

# ACCP Report

American College of Clinical Pharmacy

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

Vol. 29, No. 10; October 2010

## ACCP Clinical Pharmacy Challenge Semifinalists Announced

Congratulations to the four semifinalist teams listed below, which recently participated in Online Rounds 1 and 2 of the inaugural ACCP Clinical Pharmacy Challenge. Initially competing against teams from other North American schools and colleges of pharmacy, the following four teams have advanced to the final rounds of the competition to be held in Austin, Texas, on October 16–17, during the ACCP Annual Meeting.



### Nova Southeastern University–Puerto Rico campus

- Irene Borrero
- Bonnie Perez
- Yvonne Phan

Kalumi Ayala, Pharm.D. (registering faculty member)

### Purdue University

- Jonathan Mohler
- Tiffany Pon
- Nick Sciacca

Monica Miller, Pharm.D. (registering faculty member)

### University of California–San Diego

- Timothy Bassell
- Shaddy Javadinejad
- Angel Lam

Kelly Lee, Pharm.D., BCPP (registering faculty member)

### University of Minnesota

- Camille Beauduy
- Ramy Elshaboury
- Lacy Ternes

Debra Skaar, Pharm.D. (registering faculty member)

## Competition Schedule

### Saturday, October 16, 2010

11:00 a.m.–11:45 a.m. **Semi-final A**  
University of Minnesota  
vs.  
Purdue University

1:00 p.m.–1:45 p.m. **Semi-final B**  
University of California–  
San Diego  
vs.  
Nova Southeastern University–  
Puerto Rico

### Sunday, October 17, 2010

5:15 p.m.–6:00 p.m. **Final Round**  
Winner Semi-final A  
vs.  
Winner Semi-final B

Developed in concept by the National StuNet Advisory Committee, the ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students compete against teams from other schools and colleges of pharmacy in a quiz bowl-type format. Each round of the competition consists of questions offered in the following segments: Trivia/Lightning, Clinical Case, and Jeopardy-style. Teams that advanced to the semifinals will represent their school or college of pharmacy in the live rounds of the competition to be held during the 2010 ACCP Annual Meeting in Austin, Texas. The winning team will receive a championship trophy, a \$1,500 cash award (\$500 to each team member), and a congratulatory plaque for each team member. The second-place team will receive a congratulatory plaque and a \$750 cash award (\$250 to each member).

Ninety-four teams registered for the Clinical Pharmacy Challenge an encouraging start for a competition in its first year, far exceeding our initial estimates of 25–50 teams. However, because of the unexpectedly large number of last-minute entries, we were unable to expand the number of competitive rounds (either virtual or live) to better engage such a large field. Of the 48 teams that progressed to Online Round 2 of the competition, only the top four advanced to the semifinal rounds in Austin. To view the distribution of scores for Online Rounds 1 and 2, please visit the ACCP Web site at [www.accp.com/stunet](http://www.accp.com/stunet).

Based on early feedback, ACCP anticipates that even more teams will register next year. Therefore, changes in the number of online and live rounds are under way to accommodate a larger field for 2011's Challenge.

Thanks to all the teams participating in this year's competition. For more information about the ACCP Clinical Pharmacy Challenge, please visit [www.accp.com/stunet](http://www.accp.com/stunet). Information about next year's competition will be available in early 2011.

## Practice and Research Networks Offer Education and Networking in Austin

Every year at the ACCP Annual Meeting, Practice and Research Networks (PRNs) feature high-quality, tailored programming to members within specific therapeutic or practice areas. These PRN focus sessions are designed to be timely, informative, and applicable to clinical pharmacists. This year, several PRNs have collaborated to offer hot topics that pertain to multiple specialty areas. October 17–20, join your colleagues for PRN-developed focus sessions and PRN business and networking forums. For a complete schedule of these and other Annual Meeting events, visit [www.accp.com/am](http://www.accp.com/am). If you have not yet registered for the meeting, there's still time! Stop by the ACCP Registration Desk in the Austin Convention Center to register on-site.

Monday afternoon, select from these PRN-developed focus sessions:

- *Challenging Neurologic Disorders in the Older Adult*; Geriatrics PRN and Central Nervous System PRN
- *Critical Care Challenges: External Validity and Extrapolation of Clinical Trial Data to the Bedside*; Critical Care PRN
- *Selected Therapeutic Issues Facing Reproductive-Age Women*; Women's Health PRN
- *Current Practices, Controversies, and Updates in Anticoagulation*; Ambulatory Care PRN
- *Review and Update on the Management of Gastroenterological Diseases*; GI/Liver/Nutrition PRN

Tuesday afternoon, select from:

- *Sharing the Science of the Drug Product Label—Bridging Drug Development and Patient Care*; Pharmaceutical Industry PRN
- *Challenges of New Acute Pain in the Opioid Tolerant Hospital Patient*; Pain and Palliative Care PRN
- *Shake, Rattle and Role. Exploring the Place in Therapy for the New Generation Anti-epileptic Drugs in Pediatrics*; Pediatrics PRN
- *Perspectives on Drug Policy Development: A Case-Based Approach*; Drug Information PRN
- *Innovative Practices for Pharmacists in Solid Organ Transplant and Immunology*; Immunology and Transplantation PRN

After a long day of sessions, unwind with colleagues at the PRN business meetings and networking forums. These reception-style events offer PRN members and those interested in the PRN a chance to network, discuss their respective interest areas, and plan activities that advance the profession. Several PRNs host short scientific poster

presentations in addition to their business meetings. On Monday evening from 6:30 p.m. to 9:00 p.m., the following PRNs will meet: Adult Medicine, Cardiology, Drug Information, Education and Training, Emergency Medicine, Endocrine and Metabolism, Geriatrics, GI/Liver/Nutrition, Infectious Diseases, Pain and Palliative Care, and Pediatrics. On Tuesday evening from 6:30 p.m. to 9:00 p.m., join the following PRNs: Ambulatory Care, Clinical Administration, Central Nervous System, Critical Care, Health Outcomes, Hematology/Oncology, Immunology/Transplantation, Nephrology, Pharmaceutical Industry, Pharmacokinetics/Pharmacodynamics, and Women's Health.

To view the complete meeting agenda, visit the Web site at [www.accp.com/am](http://www.accp.com/am). On-site registration begins Saturday, October 16, at 2:00 p.m. in the Austin Convention Center.

## Travel Awards Given for 2010 ACCP Annual Meeting

One of the best ways for students and postgraduate trainees to experience organized clinical pharmacy in action is to participate in an ACCP national meeting.

