

ACCP Report

American College of Clinical Pharmacy

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

Vol. 30, No. 10; October 2011

2011 ACCP Clinical Pharmacy Challenge Teams Advance to Quarterfinals

ACCP Clinical Pharmacy Challenge: Are You Ready?

ACCP's novel national pharmacy student team competition returns to the Annual Meeting in 2011. From an initial field of 84 teams, 8 have advanced through four online rounds of competition to reach the quarterfinal round of competition at the upcoming ACCP Annual Meeting in Pittsburgh, Pennsylvania.



2011 ACCP Clinical Pharmacy Challenge Quarterfinal Teams:

- Belmont University School of Pharmacy
- Butler University College of Pharmacy and Health Sciences
- Campbell University College of Pharmacy and Health Sciences
- Massachusetts College of Pharmacy and Health Sciences Worcester School of Pharmacy
- University of Tennessee Health Science Center College of Pharmacy
- University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences
- University of Utah College of Pharmacy
- Western University of Health Sciences College of Pharmacy

Teams of three students from each of these institutions will compete against each other in a quiz bowl-type format. Quarterfinal matches will be held on Saturday, October 15. Winners of the quarterfinal round will compete in the semifinal round of the competition on Sunday, October 16, at the conclusion of the ACCP Business and Town Hall Meeting. The championship round of the Clinical Pharmacy Challenge will be held on Monday, October 17 (please refer to the detailed schedule below).

For more information on the 2011 Clinical Pharmacy Challenge and to view a listing of the teams that participated and progressed through each of the four online rounds, please visit <http://www.accp.com/stunet>. Be sure to join us in Pittsburgh to see who will be crowned the 2011 ACCP Clinical Pharmacy Challenge Champion!

2011 ACCP Clinical Pharmacy Challenge Schedule

Saturday, October 15

8:30 a.m.– 9:30 a.m.	Participant walk-through and photo session	
9:45 a.m.– 10:15 a.m.	Quarterfinal A <i>Massachusetts College of Pharmacy and Health Sciences Worcester School of Pharmacy</i>	vs. <i>Western University of Health Sciences College of Pharmacy</i>
10:30 a.m.– 11:00 a.m.	Quarterfinal B <i>University of the Pacific Thomas J. Long School of Pharmacy Health Sciences</i>	vs. <i>University of Tennessee Health Science Center College of Pharmacy</i>
11:15 a.m.– 11:45 a.m.	Quarterfinal C <i>Butler University College of Pharmacy and Health Sciences</i>	vs. <i>University of Utah College of Pharmacy</i>
12:00 p.m.– 12:30 p.m.	Quarterfinal D <i>Campbell University College of Pharmacy and Health Sciences</i>	vs. <i>Belmont University School of Pharmacy</i>

Sunday, October 16

4:30 p.m.– 5:00 p.m.	Semifinal A <i>Winner Quarterfinal A</i>	vs. <i>Winner Quarterfinal D</i>
5:15 p.m.– 5:45 p.m.	Semifinal B <i>Winner Quarterfinal B</i>	vs. <i>Winner Quarterfinal C</i>

Monday, October 17

11:00 a.m.– 11:30 a.m.	Final Round <i>Winner Semifinal A</i>	vs. <i>Winner Semifinal B</i>
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Travel Awards Given for 2011 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, 41 students and postgraduate trainees will have the opportunity to do just that at the Annual Meeting in Pittsburgh, Pennsylvania. Please join us in congratulating the following recipients of the 2011 ACCP Annual Meeting travel awards:

Pharmacy Students

Carrie Armstrong	Rena Lettsome
Justin Balint	Caroline Lindsay
Jacquelyn Bryant	Kayley Lyons
Shamama Burney	Andrew Mays
Amanda Carter	Keri Mills
James Connelly	Amy Mitchell
Lydia Cronic	Kathryn Morbitzer
Bonnie DiLorenzo	Heather Pautler
Kayleigh Emerson	Ngoc-Diep Pham
Andrea Faison	Michele Simmons
Roseann Gammal	Patrick Tabon
Indrani Kar	Sara Varnado
Alissa Karr	Sara Wolf
Nadine Kazem	Heather Woodward
Soranarom Kumsaitong	Andrea Yuen
Maryjoy Lepak	

Postgraduate Trainees

Andrew Abe	Ashley Parrott
Samantha Bastow	Jonathon Pouliot
Emily Hawes	Teena Sam
Megan Kloet	Nathaniel Thompson-Moore
Melissa Lipari	Niyati Vakil

Travel awards encourage student and postgraduate trainee attendance at ACCP meetings and promote future involvement in the College. Information about the next cycle of travel awards will be available on the ACCP Web site in June 2012. To qualify for a travel award, 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 his or her professional pharmacy program. Applicants are required to submit an essay, a CV, and a letter(s) of recommendation from faculty members and/or preceptors.

