MI  
Kim Thrasher, Pharm.D.; Wilmington, NC  
Ralph Raasch, Pharm.D.; Carrboro, NC

### Research Institute Trustee:

Ene Ette, Ph.D.; Natick, MA  
P. David Rogers, Pharm.D., Ph.D.; Bartlett, TN  
Daniel Wermeling, Pharm.D.; Lexington, KY  
Dan Witt, Pharm.D.; Aurora, CO

Additional nominations may be made in writing to the Secretary of the College, Mary T. Roth, ACCP, 13000 W. 87th Street Parkway, Lenexa, KS 66215. Nominations must state clearly the qualifications of the candidate, must be signed by at least 50 Full Members (1% of eligible Full Members), and must be submitted no later than September 19, 2008.

*Respectfully submitted,*

Robert MacLaren, Chair; Kathy Bungay, Vice-Chair; Barry Carter, Tracy Hagemann, James Hoffman, Amy Schwartz, Ann Wittkowsky.

## Report from the Chair of the Research Institute Board of Trustees

*You asked for it...* The Board of Trustees of the Research Institute met in late June in Kansas City to review and continue to work on new initiatives to meet ACCP member needs. Recent strategic planning initiatives, together with member surveys and focus groups, led the board to create the following new avenues toward accomplishing meaningful member research:

1. Focused Investigator Training (FIT). This program for well-trained, seasoned researchers who are poised to receive federal funding was developed earlier this year. The first class completed the inaugural program coursework last month. Please read the exciting reactions to this endeavor elsewhere in this issue of the *ACCP Report*.
2. The ACCP Academy Research and Scholarship Development Program. This program for early career scholars was developed during the past year and will be launched at the Annual Meeting this October. The College hopes it will reach a large number of members interested in sharpening their ability to perform research as a component of practice.
3. Practice-Based Research Network (PBRN). ACCP is consulting experts both within and outside the organization, and we plan to enroll clinical pharmacists as investigators within the next year. This will allow members to participate in large-scale projects of potentially high impact to both patients and practitioners. Our hope is that this PBRN enrollment will engage a larger number of ACCP members in Research Institute-supported projects than have been involved previously in our individual grants program.

We are excited about the current direction of the Research Institute and expect our efforts to produce significant dividends for ACCP members in the near future. *Stay tuned....*

*Susan C. Fagan, Pharm.D., BCPS, FCCP  
Chair, Research Institute Board of Trustees*

## Washington Report

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



### Medication Therapy Decision-Makers Should Not “Own” or “Sell” the Medications They Select

The pharmacy profession, through both individual and joint pronouncements of several of its national organizations during the past 4 years, has published bold expressions of the appropriate and necessary transformation of the pharmacist's role in patient care to promote and achieve higher quality medication decision-making, use, and outcomes. For example, from the Joint Commission of Pharmacy Practitioners “Vision Statement for 2015” (2005) comes the following regarding the role of pharmacists:

*Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes.*

*As experts regarding medication use, pharmacists will be responsible for rational use of medications, including the measurement and assurance of medication therapy outcomes.*

From the consensus definition of “Medication Therapy Management (MTM),” developed and approved by 11 national pharmacist/pharmacy organizations in 2004, comes the following elements of practice activity of health professionals performing MTM:

*Selecting, initiating, modifying, or administering medication therapy;*

From the ACCP statement to the Institute of Medicine Committee on Identifying and Preventing Medication Errors (2005) comes the following on the need for change in the processes of medication decision-making:

*Substantial change in provider responsibilities, care processes, and the systems and procedures that constitute the current medication use process must occur if meaningful improvement in the quality of medication use, including the prevention of avoidable medication errors, is to be achieved.*

*Why should we not expect pharmacotherapy to be provided by and be the responsibility of a health care professional with specific and comprehensive education, training, and expertise in that area of clinical care?*

Inherent in these and similar pronouncements for the past several years is the belief that the contemporary pharmacist is the health care professional best prepared by formal education, clinical training, and professional commitment to make medication use decisions (dare we call it “prescribing?”). Whether in the context of a collaborative practice model of care or, as suggested by some, in an autonomous practice structure, if this is the profession's

future, what elements of the current practice model and structures must be changed to effectively achieve it?

Extensive discussion has occurred regarding pharmacists' education and clinical competence, credentialing requirements, models of collaborative practice, payment for professional services, and roles and responsibilities of pharmacy technicians. But a much more fundamental issue has received virtually no attention during this period of strategic thinking and planning. **That issue is the fundamental question of the conflict of interest, whether real or perceived, that would exist in continuing to “own” and “sell” for some level of profit (i.e., the dominant current economic model of most pharmacy practices) prescription medications, which, in the envisioned model, pharmacists would be responsible for “selecting” when initiating and managing patients' pharmacotherapy.**

Such a conflict of interest has long been appreciated and addressed in the traditional system of prescribing by physicians. For more than 20 years, the active policy of the Council on Ethical and Judicial Affairs (CEJA) of the American Medical Association has stated that:

*Although there are circumstances in which physicians may ethically engage in the dispensing of drugs, devices, or other products, physicians are urged to avoid regular dispensing and retail sale of drug, devices, or other products when the needs of patients can be adequately met by local ethical pharmacies.<sup>1</sup>*

Subsequent reports of the CEJA have provided additional guidance on the sale of other health-related products (other than prescription medications) from physicians' offices as well as non-health-related products. In almost all cases, such activities are discouraged because they “present a financial conflict of interest, risk placing undue pressure on the patient, and threaten to erode patient trust and the primary obligation of physicians to serve the interests of their patients before their own.”<sup>2</sup>

### The JCPP Practice Model

The practice model articulated in the “JCPP [Joint Commission of Pharmacy Practitioners] Vision for Pharmacy Practice in 2015” is constructed around a “three-legged stool” framework consisting of:

- Direct patient care services that assist patients in achieving effective and safe medication therapy outcomes (ACCP members would likely call this “clinical pharmacy practice”);
- Supervised systems that provide safe, accurate, and efficient medication distribution; and
- Services (and products) for promotion of wellness, disease prevention, and health improvement.