This fall, through the generous support of individual members and the PRNs, 34 students and postgraduate trainees will have this opportunity at the Annual Meeting in Austin, Texas. Please join us in congratulating the following recipients of the 2010 ACCP Annual Meeting Travel Awards:

### Pharmacy Students

Christopher Adams  
Priya Amin  
Jessica Bannon  
Timothy Bassell  
Shamama Burney  
Ashley Castleberry  
Christopher Chapleau  
Tim Church  
Robert DeClue  
Chinelo Enwonwu  
Kelli Fitterling  
Alexander Flannery  
Risa Hiroshima  
Kevin Kerr  
Angel Lam  
Charles Makowski  
Amanda Martinez  
Kathy Matthews

Brian McCrate  
Keri Mills  
Rachael Moore  
Andrew North  
Heena H. Patel  
Tiffany Sanders  
Melanie Siv  
Elva Van Devender  
Andrew Ventura  
Heather Woodward

### Postgraduate Trainees

Maggie Dinh  
Amber Elliott  
Tara Gleason  
Milena Griffith  
Anastasia Roberts  
Stephanie Weightman

Travel awards encourage student and postgraduate trainee attendance at ACCP meetings and promote future involvement in the College. Information about the next cycle of ACCP Travel Awards will be available on the ACCP Web site in early 2011. To qualify, applicants must be (1) a current resident, fellow, or postgraduate trainee member of ACCP; or (2) a current student member pursuing his or her first professional degree, who has completed at least 1 academic year in a professional pharmacy program. Applicants are required to submit an essay, a CV, and a letter (or letters) of recommendation from faculty members and/or preceptors.

ACCP would like to recognize the following individuals and PRNs for their generous contributions to support the Travel Awards program:

Jeanette Altavela	Edward Lozano
Navid Amlani	Erik Maki
Stephanie Ballard	Sekhar Mamidi
Nitish Bangalore	David Min
Allison Bernknopf	Eric Mueller
P. Brandon Bookstaver	Mary Beth O'Connell
Jennifer Clements	Kalen Porter
Kathryn Connor	L. Kent Porter
Amanda Corbett	Jo Ellen Rodgers
Carol Craig	Erik Senuty
Maggie Dinh	Sarah Spinler
Joseph DiPiro	Sony Tuteja
Jennifer Dixon	Barbara Wells
Mary Hess	Elizabeth Young
Elizabeth Hirsch	
James Hoehns	The Adult Medicine PRN
Paul Hutson	The Ambulatory Care PRN
Emilie Karpiuk	The Cardiology PRN
Amy Krauss	

The Clinical Administration PRN  
The Critical Care PRN  
The Education and Training PRN  
The Endocrine and Metabolism PRN  
The Geriatrics PRN  
The Hematology/Oncology PRN  
The Infectious Diseases PRN  
The Pharmacokinetics/Pharmacodynamics PRN

Donations to the Travel Award Fund helped support this fall's awards and will continue to fund awards supporting student and postgraduate trainee attendance at upcoming ACCP national meetings. All donations collected by the Student Travel Award Fund and Resident/Fellow Travel Award Fund are applied directly toward attendee meeting support; no funds are used for administrative or overhead expenses. If you would like to make a tax-deductible contribution to help support future awards, please contact Jon Poynter, Membership Project Manager, at [jpoynter@accp.com](mailto:jpoynter@accp.com).

## Call for Nominations

All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal is available at <http://www.accp.com/membership/nominations.aspx>.

### PLEASE NOTE:

**Due November 30, 2010** – Nominations for fall 2011 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2012 Therapeutic Frontiers Lecture, and 2012 elected offices.

**Due February 15, 2011** – Nominations for the 2011 Parker Medal and 2011 ACCP Fellows (FCCPs).

**2011 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 must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, or the Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2011.**

**2012 Officers and Regents:** President-Elect, Treasurer, 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. Please note that any qualifying Full Member may nominate himself/herself for office. **Nomination deadline: November 30, 2010.**

**2011 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

**2011 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

**2011 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

**2012 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

**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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

**2011 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 consist of a letter to the Chair of the Selection Committee detailing the nominee's qualifications for this award and his/her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters 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, 2011.**

**The recipients of the 2011 New Clinical Practitioner, New Educator, and New Investigator Awards** (formerly awarded during the ACCP Spring Meeting but now given during the Annual Meeting, beginning in 2011) have already been selected and will be announced in 2011. The call for the 2012 New Clinical Practitioner, New Educator, and New Investigator Awards will be issued next fall.

## Washington Report

*John McGlew*  
Associate Director of  
Government Affairs



### 2010 Congressional Election Preview

Washington, DC, is a city often better known for inaction than action. Traffic on the Beltway, like the legislative process on Capitol Hill, is often described as "gridlocked," and well-intentioned initiatives regularly collapse amid partisan stalemate.

In contrast, political trends around the country often emerge rapidly and with little warning. A little-known candidate (like our current president) can come from relative obscurity to win the biggest prize in the country, whereas long-standing elected official servants may find themselves out of work when voters become frustrated with the status quo and seek a change in leadership.

This phenomenon has been seen in congressional races nationwide as the Democratic Party, in control of the White House and holding majorities in both the House and Senate,

faces an increasingly hostile electorate when the country votes in November.

Of course, we have come to expect the party in the White House to find itself in trouble in the midterm elections. The 1994 "Republican Revolution" arose from voter dissatisfaction after the first 2 years of President Clinton's first term. President Bush managed to defy history by actually increasing the Republican majorities in Congress at the 2002 midterm elections, although this achievement was partly attributable to the unique political solidarity our nation experienced after the tragic events of September 11, 2001.

The Republicans, after experiencing heavy congressional losses in the 2006 and 2008 elections, have turned the proverbial corner, and they are expected to make significant gains in November 2010. But even with the Democratic Party in disarray and the economy stubbornly refusing to bounce back to life, the outlook for November is far from predictable.

### The Sarah Palin Effect

Few knew what to predict when Governor Sarah Palin burst onto the national political scene in summer 2008. Her youth and energy invigorated Senator McCain's moribund campaign, but her inexperience and perceived unfamiliarity

with key policy issues proved fatal to the ticket. This, coupled with a series of awkward television appearances, led many to believe that her national political aspirations ended in November 2008 with the election of President Obama.

Yet the self-described hockey mom from Wasilla, Alaska, continued to defy predictions, and she has emerged as the undisputed darling of a conservative movement sweeping the country known informally as the Tea Party Movement.

The link to the famous protest in Boston Harbor against the English monarch King George may be slightly tenuous, but the sentiment is clear. Fueled by fears about the sustainability of America's budget deficit, our potentially crippling national debt, and concerns regarding the apparent expansion of the federal government into areas as diverse as auto manufacturing, banking, and health care, the Tea Party Movement has gained national and even worldwide recognition in a short time.

Of course, many of the major initiatives the Tea Party opposes—the bailouts of Detroit and Wall Street in particular—were originally initiated under President Bush and, at least so far, most economists and experts have actually credited these initiatives with preventing further economic unrest and decline. Yet the perception remains that American domestic policy has moved sharply to the left, and the Tea Party Movement is a clear indication of the opposition to this shift.

### **So Why Is the GOP Worried?**

At first glance, congressional Republicans should be delighted with the rise of the conservative movement. A strong turnout in November would likely help the Republicans, especially as many of the “newly registered” voters who helped elect Barack Obama are not expected to cast their ballots this time around.

Yet Republican strategists are worried—concerned that the Tea Party Movement will lead the Republicans too far to the right and alienate centrist voters and that the candidates chosen by conservatives during the primary process will prove unelectable in the general elections.