ACCP would like to recognize the following individuals for their generous contributions to support the travel awards program. In addition, the PRNs listed below either contributed to ACCP's travel award funds or provided their own travel awards:

Sara Al-Dahir	Erik Maki
David Bateshansky	Kristine Marcus
Allison Bernknopf	Darius Mason
Jena Burkhart	Sarah McBane
Jack Chen	Kevin McConeghy
John Cleary	Nicole Metzger
Kathryn Connor	Thomas Nolin
Kevin Curler	Nicholas Norgard
Joshua Dakon	Sara Parli
Elizabeth Dodds Ashley	Christina Piro
Jennifer Donovan	Maria Pompili
Antonia Edgar	Timmi Rathappillil
Shannon Finks	Krista Riche
Jeffrey Fong	Leigh Ann Ross
Alicia Forinash	Angela Shogbon
Philip Gregory	Andrew Smith
Patricia Grunwald	Steven Smith
William Guffey	Eric Tichy
James Hoehns	Jennifer Trofe-Clark
Ian Hollis	Niyati Vakil
Lori Hornsby	Katie Valdovinos
Abir Kanaan	Barbara Wells
Kevin Kaucher	Elizabeth Young
Amy Krauss	

The Adult Medicine PRN	The Endocrine and Metabolism PRN
The Ambulatory Care PRN	The Geriatrics PRN
The Cardiology PRN	The Hematology/Oncology PRN
The Central Nervous System PRN	The Infectious Diseases PRN
The Clinical Administration PRN	The Nephrology PRN
The Critical Care PRN	The Pharmacokinetics/Pharmacodynamics PRN
The Education and Training PRN	

Donations to the travel award fund helped support this fall's awards, and they 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.

ACCP to Launch a Three-Component Program for the Recertification of BCACPs in 2012

The Board of Pharmacy Specialties (BPS) has approved a professional development program to be developed and delivered by ACCP for the recertification of Board Certified Ambulatory Care Pharmacists (BCACPs). The program comprises three components: the Ambulatory Care Self-Assessment Program (ACSAP), From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy, and the Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course. The Ambulatory Care Pharmacy Preparatory Review and Recertification Course, to be delivered live and subsequently in enduring formats for home study, will provide a minimum of 20 recertification hours annually. It may be used for recertification only twice, in non-consecutive

years, during a 7-year recertification cycle. The course will be first offered for recertification credit at ACCP's Updates in Therapeutics® to be held April 27 to May 1, 2012, in Reno, Nevada. From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy, a live program, will provide a minimum of 6 recertification hours annually. The program will debut in conjunction with ACCP's 2012 Annual Meeting to be held October 21–24, 2012, in Hollywood, Florida. The Ambulatory Care Self-Assessment Program (ACSAP), a series of Web-based books focused on content within the ambulatory care pharmacy specialty, will provide a minimum of 20 recertification hours annually. ACSAP will be launched in 2013.

Together, the three components of ACCP's BPS-approved program will offer BCACPs who elect to recertify by continuing education the flexibility to select both live and home study activities and provide them with more than the 100 hours of continuing education credit required over a 7-year period.

More information on the program components and minimum number of eligible hours to be offered between 2012 and 2018 will be available in November 2011 at <http://www.accp.com/careers/certification.aspx>.

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, 2011 – Nominations for fall 2012 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2013 Therapeutic Frontiers Lecture, and 2013 elected offices.

Due February 15, 2012 – Nominations for the 2012 "New" Awards (New Clinical Practitioner, New Educator, New Investigator), 2012 Parker Medal, and 2012 ACCP Fellows (FCCPs).