The model anticipates that pharmacy practice in 2015 will ideally provide this full scope of activity regardless of the setting in which the services are delivered, although there will probably be practice settings that choose to limit their scope of activity to only one or two of these elements, just as any health care setting may consciously choose to limit its scope of services. Regardless of scope, however, it is essential

1. AMA Council on Ethical and Judicial Affairs. In: Proceedings of the House of Delegates of the American Medical Association, 4<sup>th</sup> Interim Meeting. Chicago: AMA, 1986.
2. AMA Council on Ethical and Judicial Affairs. Report 1-A-99. Chicago: AMA, 1999.

that the profession's leadership begin to think strategically about its desired economic future and to identify appropriate, *and legal*, mechanisms to engage a range of other stakeholders in examining the changes in the economic model of pharmacy practice that are necessary to align it with the practice vision on which the profession has staked its future success.

### **The Imperative for a Strategic Examination of Pharmacy's Existing Economic Model**

Although the "conflict of interest" question may be among the most fundamental of economic challenges affecting pharmacy's transition to a patient services-centered practice model, there are other, related economic issues that, if explored and addressed, could conceivably contribute to a more rational, defensible, and publicly understood paradigm for the economics of medication use in patient care. These could include:

- The desirability for all pharmacy practices to generate appropriate and fair revenues from the provision of patient care services that enhance medication use quality and outcomes;
- The development and implementation of "firewalls" between practice activities and economic/accounting procedures that would prevent conflicts of interest between the core elements of the JCPP-envisioned practice model;
- The opportunity to manage, or perhaps eliminate, the large and growing burden of acquisition and inventory costs of medications on pharmacy practices, particularly current and future high-cost medications and biotechnology products. This could be accomplished through conversion to a system of product consignment, with ownership of product retained by the manufacturer or wholesaler until its distribution to the patient;
- As a result of a "consignment approach," the opportunity to invest more of the limited capital resources of pharmacy practices in patient care services and the facility reconfiguration that would support these services;
- The opportunity to develop, promote, and justify a transparent fee structure for the order processing and medication distribution components of the practice model that accurately reflects the costs of such activities;
- Placement on the manufacturer and/or wholesaler the responsibility (and eventual economic impact) for negotiating with payers the value of (i.e., level of reimbursement for) prescription medications within health benefit plans.

The legal prohibition against anticompetitive activities does, undoubtedly, present substantial barriers to a purely intraprofessional and intrapharmaceutical industry discussion of many of these issues. Consequently, the profession and the pharmaceutical industry could seek, perhaps together, to engage appropriate national leaders in the health policy community who might agree to facilitate the type of "out-of-the-box" thinking on economic reforms that would more effectively support the envisioned practice model.

ACCP President-Elect John Murphy will soon be impaneling a special task force of past presidents to assist the College leadership in exploring the specific issue of

addressing conflicts of interest that arise between ownership and sales of prescription medications and the pharmacist's scope of practice as a pharmacotherapy decision-maker. As a part of that process, the College will be engaging other organizations and interested parties in a discussion of this issue. We welcome the input and ideas of ACCP members on this subject. Comments can be directed to [ewebb@accp.com](mailto:ewebb@accp.com).



### **Last Chance Pharmacotherapy Board Review Webinar**

Are you planning to take the Pharmacotherapy Specialty Exam, but finding it difficult to start reviewing? Are you questioning whether you understand some key concepts? Could you use 5.0 hours of continuing education (CE)? **Then ACCP's "Last-Chance Pharmacotherapy Webinar Review Course" is for you!**

Avoid time-consuming and costly travel while reaping the benefits of nationally recognized content experts leading brief concept overviews and vignette-based self-assessment questions and feedback. This interactive Web-based course will be delivered directly to your home, office, or anywhere you have broadband Internet access.

Two live sessions, each lasting 2½ hours, will be offered on Tuesday and Wednesday evenings, September 9 and 10, 2008. Two different content areas will be covered each evening:

#### Tuesday

- Infectious Diseases – 6:30–8:00 p.m. (CDT)
- Fluids and Electrolytes – 8:00–9:30 p.m. (CDT)

#### Wednesday

- Acute Care Cardiology – 6:30–8:00 p.m. (CDT)
- Biostatistics – 8:00–9:30 p.m. (CDT)

From a technical standpoint, it's simple. All you need is broadband Internet access, an Internet browser, Adobe Flash Player (already installed on more than 98% of devices currently connected to the Internet; otherwise, a free download), and speakers or headphones for audio.

The cost for participation is only \$129.95 for anyone who attended the 2008 Spring Practice and Research Forum or anyone who purchased a 2008 Pharmacotherapy Preparatory Review Course product. The cost is \$149.95 for all other ACCP members and \$169.95 for all other non-members. Webinar registration opened on August 11. "Seats" are limited, so sign up early at [www.accp.com](http://www.accp.com).



## Get on Track in Louisville with Exclusive Student Programming

Join students from across the country at the Annual Meeting in Louisville, Kentucky, for a half-day program exploring the concept of specialization within clinical pharmacy. This exclusive student program, titled “Off and Running to a Specialty Career,” will provide students the unique opportunity to interact with clinical practitioners who are directly engaged in specialized practice careers. Attendees will gain valuable insight into the role of residency training, board certification, and advanced degree programs in pursuit of specialty or subspecialty pharmacy practice. Take the opportunity to learn more about the many potential career paths available to those who pursue specialty practice during the roundtable session. Clinical Specialists representing more than 15 areas of specialty/subspecialty practice will be on hand to provide information about their respective focus areas and to address questions regarding specialty career options.

This program, created especially for student pharmacists, will be held on Saturday, October 18, 2008, from 1:00 p.m. to 4:30 p.m. For additional information about this session and other meeting highlights, visit <http://www.accp.com/stunet>.

## ACCP Research Institute FIT Program: Reflections from the Inaugural Class of 2008

Eighteen investigator participants and 14 mentors teamed up for 1 week of intensive proposal development and hard work at the University of Utah on June 12–18, 2008. Central to the FIT Program were mentored Group Proposal Sessions. In these small group discussions, led by two faculty mentors and attended by three investigators, each investigator presented his/her work in detail to the group. By participating in these sessions, combined with lectures and small group and panel discussions, the investigators made significant progress in retooling their proposals by week’s end. In addition, each participant formulated a plan and timeline for the submission of his/her proposal upon return to the home institution. As part of the program, participants were asked to reflect on their experiences during the week.