Incumbent Republicans have not been spared the onslaught of conservative momentum. In Utah, long-standing Senator Bennett was rejected by Republican primary voters in favor of the Tea Party–endorsed Mike Lee. In Delaware, at-large House member Mike Castle lost his bid for the nomination for the Senate seat vacated by Vice President Joe Biden to conservative Christine O'Donnell. In Florida, popular Republican Charlie Crist opted to run as an Independent rather than shift sufficiently to the right to secure his party's nomination.

Nationwide dissatisfaction with the Democratic-controlled White House and Congress indicates that the Republican Party will see significant gains in the 2010 congressional elections. However, Democrats continue to hold out hope that the candidates elected in the Republican primary contests will prove too conservative for the general election.

### **Four Senate Races to Watch Connecticut**

The race to replace retiring Democratic Senator Chris Dodd was never expected to be so competitive. Connecticut, in general, leans Democratic, and the Democratic candidate, long-standing state Attorney General Richard Blumenthal, was expected to win an easy victory.

However, *The New York Times* uncovered bizarre misstatements from Blumenthal regarding his military record (he suggested on several occasions that he served in Vietnam, when in reality, he obtained at least five military deferments that enabled him to avoid going to war), which undermined his candidacy and opened the door for a surge from Republican Linda McMahon.

McMahon is an unusual candidate herself. Her previous post as CEO of World Wrestling Entertainment (WWE) did not provide your typical preparation for the U.S. Senate. Yet McMahon's corporate success owes much to her political nous.

In August 2000, McMahon initiated a nonpartisan “Smackdown Your Vote!” campaign aimed at registering the 18–30 voter demographic, ultimately registering 150,000 new voters for the 2000 election.

By 2008, the WWE “vote” was considered so important that candidates Obama, Clinton, and McCain all made live appearances at WWE events during the presidential campaign. McMahon's work to fight steroid use in sports, support the Special Olympics, and bring WWE into the entertainment mainstream through a PG rating all point to a corporate executive who understands the political side of operations as well as the financial.

### **Delaware**

Little Delaware has enjoyed an unusual period in the political limelight after the nomination and election of popular Senator Joe Biden as vice president. Biden was replaced in the Senate by former his chief of staff and Capitol Hill insider Ted Kaufmann. However, Senator Kaufmann chose not to seek a full term in office, seemingly opening the door for at-large congressional representative Republican Mike Castle. Castle had served in his statewide district since 1993 after 8 years in the Governor's Mansion. In short, Castle knew exactly how to win a statewide seat in Delaware. Or so it seemed.

Backed by the Tea Party Express, conservative pundit Christine O'Donnell defeated Castle in the Republican primary, stunning many and shocking the Republican establishment, who saw Castle as a shoo-in and were excited about the bragging rights of winning the incumbent vice president's former seat.

O'Donnell, virtually unknown before her victory, had just \$20,000 in her election campaign at the beginning of the summer, but she raised a staggering \$2.6 million after her primary win as conservatives around the country rallied in support.

Amid all of this, the Democratic candidate, former New Castle County Executive Chris Coons, has gone almost unnoticed. Few expected him to put up much of a fight against Castle, but in a center/moderate state where Republicans represent less than 30% of registered voters, he must prefer his chances against O'Donnell over those of the more formidable Castle.

### **Kentucky**

Some of the early rumblings of what would emerge as the Tea Party Movement were heard in the 2008 Republican primary when outspoken libertarian Congressman Ron Paul (R-TX) consistently ran third in the races (winning 25% in [Montana](#) and 21% in North Dakota caucuses) before ultimately conceding the nomination to Senator John McCain.

After dropping out of the presidential race, Congressman Paul's son, Rand Paul, rode the wave of Tea Party momentum

all the way to a surprising victory in the Kentucky Republican Senate primary.

Rand Paul's name recognition and unflinching conservative values helped the candidate maintain a strong fundraising record, but his libertarian positions on many key election issues may prove his undoing as he enters the final weeks of the campaign.

The Democratic candidate, Attorney General Jack Conway, who defeated Kentucky Lt. Governor Daniel Mongiardo (a speaker at the 2008 ACCP Annual Meeting) on his way to the nomination, has so far struggled to define his candidacy. But Rand Paul's propensity to speak his mind may ultimately cost the Republican victory.

## **Nevada**

Statistically speaking, incumbents are generally far more likely to win reelection than their challengers. But holding office also makes you a target for your opponents, and Democratic Senate Majority Leader Harry Reid has his fair share of opponents.

As the leading Democrat in Congress, Reid has taken credit for the passage of initiatives such as health care reform and the stimulus bill. But Reid, who staked his political future on these controversial legislative successes, is now vulnerable in a state hit harder than most by the collapse of the housing market.

His opponent, the relatively inexperienced former state Assemblywoman Sharron Angle, won the nomination through support and endorsements from the conservative Tea Party establishment, but her calls to eliminate the U.S. Department of Education and withdraw from the United Nations may be too extreme even for eccentric Nevada.

Senator Reid has the backing of the national Democratic Party and several of his Republican colleagues, but recent precedent is on Sharron Angle's side—Republicans famously defeated Senate Majority Leader Tom Daschle in 2002 to return the Republican Party to the majority.

## **Four House Races to Watch**

### **2nd Congressional District, Louisiana.**

#### **Incumbent: Rep. Anh "Joseph" Cao (R)**

As the only Vietnamese-American in Congress and the only Republican to vote in favor of the health care reform legislation earlier this year, Rep. Cao may find life rather lonely. Even Cao's election in 2008 set him apart from most of the freshman class in Congress—his was an unlikely Republican victory in a majority African American district as President Obama swept into the White House.

Cao was elected to replace the disgraced Congressman William Jefferson, who was famously indicted on bribery charges after an FBI sting in which he was caught with \$90,000 in cash in his freezer.

Yet the burst of enthusiasm for Cao's candidacy was short-lived. His vote in favor of the health reform law—a necessity in a city where the health care infrastructure remains gutted even 4 years after the destruction of Hurricane Katrina—meant that financial support from conservative and Republican groups outside his district dried up. Short on cash and facing a tough challenge from popular local attorney Cedric Richmond, Cao looks to be the most vulnerable Republican in 2010. Yet his proven ability to win against the odds and his self-described status as a reformer in the Republican tradition of Ronald Reagan indicate that he will probably remain a strong candidate.

## **6th Congressional District, Minnesota.**

### **Incumbent: Rep. Michele Bachmann (R)**

Just as conservatives across the country have successfully capitalized on voter dissatisfaction with the Obama administration and Democratic majorities in Congress, so too has candidate Tarryl Clark taken advantage of public distrust of the Tea Party Movement and mounted a strong challenge against Republican incumbent Michele Bachmann. Bachmann herself won an unlikely victory, thanks in part to the financial backing of well-funded conservative organizations, back in 2006 when Democrats enjoyed a net gain of more than 30 seats in the House.

While in office, Bachmann's outspoken opinions garnered a great deal of national attention, but they also benefited Clark's candidacy and helped support her impressive fundraising campaign.

Although 2010 may be shaping up to be a good year for congressional Republicans, Bachmann's controversial statements (she appeared to advocate eliminating social security and Medicare) may prove too much in the fiercely independent and politically sophisticated state of Minnesota.

## **5th Congressional District, Virginia.**

### **Incumbent: Tom Perriello (D)**

Virginia has experienced a demographic transition in the past decade. Although Virginia was once a Republican stronghold, Democrats have increasingly made inroads into the Old Dominion, mainly because of the expanding, affluent, liberal Washington, DC, suburbs of Northern Virginia.

In 2008, Perriello upset the odds by defeating 38-year Republican incumbent Virgil Goode, helped in part by enthusiasm for President Barack Obama and Senator Mark Warner at the top of the ticket. Although Perriello's support for the major Democratic initiatives of this Congress—the stimulus package, cap-and-trade energy reform, and health care reform—raised his profile among Democratic leadership and the party's national financial base, these liberal positions will cause him problems with his conservative-leaning constituency.

## **17th Congressional District, Texas.**

### **Incumbent: Chet Edwards (D)**

This 10-term congressional representative is known as a survivor. A long-time target of well-organized Texas Republicans, Edwards was reelected during an era of Republican Texan power that ranged from President George W. Bush to House Speaker Tom "The Hammer" DeLay. Despite a voting record considered more conservative than that of most Republicans, Rep. Edwards' campaign has become defined as a referendum on House Speaker Nancy Pelosi and President Obama. Given the frustration around the country regarding the Democratic leadership in Washington, this could prove too much even for a legislator and campaigner as accomplished and formidable as Edwards.

## **ACCP Political Action Committee (PAC)**

ACCP's 2007 Strategic Plan called for an examination of the feasibility and value of establishing an ACCP Political Action Committee (PAC). In February 2010, based on research conducted by staff and outreach to ACCP membership, the ACCP Board of Regents approved the establishment of a PAC to support and advance ACCP's advocacy agenda.

ACCP-PAC was formally registered with the Federal Election Commission (FEC) in July 2010, and the PAC Governing Council was established to oversee the PAC.

The founding ACCP-PAC Governing Council is composed of the following ACCP members:

Chair: Leigh Ann Ross, Pharm.D., BCPS  
Treasurer: Gary R. Matzke, Pharm.D., FCP, FCCP, FASN, FNAP  
Secretary: Michael S. Maddux, Pharm.D., FCCP  
Member: Anna Legreid Dopp, Pharm.D.  
Member: Terry Seaton, Pharm.D., BCPS (Board of Regents Liaison)

The purpose of the ACCP-PAC Governing Council is to provide oversight and strategic input into the operations of ACCP-PAC, with particular focus on fundraising activities and decisions around which candidates to support. The Council members will sit for a 2-year term, mirroring 2-year congressional cycles.

### What Is a Political Action Committee (PAC)?

A PAC is a legally defined entity organized to help elect political candidates. PACs must report all financial activities, including direct donations and other expenses, to the Federal Election Commission, which makes the reports available to the public.

### Why Establish a PAC?

- A PAC is the only means by which ACCP can provide financial support to help elect pro-pharmacy candidates.
- Political contributions help raise our profile in Washington, DC.
- Attending fundraising events offers an opportunity to secure face time with members of Congress or congressional staff.
- ACCP members can also attend events on behalf of the College and help improve their relationships with elected officials.

### Why Support ACCP-PAC?

The success of ACCP-PAC depends entirely on the support of ACCP members. Although we recognize the commitment ACCP members already make to the College and other professional organizations, this is *clinical pharmacy's PAC*, which presents a unique opportunity to raise our political profile and advance our advocacy agenda.

### ACCP/ASHP/VCU Pharmacy Policy Fellow Program

In 2006, ACCP, the Virginia Commonwealth University (VCU) School of Pharmacy, and the American Society of Health-System Pharmacists (ASHP) established the country's first Pharmacy Healthcare Policy Fellow Program.

Under the leadership of Gary R. Matzke, Pharm.D. (VCU School of Pharmacy), Ed Webb, Pharm.D., MPH (ACCP), and Brian Meyer (ASHP), the program was developed to provide active learning in many policy environments.

The initial month of the program consists of an orientation curriculum put on by faculty of the VCU School of Pharmacy and the government affairs staff of ACCP and ASHP. Fellows then spend 1 year working as special assistants/fellows on the staff of a congressional committee or the personal staff of a U.S. senator or representative.

The program provides a unique health care policy learning experience that allows the Fellow to make practical

contributions to the effective use of scientific and pharmaceutical knowledge in government decision-making.

The Fellow will be actively mentored during his/her development of legislative evaluation and policy development skills as well as his/her research and writing skills as he or she integrates practical policy experience with theory.

The Fellow will also be expected to undertake a wide array of responsibilities in the congressional office he/she serves, including researching and writing briefs on health care issues; assisting with policy decisions; drafting memoranda; and planning, organizing, and contributing to the management objectives of the office.

### Introducing the Pharmacy Healthcare Policy Fellows

**2006–2007.** The program's inaugural fellow, George Neyarapally, Pharm.D., MPH, worked in the Office of the Assistant Secretary for Preparedness and Response within the U.S. Department of Health and Human Services for 6 months, followed by almost 6 months in the office of Senator Joseph I. Lieberman (Independent-Connecticut).

Dr. Neyarapally went on to serve as a policy scientist in the Pharmaceutical Outcomes Research in the Center for Outcomes and Evidence at the Agency for Healthcare Research and Quality. He is currently a pharmacist at the Office of Surveillance and Epidemiology within the Center for Drug Evaluation and Research at the U.S. Food and Drug Administration.

**2007–2008.** Our second Pharmacy Healthcare Policy Fellow, Anna Legreid Dopp, Pharm.D., took leave from her position as a clinical assistant professor at the University of Wisconsin, School of Pharmacy to move with her husband to Washington, DC.

Dr. Legreid Dopp also worked on health care issues in the office of Senator Lieberman. Anna returned to Wisconsin with her husband, John, and baby, Krista, and currently serves on the pharmacy group at the Access Community Health Center, part of the Wisconsin Education Association Trust, which provides insurance as well as retirement and investment services to Wisconsin public school employees and their families.

**2008–2010.** Our third Pharmacy Healthcare Policy Fellow, Stephanie Hammonds, Pharm.D., served on the majority staff of the Senate Health, Education, Labor and Pensions (HELP) Committee under the leadership of Senator Ted Kennedy (D-MA).

Dr. Hammonds was also selected as the 2009–2010 Fellow on the basis of her strong desire to continue her contribution to the health care reform initiatives overseen by the Senate HELP Committee. Dr. Hammonds currently serves under HELP Committee Chairman Tom Harkin (D-IA).

**2010–2011.** Joshua P. Lorenz of Columbus, Ohio, has been named the 2010–2011 Congressional Healthcare Policy Fellow. Lorenz earned his Pharm.D. degree in 2009 from Butler University College of Pharmacy and Health Sciences in Indianapolis. While enrolled at Butler, he also earned a master's degree in business administration. He also recently completed a PGY1 pharmacy practice residency affiliated with The Ohio State University.