One recurrent theme emerged from the reflections: the FIT Program is not for the fainthearted. One participant noted, “On day 1 it was emphasized, ‘Leave your ego at the door’; good advice. The mentors were colleagues and helpers and not just people to ask for justifications for everything. I learned to be open about opinions and accept new ideas. I worked hard on my proposal, which changed significantly

for the better.” Another participant wrote, “At almost every conference, seminar, or CE session that I have attended, there have been a handful of presentations that I got nothing out of. I can honestly say I got something out of every component of this training. Coming from an institution not known for its research, I had no idea there were so many NIH-funded pharmacist investigators—it was very inspiring. I appreciated the enthusiasm of the faculty and their willingness to provide so much feedback.”

Others chose to focus on the relationships they developed while looking toward the future: “I know that in 10–15 years, my classmates will be the next FIT faculty. That’s pretty exciting. I look forward to seeing my small group’s name in print and hearing about the great things it is doing.” Yet another participant commented, “Despite the brief time together, I definitely started to feel a bit like a family. The mentors seemed to genuinely want the trainees to succeed, and the trainees seemed to want to make the mentors proud of them. I can’t wait to hear the celebrations when the trainees are successful (hopefully including myself) and then rush to call their mentors to express their excitement and gratitude. Maybe we should all get together again for a 3- to 5-year reunion.”

Listed below are this year’s program participants, “the ACCP FIT Class of 2008.”

- Sandra Benavides, Pharm.D.; University of Southern Florida College of Pharmacy
- Paul M. Beringer, Pharm.D.; University of Southern California School of Pharmacy
- Sheila R. Botts, Pharm.D.; University of Kentucky
- Gary L. Cochran, Pharm.D., S.M., B.S., University of Nebraska Medical Center
- Leon E. Cosler, Ph.D., M.S.Pharm. Administration, B.S.Pharm.; Albany College of Pharmacy
- John W. Devlin, Pharm.D., FCCP, BCPS; Northeastern University



*Back row, left to right: John Devlin, David Feola, Dan Witt, John Cleary, Trevor McKibbin, Gary Cochran, Doug Steinke.*

*Third row: Paul Beringer, Gene Morse, Kari Olson, Reggie Frye, Jacque Marinac, Barry Carter, Michael Reed.*

*Second row: Nathan Weiderhold, Duska Franic, Marlene Egger, Leon Cosler, Gary Yee, Scott Strassels, Chris Frei.*

*First row: Jennfier Le, Julie Wright, Katie Packard, Sheila Botts, Elizabeth Hermesen, Sandra Benavides.*

*Not pictured: Courtney Fletcher, Jill Kolesar, Greg Stoddard*

- Duska M. Franic, Pharm.D., Ph.D., B.Pharm.; University of Georgia
- Christopher R. Frei, Pharm.D., M.S.; University of Texas Health Science Center at San Antonio
- Elizabeth Hermsen, Pharm.D., M.B.A.; University of Nebraska Medical Center
- Jennifer Le, Pharm.D., BCPS; Western University
- David J. Feola, Pharm.D., Ph.D.; University of Kentucky
- Trevor McKibbin, Pharm.D., M.S.; University of Tennessee
- Kari L. Olson, Pharm.D., B.S.Pharm., BCPS; Kaiser Permanente, Colorado
- Kathleen A. Packard, Pharm.D., M.S.; Creighton University
- Douglas T. Steinke, Ph.D., M.S., B.S.Pharm.; University of Kentucky
- Scott Strassels, Pharm.D., Ph.D.; University of Texas at Austin
- Nathan P. Wiederhold, Pharm.D.; University of Texas Health Science Center at San Antonio
- Daniel M. Witt, Pharm.D.; Kaiser Permanente, Colorado

The 2009 ACCP FIT Program will be held July 11–16, 2009, at the University of Utah. Check the ACCP Research Institute Web site for new program and 2009 application information.

## Reflections of a FIT Mentor

By Gene Morse

The FIT mentor experience included several outstanding interactions that were personally rewarding and professionally refreshing. The FIT mentees were a highly motivated group of individuals with the sparkle present in most young faculty. They saw a role for their contributions toward making things better for patients who suffer from disease. They also recognized the opportunity to establish a professional focus that will allow them to gain experience and recognition to advance their individual professional goals. Although many new faculty have these ambitions, some are encouraged to pursue broad professional goals that assist their degree programs and institutions; however, such broad goals can distract from individual development and focus. The 1-week FIT Program provided the opportunity that all new faculty need: a chance to focus while receiving guidance from those who have previously traveled this road.

In addition to the energy of these faculty seeking to advance their careers, the opportunity to join with a group of experienced researchers from around the country and to seek a common outcome of fostering success among the next generation of faculty was a welcome change from the usual frenzied pace of a professional meeting, where most interactions with investigators occur in the context of questions following platform presentations. It is interesting to observe others who have struggled to succeed in the peer-reviewed funding world and to relate to their prior frustrations as well as to learn new approaches to the challenges faced by all who seek federal funding to support their scholarly activity. I found the opportunity to share such experiences with my mentees to be extremely rewarding.

## Pharmacotherapy Pearls

### Pharmacotherapy's Impact Factor

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

The recently released Institute for Scientific Information (ISI) Impact Factor rankings show that *Pharmacotherapy* has risen above 2.00 (specifically, 2.012), surpassing both the *Annals of Pharmacotherapy* (1.985) and the *American Journal of Health-System Pharmacists* (AJHP; 1.708). The Journal's Board of Directors (BOD) and Scientific Editor Council (SEC) review strategies on an ongoing basis to improve journal quality and its impact on the field of pharmacotherapy. One metric that is monitored to assess impact and quality is the ISI Impact Factor. For the past couple of years, the SEC has increased the rejection rate of papers submitted to the journal in an effort to reduce the number of papers that do not significantly contribute to evidenced-based pharmacotherapy or clinical research. Although one cannot determine precisely what increased the journal's impact factor for 2007, it is likely that the increase is, in part, because of the heightened rejection rate fostered by the journal's scientific editors. This year, the SEC has recommended the following initiatives to further increase the quality of the journal:

1. Set word limits for articles and abstracts.
2. Condense the number of departments of the journal.
3. Revise the review process to reject papers that do not add significantly to the field of pharmacotherapy.
4. Increase the number of invited editorials.
5. Increase the number of invited review papers.
6. Publish issues of the journal that focus on current issues in specific areas of pharmacotherapy.