Dr. Lorenz began his fellowship September 1, spending 1 month with the ASHP government affairs staff and 1 month with the ACCP government and professional affairs staff before serving as a policy fellow on Capitol Hill. "The

program had a dramatic increase in the number of qualified applicants this year,” said Gary R. Matzke, a past ACCP president and the founding director of the fellow program. “The selection committee, composed of eight individuals from the sponsoring organizations and past fellows, was delighted with this increased interest by pharmacists in healthcare policy.”

### Applications for 2011–2012 Pharmacy Healthcare Policy Fellow Program

Interested candidates should visit the Pharmacy Healthcare Policy Fellow Program’s [website](#) for more information and instructions on submitting an application.

### Contact Us!

For more information on any of ACCP’s advocacy efforts, please contact:

John K. McGlew  
American College of Clinical Pharmacy  
1455 Pennsylvania Ave. NW  
Suite 400  
Washington, DC 20004-1017  
Telephone: (202) 621-1820  
Fax: (202) 621-1819  
E-mail: [jmcglew@accp.com](mailto:jmcglew@accp.com)

### MEDAP Study: Three Reasons You Should Consider Enrolling Today

The ACCP PBRN recently launched the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study. The purpose of the MEDAP Study is to gather information regarding the interventions clinical pharmacists across the country are making pertaining to medication error detection, amelioration, and prevention. The ACCP PBRN pharmacist is the study subject. All ACCP PBRN members who provide direct patient care or have access to patients for research purposes are welcome to participate. More than 600 of your ACCP colleagues have joined the ACCP PBRN. By contrast, only a handful are participating in the MEDAP Study.

Why should you join the MEDAP Study? Here are three good reasons.

1. MEDAP is OUR study, funded by OUR money, investigating the VALUE of what we do. Research documenting the value of clinical pharmacy cognitive services is the number one funding priority identified through the ACCP member survey. The MEDAP Study can robustly address this critical issue.
2. We have the opportunity to document the largest number of clinical pharmacist interventions related to medication errors ever assembled. This study can become a landmark publication for clinical pharmacy.
3. Finally, we must establish a track record of success for future extramural funding opportunities and demonstrate to leadership that our members are indeed supportive of the ACCP PBRN.

Don’t miss this opportunity to contribute to clinical pharmacy research in a meaningful way! Contact us at [pbrn@accp.com](mailto:pbrn@accp.com).



### Board of Trustees Appoints 2011 Community Advisory Panel



The Community Advisory Panel (CAP) is a standing committee to the ACCP PBRN whose mission is to represent the breadth and depth of PBRN members in providing a mechanism for readily available feedback regarding the feasibility and practicality of proposed research projects.

The CAP consists of up to 10 members, including one chair and one chair-elect. The CAP chair will serve as a liaison between the Research Institute Board of Trustees (BOT) and CAP membership. The composition of the CAP will represent PBRN membership as a balance of generalists and specialists at a mixture of practice settings (e.g., outpatient clinics, inpatient services). All CAP members are unpaid volunteers.

The ACCP Research Affairs Committee recommended three applicants for approval by the Research Institute BOT. New members include Kari Olson, Pharm.D., BCPS, of Kaiser Permanente Colorado; Rex Force, Pharm.D., FCCP, BCPS, Idaho State University; and Allen Zillich, Pharm.D., Purdue University. Each will serve a term of 3 years. Returning CAP members for 2011 include Edith Nutescu (Chair-Elect), Chris Frei, Lori Dickerson, David Hoff, Orly Vardeny, and Nathan Painter.

### 2011 FIT Program Mentors Are Named



The success of the FIT Program continues to grow. To date, more than \$2.4 million in new grants have been awarded to FIT attendees.

Forty-six individuals have graduated from the FIT Program during the 3 years of its existence. A key factor in its success is the experience and willingness of the mentors to give of their time and talents.

The Research Institute is pleased to report that the 2011 FIT Program will be hosted at the University of Arizona College of Pharmacy in Tucson. The 2011 FIT Program mentors are highly experienced NIH-funded researchers who will engage in a close mentoring-type relationship with attendees. The mentor team for 2011 is Barry Carter, Julie Banderas, John Cleary, Mary Ensom, Vicki Ellingrod, Susan Fagan, Reggie Frye, Mary Gerkovich, Gene Morse, Greg Stoddard, Lynda Welage, and Gary Yee.

The 2011 FIT Program brochure and application are posted at <http://www.accpri.org/fit/>. Applications close April 1, 2011. The FIT Program is supported through gifts to the Frontiers Fund. Please give generously to the Frontiers Fund on behalf of the FIT.

### Frontiers Fund Asks Members to “Be a Big Shot” in Austin

When visiting Texas, it is often said that either you go big or you go home. That is the sentiment surrounding the Frontiers

Fund 2011 development campaign, called “Be a Big Shot.” We’re offering these smart gigabyte flash drives on a lanyard—for those willing to make a financial commitment of \$100 or more on-site. Please visit the Research Institute booth near the ACCP Registration Desk during the meeting to make your donation.



Your commitment of just 2 hours of your annual salary—or \$100—will help us reach out and serve even more members with these visionary programs and services. You can also donate online at [www.accpri.org](http://www.accpri.org). Thank you for your support!

## Pharmacotherapy Pearls

### Annual Call for Pharmacotherapy Reviewers

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



The value of the academic reviewer in all quality bioscience publications cannot be overstated. Only someone who is actively involved in and has a passion for clinical practice or research can accurately assess the scientific rigor and impact of a given manuscript submitted for publication. So, how does one make the leap from an impassioned pharmacy clinician or researcher to that of an academic reviewer?

If you would like to become a reviewer, you may do so online. Simply go to the Manuscript Central Web site (*Pharmacotherapy's* online manuscript management system) at <http://mc.manuscriptcentral.com/pharmacotherapy>. Then, proceed to “create account” at the top right-hand portion of the page, and follow the step-by-step instructions. You will be prompted to provide contact information, and you will be able to specify your areas of expertise (you may choose one or several) from a list of more than 100 specialty areas. These categories are as follows:

ACE inhibitors

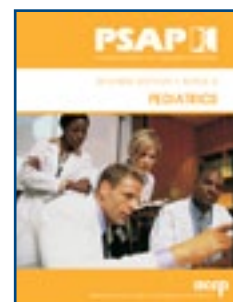
- |                         |                      |
|-------------------------|----------------------|
| Acute coronary syndrome | Antivirals           |
| ADHD                    | Anxiety              |
| Administration          | ARDS                 |
| Adverse drug reactions  | Arrhythmias          |
| AIDS                    | Arthritis            |
| Allergy                 | Asthma               |
| Alzheimer's disease     | Bacterial resistance |
| Ambulatory              | Biotechnology        |
| Aminoglycosides         | Bioterrorism         |
| Analgesia               | Bipolar              |
| Anemias                 | Botulism             |
| Anesthesiology          | Breastfeeding        |
| Anticoagulation         | Burns                |
| Antiepileptic drugs     | C-reactive protein   |
| Antifungals             | CAD                  |
| Anti-inflammatories     | Cardiology           |
| Antiplatelets           | Community practice   |
| Antiretrovirals         |                      |