These changes are currently being implemented. The SEC and the BOD remain hopeful that these and other initiatives will lead to further improvements in the quality of the journal and increase its impact factor. More information about additional changes will appear in forthcoming issues of this newsletter and in the journal. We thank all of you who have served the journal in so many capacities.

### Chest Physicians Honor Bussey with Two Awards

Long-standing member and past ACCP Regent Henry Bussey has been honored for two Web-based initiatives to help patients, health care professionals, and caregivers manage medication therapies designed to prevent blood clots. Dr. Bussey, Professor of Pharmacotherapy at the University of Texas College of Pharmacy, was selected for two honors presented by the Chest Foundation, the philanthropic arm of the American College of Chest Physicians. The recognition includes awards totaling \$185,000 during a 3-year period.

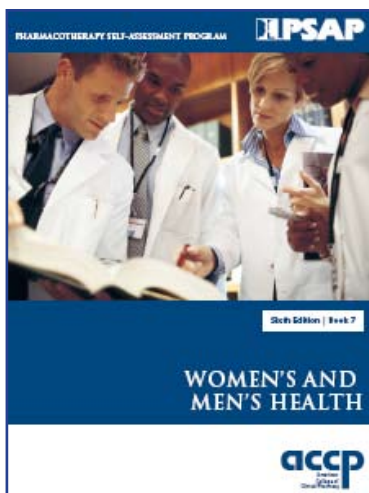


In the first award, Dr. Bussey was named recipient of the Second GlaxoSmithKline Distinguished Scholar in Thrombosis Award. He received the award for his proposal to develop a safer, more effective, and less costly method to manage oral anticoagulation (warfarin; brand name Coumadin) therapy for the millions of people who take the medication. "We are currently involved in the first trial that is evaluating the 'triple intervention' of combining (1) a new fingerstick self-testing technology to perform the international normalized ratio (INR) test, which is used to adjust the warfarin dose plus (2) daily low-dose vitamin K to help stabilize the INR and (3) automated online monitoring through a software system (the ClotFree System from Genesis Advanced Technologies, Inc.) that has been developed with my input," Dr. Bussey explained. He added that available data suggest that achieving better INR control can reduce stroke, heart attack, death, and major bleeding in certain patient groups by 50% or more, and he believes his new approach can achieve the goal with less time and resources than are currently expended in managing warfarin patients. The distinguished scholar award provides \$50,000 annually to support the research during a 3-year period and \$10,000 the following year to support Dr. Bussey's commitment to serve as a consultant to the next person chosen for this award.

In addition, Dr. Bussey was named as one of four recipients of the Foundation's Humanitarian Project Development Award. The honor, which includes a \$25,000 cash prize, is awarded to projects and programs located anywhere in the world that a member is volunteering medical expertise, time, or resources to improve the health of those in need. "A major criterion for this award is helping to provide assistance to areas outside of the U.S. and especially in underserved areas of the world," said Bussey, adding that the information resources offered by ClotCare are available to anyone in the world who has access to the World Wide Web and that ClotCare's editorial board routinely responds to questions from all over the world. Dr. Bussey is the author of more than 100 publications and has recently joined the Scientific Advisory Committee of the North American Thrombosis Forum.

## Women's and Men's Health Is the Latest in the PSAP-VI Series

*Women's and Men's Health* is the latest book from the Pharmacotherapy Self-Assessment Program, sixth edition (PSAP-VI). This seventh book in the series provides concise evidence-based updates on common topics such as contraception and benign prostatic hyperplasia. The book is divided into three learning modules. The first module includes chapters on sex-related differences in diseases and pharmacotherapy as well as chapters on



advances in contraception and infertility. The second module consists of four chapters on drug use in pregnancy and lactation as well as the management of common medical and psychiatric conditions during pregnancy. The third module focuses on older adults, with chapters ranging from an evidence-based approach to anti-aging therapies and cosmeceuticals to recent advances in the management of major health issues in older men and older women. Each chapter has an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and other resources relevant to the major content areas. *Women's and Men's Health* is designed to assist pharmacists who want to:

- Identify sex-related differences in common diseases and in the potential responses to pharmacotherapy to better individualize drug therapy;
- Develop and justify optimal contraceptive plans for women based on individual characteristics and the current literature;
- Design a treatment plan for a woman with infertility because of polycystic ovary syndrome and other causes, as well as counsel couples on fertility awareness methods;
- Evaluate more accurately the safety issues associated with drugs commonly used during pregnancy and breastfeeding and provide appropriate patient counseling;
- Design a treatment plan for managing and monitoring common medical and psychiatric conditions in pregnancy;
- Distinguish between genetic, biologic, and environmental influences on the overall aging process and assess potential anti-aging strategies;
- Evaluate treatment advances and recent controversies in the management of benign prostatic hyperplasia, chronic prostatitis, erectile dysfunction, and the chemoprevention of prostate cancer; and
- Develop evidence-based treatment strategies for osteoporosis, urinary incontinence, and menopausal symptoms.

*Women's and Men's Health* was released on July 15 and is the seventh installment in the 11-book PSAP-VI series. The book is available in both print and online formats. Continuing pharmacy education credit is available for those who successfully complete the self-assessment examinations provided with each module. The three modules offer a combined total of 20.5 hours of continuing pharmacy education credit. The sixth edition of PSAP features several improvements over previous editions, including all-online testing; answer books supplied as PDF files; shorter, more concise chapters; and expanded annotated bibliographies.

Other books in the PSAP-VI series are Cardiology; Nephrology; Neurology and Psychiatry; Science and Practice of Pharmacotherapy; Infectious Diseases; Pulmonary and Critical Care; Health Promotion and Maintenance; Gastroenterology and Nutrition; Oncology; and Chronic Illnesses.

PSAP is dedicated to offering the most up-to-date and comprehensive information available regarding recent drug therapy advances. Each book will expand your knowledge in the therapeutic area covered. PSAP is priced as detailed below (please note that shipping charges will apply):

	<u>Member Price</u>	<u>Non-member Price</u>
<b>PSAP-VI</b>		
<b>Single Books</b>		
Print	\$60.00	\$80.00
Online	\$50.00	\$70.00
Print and online	\$85.00	\$105.00
<b>PSAP-VI Series</b>		
Print	\$375.00	\$545.00
Online	\$330.00	\$490.00
Print and online	\$545.00	\$705.00

For specific information pertaining to the release dates of future books, projected continuing education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit [www.accp.com/p6.se.php](http://www.accp.com/p6.se.php), where you can quickly and conveniently place your order through the online bookstore. Use **code BR0707** when ordering PSAP-VI.



PSAP-VI has been approved by the Board of Pharmaceutical Specialties (BPS) for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification. ACCP is accredited by ACPE as a provider of continuing pharmacy education.

## ACCP Launches Emergency Medicine PRN

ACCP's Board of Regents has approved the application for an Emergency Medicine PRN. The Board created the new PRN by unanimous vote on August 5, 2008. Emergency Medicine becomes ACCP's 22<sup>nd</sup> PRN.

The PRN's founding chair is Michael C. Thomas, Pharm.D., BCPS, Clinical Pharmacist, Munson Medical Center, Traverse City, Michigan. In describing the need for

a new PRN in the area of Emergency Medicine, Dr. Thomas commented, "There are a growing number of pharmacists who practice primarily in the emergency department (ED). Issues we are faced with are diverse. Some of these include medication reconciliation, drug/toxicology information, medication safety, prospective/retrospective drug review, medication identification, culture and sensitivity report interpretation with follow-up, assistance with medical and traumatic emergencies, precepting students and residents, and educational efforts with medication identification."

The new PRN will conduct its inaugural meeting during ACCP's 2008 Annual Meeting, October 19–22, in Louisville. The date and time for the meeting will be confirmed soon and included in the *PRN Report* and in the official Web-based 2008 Annual Meeting materials, to be released in early October. During its first meeting, PRN members are expected to discuss plans for the coming year, including educational programming, future business meetings and networking forums, and other PRN initiatives.

### Join the Emergency Medicine PRN Now

ACCP members can join the Emergency Medicine PRN immediately by mail, phone, or fax. Download and complete the membership application on the ACCP Web site and submit it by mail to ACCP, 13000 W. 87th Street Parkway, Suite 100, Lenexa, KS 66215-4530; or by fax to (913) 492-0088. To join by phone, call ACCP during regular business hours, 8:00 to 5:00 p.m., Central Time, Monday through Friday, at (913) 492-3311.

Members can join the new PRN online beginning Monday, August 25, with the launch of ACCP's new Web site. (See the related article on ACCP's Web site elsewhere in this issue.) PRN dues are currently \$15.00 annually. New members will be subscribed to the PRN's listserve when it becomes available on August 25.

## Call for Nominations

All nomination materials, including letters, vitae or résumés, and other supporting documents, can be submitted online to ACCP beginning on September 1. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal will be available September 1 at <http://www.accp.com/ClinNet/nomMenu.php>.

### PLEASE NOTE:

**Due November 30, 2008** – Nominations for fall 2009 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2010 Therapeutic Frontiers Lecturer, and 2010 elected offices.

**Due February 15, 2009** – Nominations for the 2009 Parker Medal, 2009 ACCP Fellows (FCCP), and 2010 Spring Awards (New Investigator, New Educator, and New Clinical Practitioner).

Additional information on award criteria may be obtained from ACCP headquarters.

**2009 ACCP Fellows:** Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates may be nominated by any two Full Members other than the nominee or by any Fellow. Current members of the Board of Regents and the Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2009.**

**2010 Officers and Regents:** President-Elect, Regents, and Research Institute Trustees. Nominees must be Full Members of ACCP and should have (1) achieved excellence in clinical pharmacy practice, research, or education; (2) demonstrated leadership capabilities; and (3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. **Nomination deadline: November 30, 2008.**

**2009 Education Award:** Recognizes an ACCP member who has shown excellence in the classroom or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to clinical pharmacist continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

**Nomination deadline: November 30, 2008.**

**2009 Clinical Practice Award:** Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

**Nomination deadline: November 30, 2008.**

**2009 Russell R. Miller Award:** Recognizes an ACCP member who has made substantial contributions to the literature of clinical pharmacy, either in the form of a single, especially noteworthy contribution or sustained contributions over time. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2008.**

**2010 Therapeutic Frontiers Lecture:** Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may

be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

**Nomination deadline: November 30, 2008.**

**Robert M. Elenbaas Service Award:** Given only when a particularly noteworthy candidate is identified in recognition of outstanding contributions to the vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or material goods. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

**Nomination deadline: November 30, 2008.**

**2009 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy:** Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, financial, technological, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must include the nominee's curriculum vitae, résumé, or biographical sketch, as available, and at least three letters of support that describe the individual's accomplishments relative to the award criteria. At least one letter of support must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2009.**

**2010 New Clinical Practitioner Award:** This award will be given at the 2010 Spring Practice and Research Forum, April 2010, in Charlotte, NC. Its purpose is to recognize and honor a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2009.**

**2010 New Educator Award:** This award will be given at the 2010 Spring Practice and Research Forum, April

2010, in Charlotte, NC. Its purpose is to recognize and honor a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2009.**

**2010 New Investigator Award:** This award will be given at the 2010 Spring Practice and Research Forum, April

2010, in Charlotte, NC. Its purpose is to highlight the research program of an ACCP member who has made a major impact in an aspect of clinical pharmaceutical science. Nominees must have been members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme, or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2009.**