- |  |                               |
|--|-------------------------------|
| Complementary and alternative medicine | Neuromuscular-blocking agents |
| Computer technology                    | Neuropathy                    |
| Contraception                          | Neurosurgery                  |
| COPD                                   | Nuclear medicine              |
| Critical care                          | Nutrition                     |
| Cytochrome P450                        | Obesity                       |
| Dementia                               | Oncology                      |
| Depression                             | Ophthalmology                 |
| Dermatology                            | Outcomes                      |
| Diabetes                               | Parkinson's disease           |
| Dialysis                               | Patient safety                |
| Drug abuse                             | Pediatrics                    |
| Drug information                       | Peptic ulcer disease          |
| Drug safety                            | Pharmacodynamics              |
| Endocrinology                          | Pharmacoeconomics             |
| Epidemiology                           | Pharmacogenomics              |
| Ethics                                 | Pharmacokinetics              |
| Evidence-based medicine                | Pharmacology                  |
| Febrile neutropenia                    | Pharmacy education            |
| Fluids and electrolytes                | Pharmacy practice             |
| Fluoroquinolones                       | Pregnancy                     |
| Forensic medicine                      | Psychiatry                    |
| Gastroenterology                       | Public health                 |
| Geriatrics                             | Pulmonary                     |
| Glaucoma                               | Quality of life               |
| Gout                                   | Renal                         |
| Headache                               | Restless legs syndrome        |
| Heart failure                          | Septic shock                  |
| Hematology                             | Sickle cell                   |
| Hospice                                | Smoking cessation             |
| Hypertension                           | Spinal cord and brain injury  |
| Immunizations                          | Statistics                    |
| Immunology                             | Stereoisomers                 |
| Industry                               | Steroids                      |
| Infectious disease                     | Stroke                        |
| Insomnia                               | Study design                  |
| Legal                                  | Surgery                       |
| Lipids                                 | Thrombocytopenias             |
| Liver                                  | Thyroid                       |
| Lyme disease                           | Toxicology                    |
| Managed care                           | Transplant                    |
| Migraine                               | Travel medicine               |
| Nausea                                 | Urology                       |
| Neonatology                            | Vancomycin                    |
| Neurology                              | Women's health                |

We would like to thank all of you who have served the journal as reviewers as well as those of you who are interested in becoming reviewers.

## Pediatrics Is the Latest PSAP-VII Release

The special health care needs of children are the focus of the fourth book in the *Pharmacotherapy Self-Assessment Program*, seventh edition (PSAP-VII). *Pediatrics* provides evidence-based information on a variety of topics pertaining to the care of neonates, infants, and children in various care settings.



*Pediatrics* has three learning modules offering a total of 16.0 continuing pharmacy education credits. The first module begins with a review of the current knowledge related to pharmacogenomics and pharmacotherapy in children and includes chapters on managing children with sickle cell disease and those who have been poisoned. The second module examines legislation and regulations concerning pharmacotherapy in children, the use of extemporaneous preparations, appropriate management of children with gastroesophageal reflux disease, and optimal use of parenteral nutrition in neonates. Chapters in the third module review hypoglycemia and pulmonary arterial hypertension in the critically ill child, postoperative care after repair of congenital heart disease, and kidney disease in children.

Each PSAP chapter has an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist. The *Pediatrics* book is designed to assist pharmacists who want to:

- Apply basic pharmacogenomic principles to design a patient-specific treatment plan.
- Devise an individualized pharmacy care plan for a child with sickle cell disease and its various complications.
- Develop a management plan for a child who has ingested a variety of toxic substances or been bitten by a snake.
- Apply knowledge of legislation and regulation governing conduct of research in children to the development or analysis of research protocols conducted in children.
- Assess the availability and appropriateness of various extemporaneous formulations used in children.
- Develop and/or modify a care plan to provide optimal nutrition for a neonate requiring parenteral nutrition.
- Develop treatment and monitoring plans for a critically ill child with hyperglycemia.
- Devise an individualized pharmacy care plan for a child with pulmonary artery hypertension.
- Develop a care plan for a child with nephrotic syndrome or other types of chronic kidney disease.

*Pediatrics* will be released October 15. All PSAP books are available in both print and online formats. All PSAP-VII books feature an updated, reader-friendly design; a Baseline Resources Box with suggested background information on the chapter topic; and shorter chapters focusing on only the most recent updates.

The other books in the PSAP-VII series are *Cardiology; Critical and Urgent Care; Women's and Men's Health; Chronic Illnesses; Oncology; Geriatrics; Science and Practice of Pharmacotherapy; Infectious Diseases; Neurology/Psychiatry; and Gastroenterology/Nutrition.*

PSAP offers the most up-to-date and comprehensive information available on recent drug therapy advances. Each book will expand your knowledge in the therapeutic area covered. PSAP-VII is priced as follows (shipping and handling charges will apply to print books):

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

For specific information on the release dates, continuing education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit [www.accp.com/bookstore/psap7.aspx](http://www.accp.com/bookstore/psap7.aspx) and place your order through the online bookstore.



The Board of Pharmacy Specialties (BPS) for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification has approved prior editions of PSAP; similar approval is being sought for PSAP-VII. ACCP is accredited by ACPE as a provider of continuing pharmacy education.

### New Web-Based Continuing Education Program Available on ACCP Web Site



#### *Improving Clinical Outcomes in Patients with Atrial Fibrillation: Emerging Options*

Tailoring drug therapy for atrial fibrillation on the basis of individual patient needs is the focus of three new Web-based activities that are now available as part of the home-study educational initiative, "Improving Clinical Outcomes in Patients with Atrial Fibrillation: Emerging Options." The program uses patient case scenarios to illustrate the decision-making process in initiating and adjusting antiarrhythmic therapy for patients with atrial fibrillation, including patients with structural heart disease or renal dysfunction. In addition, appropriate monitoring plans and potential drug interactions with common antiarrhythmic agents are discussed. Audience response questions are integrated into each case study, allowing participants to apply the information as the case develops. Each activity is approved for 1 hour of continuing pharmacy education (CPE) credit, and the activities can be completed in any order. To learn more, access the program at <http://www.accp.com/education/freeCEPrograms.aspx>.

### Application Fee Waived for Fellowship Program Peer Review

ACCP is pleased to announce that it will waive the application fee for any ACCP member who wishes to submit his/her research fellowship program for peer review by December 31, 2010. In addition, a rolling application review process will be employed during this period. It is expected that all

qualifying applicants will complete the review and approval process within 6 weeks of submitting their application. Both new programs and programs due for re-review are invited to submit a no-fee application. For more information, and to download a peer-review application form, visit <http://www.accp.com/docs/resandfel/FellowshpPeerRevApplic10.doc>.

## Update Your ACCP Member Profile Online

Have you recently graduated from pharmacy school? Or perhaps you've just completed your residency or fellowship training and begun a new job. Or maybe you've recently changed positions. Whatever your situation, it is possible that this change will also necessitate a new mailing address, phone number, and/or e-mail address. Now is an ideal time to take a minute to update your ACCP member profile.