## Awards, Promotions, Grants, etc.

**Val Adams**, Pharm.D., FCCP, BCOP, received funding from the National Institutes of Health as a co-investigator on the project, "Synthetic Probes of Protein Prenylation".... **John Bosso**, Pharm.D., FCCP, BCPS, has been reappointed to the editorial advisory board of *Antimicrobial Agents and Chemotherapy*....**Allison Chung**, Pharm.D., BCPS, was recently promoted to the rank of Clinical Associate Professor at Auburn University....**Nicole Culhane**, Pharm.D., BCPS, has been appointed Director of Experiential Education at the College of Notre Dame of Maryland School of Pharmacy in Baltimore, MD....**Joseph DiPiro**, Pharm.D., FCCP, BCPS, was recently honored with the Phi Lambda Sigma Proctor & Gamble National Leadership Award....**Susan Fagan**, Pharm.D., FCCP, BCPS, has been named the third Albert W. Jowdy Professor of Pharmacy Care at the University of Georgia College of Pharmacy....**Kevin Garey**, Pharm.D., has been appointed Chair of the Clinical Sciences & Administration Department at the University of Houston College of Pharmacy....**Jimmi Hatton**, Pharm.D., FCCP, FCCM, BCNSP, was recently named Chair of the Department of Pharmacy Practice and Science at the University of Kentucky College of Pharmacy....**June Johnson**, Pharm.D., received the Hartig Distinguished Professor Award from the Drake University College of Pharmacy & Health Sciences.... **Sandra Kane-Gill**, Pharm.D., M.Sc., and **Amy Seybert**, Pharm.D., were both recently promoted to the rank of Associate Professor of Pharmacy and Therapeutics at the University of Pittsburgh School of Pharmacy....**Russell Lewis**, Pharm.D., FCCP, BCPS, received a 2-year grant from Merck & Co. in the amount of \$90,700 for a study titled, "Comparison of Caspofungin and Anidulafungin Pharmacodynamics in a Murine Model of Acute Invasive Aspergillosis"....**Frank Romanelli**, Pharm.D., BCPS, was recently honored by the University of Kentucky as a recipient of the 2008 Provost Teaching Award for Tenured Faculty.... **Kelly Smith**, Pharm.D., BCPS, has been appointed Assistant Dean for Academic Affairs and Director of Residency Program Advancement at the University of Kentucky College of Pharmacy....**William E. Smith**, Pharm.D., was appointed

earlier this year by Department of Health and Human Services (HHS) Secretary Michael O. Leavitt to the Agency for Healthcare Research and Quality (AHRQ) National Advisory Council. Smith will be the first pharmacist to serve on this council....**Deborah Sturpe**, Pharm.D., BCPS, received a grant for \$23,356 from the Drug Information Association for a study titled, "Knowledge of Emergency Contraception Among Health Professionals"....**Vincent Tam**, Pharm.D., BCPS, has been awarded a grant in the amount of \$209,860 from AstraZeneca Pharmaceuticals for "Pharmacodynamic Evaluation of a New Anti-Staphylococcal Antimicrobial Agent."

## New Members

Danielle Althoff	Stefanie Chick
Erika Angel	Anita Ciarleglio
John Armitstead	Misty Clark
Norma Ayala-Burgos	Kimberly Corder
Seble Ayalew	Amanda Covey
Stephanie Baker	Hannah Crabtree
Andrea Baldus	Rachel Crowder Street
Shawna Beck	Lesley D'Albini
Elizabeth Beckman	Justin Daniel
Ashton Beggs	Gina DeSevo
Ngan-Vi Bellew	Ederlyn Dia
Russell Benefield	Lauren Dillman
Cassie Billings	JoLaine Draugalis
Lodge Bliznesky	John Duncan
Adam Bohn	Trista Dunn
Danielle Boschetto	Eric Egelund
John Bossaer	Tosha Egelund
Salvatore Bottiglieri	Wasim El Nekidy
Christopher Boyle	Heather Ellis
Kira Brice	Kelly Ennis
Christine Bruno	Stacy Eon
Courtney Byers	Justin Feil
Michele Campolieto	Nick Ferder
Rachel Cathey	Daniel Ferrer
Waiman Chan	Kalliopi Fitousis

Kelli Fitterling  
Steven Fuchs  
Sarah Galle  
Anna Gincherman  
Megan Goodman  
Kara Green  
Kristin Griffin  
Sesilya Gunawan  
Amy Haney  
Jason Haney  
Kierstan Hanson  
Ashley Hellermann Rankin  
Hannah Henry  
Nicholas Herrmann  
Allison High  
Danielle Hogan  
Angel Hollrith  
Jenny Hui  
Tracey Hysong  
Jennifer Jebrock  
Shin-Pung Jen  
Elizabeth Jerrels  
Katie Johanning  
Jeff Jolliff  
Lesly Jurado  
Oxana Kamneva  
Jennifer Kim  
Kelsey Koon  
Wiyanna Kramer  
John Kurian  
Catherine Lai  
Jennifer Lai  
Tristan Lam  
Yee Ming Lee  
Jennifer Littrell  
Mark Litzinger  
Kelly Lyons  
Carolyn Ma  
Jamie Mangham  
Renee Marchand  
Patricia Marr  
Amber Martin  
Amy Martin  
Casey McNulty  
Jeannette Mejias-Arroyo  
Carissa Najpaver  
Kristian Navickas  
Hui-Cheng Ng  
Vi Ngoc Ngo  
Tram Nguyen  
Marilyn Novell  
Ozioma Okoli  
Katie Orton  
Manish Patel  
Nimisha Patel  
Sonia Patel  
Katherine Petkewicz  
Nicole Pitello  
Kevin Prue  
Jennifer Reynolds  
Janiris Rivera  
Kathy Rivera-Nieves  
William Neal Roberts  
Jill Sailors

Sophie Samuel  
David Santrock  
Maya Segura  
Carmen Smith  
Krista Smith  
Jose Soto-Rodriguez  
Michael Spinner  
Martha Starzewski  
Emily Stenger  
Jamee Strange  
Erin Suhrie  
Kitty Sum  
Susan Tamborini  
Ann Tex  
James Thomas  
Jocelyn Thomas  
Michele Treat  
Monica Vu  
Michelle Wannemuehler  
Emily Wece  
Emily Welch  
Megan Wheatley  
Tyler Whisman  
Ashleigh Wickell  
Frank Wilson  
Carolyn Woo  
Anthony Woomer  
Linda Wylie  
Stephanie Yoo  
Sarah Yost  
John Zeuli

**The Following Members  
Recently Advanced  
from Associate to  
Full Member:**

Mary Petrea Cober  
Joshua Conrad  
L. Nicky Corkum  
Darin Curtiss  
Christine Formea  
Mia Hard  
Debra Hebert  
Kimberly Janicek  
Sarah Martin  
Krystal Moorman  
Linda Nahlik  
Kelly O'Neil  
Nathan Painter  
Samuel Poloyac  
Randy Regal  
Marc Scheetz  
David Schlatter  
L. Farris Sittig  
Patrick Skeffington  
Hilary Tice  
Supakit Wongwiwatthanaukit

**New Member  
Recruiters**

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

Debra Brown  
Jill Burkiewicz  
Corinne Chahine  
Jennifer Collier  
Stacey Curtiss  
George Davis  
Steven Erickson  
Alisa Escano  
Sophia Francis  
Chad Friece  
Nicole Gattas  
Jasmine Gonzalvo  
Mark Johnson  
Thomas Johnson  
Laura Krugger  
Jason Majernik  
S. Dee Melnyk  
Vi Ngoc Ngo  
Ralph Raasch  
Jackie Roh  
Frank Romanelli  
Edward Sheridan  
Harminder Sikand  
William Terneus  
Daniel Tran  
Jeffrey VanHouten  
Mary Worthington



**Associate Dean for Clinical Programs  
College of Pharmacy  
The University of Texas at Austin**

The University of Texas at Austin (UT) College of Pharmacy seeks applications and nominations for the Associate Dean for Clinical Programs.

The University of Texas at Austin (UT) is a leading tier one, research-focused, state university. The UT College of Pharmacy has 44 tenured/tenure-track faculty, 45 nontenure-track faculty, 514 Pharm.D. students, 45 residents, and over 130 graduate students. The college operates regional education programs throughout Texas, including the Pharmacotherapy Division at the University of Texas Health Science Center at San Antonio, cooperative pharmacy program campuses with the University of Texas at El Paso and the University of Texas Pan American, and regional internship campuses in Houston-Galveston and Dallas/Fort Worth.

Applicants must have an earned Pharm.D. degree and appropriate residency, fellowship training, graduate degree, or the equivalent. Applicants must possess excellent communication and interpersonal skills. Prior leadership in the profession and experience in leading clinical pharmacy programs at a college of pharmacy are highly desirable. The ideal candidate will have a history of outstanding accomplishments in pharmacotherapy or pharmacy practice research and scholarship. Candidates should have proven abilities to foster an interdisciplinary approach to education and research. The successful candidate must qualify for appointment to the academic rank of professor with tenure or clinical professor without tenure.

The Associate Dean for Clinical Programs will lead the advancement of academic clinical and practice programs at both the Pharm.D. and post-Pharm.D. levels. This individual will collaborate with other senior administrative staff to identify the needs of students, faculty, preceptors, and affiliated statewide experiential sites and work jointly with these stakeholders to achieve the experiential education and training goals for both the Pharm.D. and postgraduate programs. Other obligations include leading the advancement of interprofessional collaborations, teaching at the Pharm.D. and post-Pharm.D. levels, assisting in faculty mentoring, contributing to scholarship, and providing service to the college and profession.

We welcome interested parties to submit application materials by October 15, 2008. Review of applications will begin immediately on receipt and will continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), together with a curriculum vitae and the names of three references, to [sharla.brewer@mail.utexas.edu](mailto:sharla.brewer@mail.utexas.edu). All inquiries should be addressed to:

Sharla Brewer  
Administrative Associate  
The University of Texas at Austin  
College of Pharmacy  
1 University Station, A1900  
Austin, TX 78712  
E-mail: [sharla.brewer@mail.utexas.edu](mailto:sharla.brewer@mail.utexas.edu)  
Web site: <http://www.utexas.edu/pharmacy/>

*Women and minorities are encouraged to apply.  
The University of Texas is an Affirmative Action, Equal Opportunity Employer.*



**Clinical Assistant Professor  
Psychiatric Pharmacy**

The College of Pharmacy at the University of Texas at Austin is seeking applications for a junior psychiatric pharmacist for a nontenure-track faculty position at the rank of clinical assistant professor within the Pharmacy Practice Division. The successful candidate must have an earned Pharm.D. degree from an ACPE-accredited school of pharmacy, be licensed or eligible for licensure in the state of Texas, have successfully completed a psychiatric pharmacy residency or have gained equivalent experience, and be able to demonstrate teaching ability. The successful applicant will be expected to teach in the Pharm.D. program, provide instruction in the graduate program in Pharmacy Practice and Pharmacy Administration, and teach residents specializing in psychiatry and psychiatric pharmacy. Most organized coursework is team-taught. Clinical service that supports resident and Pharm.D. student education is expected. The successful candidate will have the opportunity to collaborate with tenured and tenure-track faculty on research and scholarship.

We welcome qualified applicants to submit their application materials by September 1, 2008. Review of applications will begin immediately on receipt and will continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), together with a curriculum vitae and the names of three references, to the following e-mail address: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu).

All inquiries should be sent to:

Sherrie Bendele  
Program Coordinator  
The University of Texas at Austin  
1 University Station, A1910  
Austin, TX 78712-0124  
E-mail: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu)  
Web site: <http://www.utexas.edu/pharmacy/>

*Qualified women and minorities are encouraged to apply.  
The University of Texas is an Affirmative Action, Equal Opportunity Employer.*



**Assistant, Associate, or Full Professor  
Emphasis in Psychiatric Pharmacy Research**

The College of Pharmacy at the University of Texas at Austin is seeking applications for a psychiatric pharmacist for a research-intensive tenure-track assistant professor or a tenured associate or full professor. The qualified individual must have research training (fellowship, M.S., or Ph.D.) in an area that is conducive to conducting research in psychiatric pharmacy. Current research programs focus on mental health outcomes and health services research. Qualified candidates must have an earned Pharm.D. degree from an ACPE-accredited school of pharmacy, be licensed or eligible for licensure in the state of Texas, and be able to demonstrate teaching ability. Appointment as associate professor or full professor requires demonstrated and sustained extramural grant support and research and scholarship achievements consistent with appointment to that rank at a research-intensive university. In addition to performing cutting-edge research, the successful applicant will be expected to teach in the Pharm.D. program, provide instruction in the graduate program in Pharmacy Practice and Pharmacy Administration, and teach residents specializing in psychiatry and psychiatric pharmacy. Most organized coursework is team-taught.