Keeping your member profile updated maximizes your ACCP membership experience and enables you to continue receiving important member services, including access to electronic PRN e-mail lists and the Online CE Center, your monthly issue of *Pharmacotherapy*, information about ACCP national meetings, notifications about important legislation affecting clinical pharmacy, and much more. Keeping your member profile current also enhances your networking ability by enabling other members to identify you in the *ACCP Membership Directory* based on name, company, state/province, country, practice/research interest area, and PRN membership.

Updating your member profile is fast and easy. Simply [sign in](#) to the ACCP Web site and click on My Profile on the left. Updating your profile also provides an excellent opportunity to determine whether it's time to renew your ACCP membership. Verify the term of your current membership by viewing the My Account page. If you owe membership dues, you will see a notification under My Announcements with a link you can click on to renew your dues. If you don't know your ACCP sign-in information, use the [password reminder system](#), or contact us at [accp@accp.com](mailto:accp@accp.com) or (913) 492-3311.

## New Members

Lena Abdul-Aziz  
Zanna Afanasjeva  
Alireza Ahmadian  
Bryan Allen  
Sarah Amering  
Meisam Ashkezary  
Ferealem Assefa  
Megan Austin  
David Baglio  
Kacie Ballantini  
Silvana Balliu  
James Bartlett  
Rodney Burayidi  
Kristen Buter  
Mary Butler  
Dennis Cada  
Rebeca Calderon  
Vivian Cao  
Ashley Castleberry  
Ha Na Choi

Hye Yoon Chung  
Shadi Clark  
Daniel Clegg  
Amber Covey  
Sherri Cox  
Mark Crist  
Christine Diaz  
Zachary Drabick  
Jessica Drury  
Danielle Dufresne  
Chinelo Enwonwu  
Rachel Eyler  
Dalari Fales  
Salia Farrokh  
Rebecca Finder  
William Finnerty  
James Fischer  
Bryan Foster  
Jordyn Foster  
Jaime Foushee

Bryan Fusco  
Monica Gaffney  
Sara Garrett  
Linda Gatto-Gambacorta  
Sarah Goeres  
Ashley Green  
Courtney Greenberg  
Stacey Grimshaw  
Kristin Haas  
Ashley Hall  
Emily Hall  
Amir Hassanein  
Lauren Hawkins  
Nelson Heflin  
Leigh Holcomb  
Devin Holden  
Michelle Hollis  
Shanna Howard  
Lori Hurlbert  
Philip Huynh  
Hae Hwang  
Cathy Janssen  
Gary Morgan Jones  
Sara Jones  
Kori Kallenborn  
Robert Kaminsky  
Ellen Keating  
Carolyn Kilbane  
Pamela King  
Parag Kumar  
Tiffanie Kuntz  
Roy LaBarge  
Nassim Lashkari  
Tai Le  
Rachel Lee  
Pam Letzkus  
Patrick Lewis  
Siyun Liao  
Esther Liu  
Stephanie Luke  
Laura MacCall  
Katrina Maggi  
Taben Main  
Amanda Martinez  
Christina McKenzie  
Ashlee McMillan  
Heather Miller  
Melissa Millo  
Derick Miranda  
Gabrielle Morgan  
Maya Mroue  
Long Nguyen  
Jason Nickisch  
Rashel Nimroози  
Michael Null  
Sandra Nwankwo  
Joshua Ononuju  
Nancy Oshima  
Amanda Oyler  
Anne Pace  
Melissa Perez  
Paula Politis  
April Puhl

Mark Rademacker  
James Ransom  
Rachel Ranz  
Jennifer Reiter  
Crystal Rendon  
Dawn Renouf  
Diana Reyes  
Danielle Rhyne  
Jamie Ridley Klucken  
Ryan Ristau  
Erin Roach  
Mario Rosado  
Suzanna Rountree  
Joseph Schnabel  
Heidi Schultz  
Blair Schwartz  
Tiffany Scott-Horton  
Lindsey Seel  
Maritsa Serlemitsos-Day  
Lea Serwetman  
Sara Settje  
Dhara Shah  
Smiti Shah  
Sheela Shneezai  
Meital Shoihet  
Rachel Skoff  
Bryan Strickland  
Janice Sudaria  
Eileen Tang  
Corry Taylor  
Patricia Taylor  
Paul Tighe  
Theresa Tilden  
Daniel Timko  
Kathleen Tran  
Truc Tran  
Khanh Tseng  
Yevgeniy Tserlin  
Lynn Tuong  
Jennifer Utigard  
Stephen Vickery  
Kathryn Ward  
Chase Waxler  
Patricia Wayment  
Samuel Weatherspoon  
Leanne Wentz  
Mariah Whatley  
Sarah White  
Christopher Wickesberg  
Julie Wilbeck  
William Wilkie  
Lindsey Winkles  
Amanda Woloszyn  
Li-Anne Wong  
Richard Wong  
Simon Wong  
Kristen Wood  
Lynne Workman  
Sandra Yang  
Young-Mo Yang  
Heewon Yoo  
Aaron York  
Morgan Youngblood

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

Anne Andrle  
Albert Barber  
Ana Chaparro  
Elizabeth Cicchetti  
Ariane Conrad  
Leah Crow  
Susan Davis  
Angela Dyer  
Jesse Fishman  
Jennifer Fosnot  
Rachel Franks  
Saba Gidey  
Julian Grimsley  
Vicki Groo  
Suzanne Higginbotham  
Jamie Kearns  
Maureen McColl  
Alicia Pence  
Aaron Reich  
Emily Rowe  
Dana Staat  
Carrie Tashjian  
Robyn Tisdale Scott  
Hai Tran

**New Member Recruiters**

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

Sandra Benavides  
Claresta Bergman  
John Blee  
Andrew Bzowyckyj  
Kevin Curler  
Samantha Karr  
William Kehoe  
Shelley King  
Sunny Linnebur  
Fredric Lombardo  
Joel Marrs  
Steven Morgan  
Mary Beth O'Connell  
Stephanie Peters  
Deborah Raithel  
Christopher Shain  
Jeffrey Sherer  
Rebecca Shewmaker  
Harminder Sikand  
Harleen Singh  
Angela Slampak-Cindric  
Andrew Smith  
Stephanie Weightman  
Sarah Westberg  
Sheri Wilson  
Peggy Yam



**TEXAS TECH UNIVERSITY**  
**HEALTH SCIENCES CENTER**  
**School of Pharmacy™**

**James A. “Buddy” Davidson Foundation**  
**Endowed Professorship in Pediatric Pharmacology and Experimental Therapeutics**  
**School of Pharmacy**  
**Texas Tech University Health Sciences Center**  
**Dallas, Texas**

We are pleased to announce the available endowed professor in pediatric pharmacology and experimental therapeutics position at the School of Pharmacy in collaboration with the Department of Pediatrics, University of Texas (UT) Southwestern Medical Center, Dallas, Texas. The School of Pharmacy is an active partner with the North and Central Texas Clinical and Translational Science Initiative, the Clinical and Translational Science Award at UT Southwestern. Ideal candidates must have earned a Pharm.D., M.D., and/or Ph.D. degree and be qualified to hold the rank of professor with tenure. Areas of clinical and translational research interest should compliment and foster collaboration with the existing Pediatric Pharmacology Research & Development Center, a “Center for Research Excellence.” In addition to various collaborative research programs, the center’s core laboratory provides strong analytical support (e.g., LC-MS/MS) for clinical and translational pediatric research in conformance with the FDA Guidance for Bioanalytical Methods (GLP), including the development and validation of rapid bioanalytical methods for identification and trace-level quantitation of pharmaceutical agents and their metabolites in various biologic matrices. Clinical translational scientists with an emphasis in pediatric pharmacology are particularly encouraged to apply.