We welcome qualified applicants to submit application materials by September 1, 2008. Review of applications will begin immediately on receipt and continue until the finalists are named. Letters of application from interested candidates should be submitted electronically (only), together with a curriculum vitae and the names of three references, to the following e-mail address: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu).

All inquiries should be sent to:

Sherrie Bendele  
Program Coordinator  
The University of Texas at Austin  
1 University Station, A1910  
Austin, TX 78712-0124  
E-mail: [s.bendele@mail.utexas.edu](mailto:s.bendele@mail.utexas.edu)  
Web site: <http://www.utexas.edu/pharmacy/>

*Qualified women and minorities are encouraged to apply.  
The University of Texas is an Affirmative Action, Equal Opportunity Employer.*



### **Faculty Positions Clinical Assistant Professor**

The University of Texas College of Pharmacy is seeking applications for multiple faculty positions in the Division of Pharmacy Practice. These positions are nontenure-track appointments at the rank of clinical assistant professor. Positions are available in the following specialties:

- Internal Medicine
- Pediatrics
- Ambulatory Care
- Psychiatry

Successful applicants will lecture, facilitate practice laboratories, and supervise clinical clerkships for students in the Pharm.D. program. Clinical service that supports resident and Pharm.D. student education is expected, and faculty members will be asked to provide service to the college, the university, and the broader professional community. Successful individuals will have the opportunity to collaborate with tenure-track and nontenure-track faculty on research and scholarship.

Candidates must have an earned Pharm.D. degree from an ACPE-accredited school of pharmacy, be licensed or eligible for licensure in the state of Texas, have successfully completed a specialty practice residency or have gained equivalent experience, and be able to demonstrate effective teaching.

The University of Texas at Austin (UT) is a leading tier one, research-focused, state university. The UT College of Pharmacy has 44 tenured/tenure-track faculty, 45 nontenure-track faculty, 514 Pharm.D. students, 45 residents, and over 130 graduate students. The college operates regional education programs throughout Texas, including the Pharmacotherapy Division at the University of Texas Health Science Center at San Antonio, cooperative pharmacy program campuses with the University of Texas at El Paso and the University of Texas Pan American, and regional internship campuses in Houston-Galveston and Dallas/Fort Worth. Additional information regarding the UT College of Pharmacy can be located at <http://www.utexas.edu/pharmacy/>. All positions offer a competitive salary and benefits package.

Applicants should submit electronically (only) a letter of application, a curriculum vitae, and the names of three references to [angela.clapper@mail.utexas.edu](mailto:angela.clapper@mail.utexas.edu). Review of applications will continue until the positions are filled.

Qualified applicants should address all communication to:

James P. Wilson, Pharm.D., Ph.D.  
The University of Texas College of Pharmacy  
Division of Pharmacy Practice  
E-mail: [angela.clapper@mail.utexas.edu](mailto:angela.clapper@mail.utexas.edu)

*Women and minorities are encouraged to apply.  
The University of Texas at Austin is an Affirmative Action, Equal Opportunity Employer.*



**Clinical Pharmacist  
Geriatric Pharmacotherapy  
Kingsbrook Jewish Medical Center  
Rutland Nursing Home**

**Position Description:** This is a challenging, diverse, and dynamic position with opportunities and responsibilities in geriatric medication therapy management, teaching, and mentoring. Our 19-member pharmacotherapy team—consisting of 11 highly skilled pharmacotherapists, each having completed at least 2 years of postgraduate training, and 8 PGY-1 and PGY-2 pharmacy residents—strives to provide high-caliber and comprehensive pharmaceutical care services. Rutland Nursing Home is a 538-bed long- and short-term care facility that employs full-time physicians providing comprehensive geriatric care and offers an excellent opportunity to collaborate and provide medication therapy management.

The responsibilities of this position are to provide comprehensive drug regimen review services, geriatric pharmacotherapy consultations, and formulary management as well as to collaborate with the physicians and prescription drug plans to ensure cost-effective pharmacotherapy, participate in geriatric attending rounds and physicians' morning reports, administer lectures to the medical staff, participate in pharmacotherapy consultation services, and approve restricted antibiotics. Our pharmacotherapy consultation services include pharmacokinetics, clinical pharmacology, diabetes, adverse drug events, and anticoagulation.

Another responsibility of this position is to serve as a faculty member, role model, mentor, and preceptor for our ASHP-accredited pharmacy residency programs in pharmacy practice, geriatrics, and internal medicine. There will be a faculty appointment at the clinical assistant/associate professor of pharmacy practice rank with the Arnold & Marie Schwartz College of Pharmacy, Long Island University. Opportunities exist to precept Pharm.D. students. This position offers an excellent opportunity to fulfill leadership, learning, teaching, research, and publishing endeavors. Applicants should be organized, resourceful, cooperative, collaborative, collegial, motivated, and passionate.

**Required or Desired Credentials or Experience:** The applicant should have excellent oral and written communication skills. Applicants should possess a Pharm.D. degree and be eligible for licensure in New York State. A PGY-2 pharmacy residency in geriatrics, internal medicine, psychiatry, or equivalent experience is preferred. Exceptional PGY-1 candidates will be considered.

**Description of Institution/Organization:** Rutland Nursing Home, located on the campus of Kingsbrook Jewish Medical Center, is a 538-bed long- and short-term care facility offering skilled nursing, physical rehabilitation, wound care, a specialty unit for ventilator-dependent residents, and an array of other subacute services. The hospital is within 20 minutes of Manhattan. Contact:

Henry Cohen, M.S., Pharm.D., FCCM, BCPP, CGP  
Chief Pharmacotherapy Officer  
[HCohenLIU@aol.com](mailto:HCohenLIU@aol.com) and [HCohen@kingsbrook.org](mailto:HCohen@kingsbrook.org)  
Telephone: (718) 604-5373  
(Please e-mail your CV and contact information.)