Applicants should send a letter of application, summary of clinical and translational research expertise, curriculum vitae, and three letters of reference to:

**Richard Leff, Pharm.D.**  
**Search Committee Chair, Pharmacy Practice**  
**Texas Tech University Health Sciences Center**  
**School of Pharmacy**  
**Southwest Professional Building**  
**5920 Forest Park Road, Suite 400**  
**Dallas, TX 75235**  
**E-mail: [Richard.leff@ttuhsc.edu](mailto:Richard.leff@ttuhsc.edu)**  
**Telephone: (214) 654-9404**

**Interested applicants must apply online at <https://jobs.texastech.edu>, position # 82244.**

*Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.*



**TEXAS TECH UNIVERSITY**  
**HEALTH SCIENCES CENTER**  
**School of Pharmacy™**

**Assistant/Associate Professor Positions**  
**Geriatrics**  
**Amarillo, Texas, or Abilene, Texas**

The Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy is seeking two full-time, 12-month/year, nontenure-track faculty at the assistant/associate professor level to be based at the **Amarillo, Texas, and Abilene, Texas**, campuses. Recently funded as a Geriatric Education Center, TTUHSC offers a variety of geriatrics teaching, practice, and scholarship opportunities across several schools, departments, and campuses. The successful candidates will be members of a dynamic **Geriatrics Practice Division** within the Department of Pharmacy Practice, which includes members at all School of Pharmacy campuses, and strong opportunities for collaboration are available in many practice divisions, including internal medicine, primary care, and the School of Medicine's geriatrics department. The affiliated practice site in Amarillo is the Craig Methodist Retirement Community, a facility of the Sears Plains Retirement Corporation. This campus-style senior living environment includes independent living, assisted living, long-term care, dementia care, and Medicare SNF care. The affiliated practice site in Abilene is the Hendrick Medical Center, where the geriatrics practice focuses in the inpatient rehabilitation, skilled, LTAC, and hospice units. Both serve as teaching sites for the geriatric pharmacotherapy clerkship. Responsibilities will include geriatric pharmacotherapy services, experiential and didactic teaching, and research and scholarship. Candidates will also have the opportunity to work with pharmacy practice and pharmacotherapy residents. Individuals with practice experience or specialty residency training in geriatrics are preferred. Contact:

**Rebecca Sleeper, Pharm.D., FASCP, BCPS**  
**Search Committee Chair, Geriatrics Division**  
**Texas Tech University Health Sciences Center**  
**School of Pharmacy – Lubbock Programs**  
**3601 4<sup>th</sup> Street, Suite 1B220, Mail Stop 8162**  
**Lubbock, TX 79430**

**E-mail: [rebecca.sleeper@ttuhsc.edu](mailto:rebecca.sleeper@ttuhsc.edu)**

**Telephone: (806) 743-4200, ext. 223**

**Applicants must apply online at <https://jobs.texastech.edu>, Abilene position #82357, Amarillo position # 82357.**

*Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
School of Pharmacy™

**Assistant Professor of Pharmacy Practice  
Department of Pharmacy Practice, Division of Pediatrics  
Texas Tech University Health Sciences Center, School of Pharmacy  
Abilene, Texas**

The Texas Tech University School of Pharmacy announces two pediatric faculty positions at our Abilene campus, where our first class of 40 students started in the fall of 2007. Practice responsibility includes the inpatient general pediatrics ward at Hendrick Regional Medical Center. In addition, the faculty members will have many opportunities to develop practices in collaboration with pediatricians in their office settings. Further opportunities for collaboration exist with outreach physicians from Cook Children's Medical Center, particularly with hematology and oncology.

Join a growing faculty (including our regional dean and five adult medicine, three primary care, two geriatrics, two community, two practice management, one clinical research, and four pharmaceutical sciences faculty) at our newest campus, which includes a state-of-the-art, 40,000–square foot building adjacent to Hendrick Regional Medical Center.

**Requirements:** Entry-level Pharm.D. degree with specialized residency or fellowship. Candidates should send a letter of application, a curriculum vitae, and three letters of reference to:

**Mark Haase, Pharm.D., FCCP, BCPS**  
**Search Committee Chair for Pediatric Pharmacy Practice**  
1300 South Coulter  
Amarillo, TX 79106  
E-mail: [mark.haase@ttuhsc.edu](mailto:mark.haase@ttuhsc.edu)  
Telephone: (806) 356-4000, ext. 292  
Fax: (806) 356-4018

All interested applicants must apply online at <https://jobs.texastech.edu>, position # 62112 or position # 77662.

*Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.*



**TEXAS TECH UNIVERSITY**  
**HEALTH SCIENCES CENTER**  
**School of Pharmacy**

**Assistant Professor of Pharmacy Practice**  
**Department of Pharmacy Practice, Division of Primary Care**  
**Dallas/Fort Worth, Texas**

The Texas Tech University Health Sciences Center School of Pharmacy (TTUHSC SOP) is actively seeking to fill a non-tenure-track faculty position within the Primary Care Division at the assistant or associate professor level on our Abilene campus. Qualified candidates will help our existing division members expand services in primary care in Abilene. In addition to the clinical practice activities outlined below, candidates will be responsible for didactic and experiential teaching, research/scholarship, and school service.

**Clinical practice site:** Hendrick Regional Medical Center is a 504-bed medical center located adjacent to the TTUHSC SOP, serving the 22 counties surrounding Abilene. Both the Department of Pharmacy and the TTUHSC SOP have created a faculty position that focuses on improving quality of care through appropriate patient and medication management, from inpatient to ambulatory care pharmacy. A key goal will be to reduce emergency department visits or inpatient admissions.

Anticipated clinical responsibilities:

Develop and implement a discharge medication planning and medication reconciliation program for designated patient disease states such as anticoagulation, diabetes, and/or heart failure with a possible early focus on unfunded patients. Develop and staff a disease state management clinical practice site initially focused in anticoagulation, functioning under a collaborative agreement, and directed initially at unfunded patients.

Engage nursing, case management, social work, and quality improvement personnel to identify and implement additional pharmacist-staffed disease state medication management programs that reduce cost of inpatient stays and improve continuity of care.

Engage in a routine program of medication teaching, especially to patients with heart failure and patients undergoing pulmonary rehabilitation.

The TTUHSC SOP Primary Care Division is one of the largest groups of faculty in primary care in the nation! We have 12 members spread across four campuses in North and West Texas. Several opportunities exist for scholarly collaboration both within and between the different clinical practice divisions of the school. Individuals with specialized residency training in ambulatory care or equivalent practice experience are preferred. For more information, please contact:

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**Applicants must apply online at <https://jobs.texastech.edu>, position # 80596 or position # 82271.**

*Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.*