2012 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, 2012.**

2013 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. Please note that any qualifying Full Member may nominate himself or herself for office. **Nomination deadline: November 30, 2011.**

2012 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, 2011.**

2012 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, 2011.**

2012 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, 2011.**

2013 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, 2011.**

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, 2011.**

2012 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, finance, technology, 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 or 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, 2012.**

2012 New Clinical Practitioner Award: This award recognizes and honors 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., “FCCPs”) are ineligible. 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, 2012.**

2012 New Educator Award: This award recognizes and honors 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., “FCCPs”) are ineligible. 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, 2012.**

2012 New Investigator Award: This award’s purpose is to highlight the research program of an ACCP member who has made a major impact on 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., “FCCPs”) are ineligible. 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, 2012.**

The Most Transformative Force in Health Care or the Demise of a Profession? A Commentary

Terry McInnis, M.D., MPH

Editor’s Note: Dr. Terry McInnis is President of Blue Thorn, Inc., a health care management consulting company. She is a board-certified physician in preventive and occupational medicine and has an extensive background in health policy and program administration, including her most recent position as Medical Director for Health Policy and Advocacy for GlaxoSmithKline US. Dr. McInnis co-chairs the Center for Public Payer Implementation for the Patient Centered Primary Care Collaborative (www.pcpcc.net) and co-leads the PCPCC Medication Management task-force together with Linda Strand, Pharm.D., Ph.D., and ACCP Associate Executive Director C. Edwin Webb. Her email address is tamcinnis@bluethorninc.com.

I am a physician. Although arguably the practice of medicine is an art, by no means is it a “free-hand” art practiced at the whim of the artist on the canvas of a complacent patient. The diversity of our patients’ experiences, expectations,

and beliefs paired with the wonderful complexity of the human body in various degrees of health and disease all demand a level of systemization in our approach to practice. If we as practitioners are to meaningfully engage our patients in optimizing their health, we must have an orderly and evidence-based process to apply our “art.”

Even with all of the knowledge of various diseases, symptoms, and signs, without an effective and efficient approach to reveal the various degrees of health and disease in a particular patient the knowledge is worthless. Thinking back over 25 years to my medical school days the familiar approach remains in place today—chief complaint, history of present illness, review of systems, past medical history, etc., including the SOAP format (Subjective, Objective, Assessment, Plan) for our documentation system. Clinical decision support tools, reminders, and electronic medical records (EMRs) have helped to embed this rigor. This was and is a systematic approach, used to try to ensure that important details and clues are not missed and are then adequately addressed and communicated with the patient and other providers.

The practice of “pharmaceutical care” demands the same rigor and systemization to truly take its rightful place as a provider-based discipline in a whole-patient approach.

What I mean by this is that it is easy to answer a specific question, such as, are there any drug-drug interactions occurring with this patient? A pharmacist can compile a medication list for medication reconciliation or review the INR level and suggest dosage changes of warfarin. Even the familiar question people hear from their car windows at the drive through or across the dispensing counter at the cash register as they are handed a bag of medicines and asked “do you have any questions about your medications that you want to discuss with the pharmacist?” is easily and readily answered. All of these questions are important and at times are the questions to be answered. But this is not the practice of pharmaceutical care¹ whereby all of the medications being taken are systematically reviewed with the patient in the context of the disease state for which the medications are being used. Comprehensive medication management² involves optimizing the medications in an attempt to achieve the clinical goals of therapy for each disease state in a patient-centric approach. This practice must be orderly and fully understood by the profession and is essential to the successful discovery and resolution of drug therapy problems that are preventing patients from reaching these goals. The practice must be documented, communicated, evidence-based, and reiterative—in short, the practice requires a systematic approach.

Dr. Linda Strand, Distinguished Professor Emeritus of the University of Minnesota. School of Pharmacy, recently commented after her keynote in Reykjavik, Iceland for the Nordic Social Pharmacy Conference to an international audience³: “Pharmacists are coming together, however, for the very first time for the purpose of defining a common professional practice. It is becoming apparent to everyone, perhaps those outside of the profession sooner than for those inside the profession, that unless a common, scientifically-based and professional patient care practice is understood, implemented and practiced by all pharmacists around the world, there will be no place for this service in future health care systems. This is still a revelation to many pharmacists, and yet, is the starting point for marking real progress in establishing a valuable contribution to the ethical care of patients.”

Closer to home, in a recent article in *Pharmacy Times* addressing the role of pharmacists in coordinated care models, Professor Fred Eckel⁴ stated: “As these newer models (accountable care organizations/patient-centered medical homes) become more common, will the pharmacist become a member or will others provide the patients’ drug therapy needs? The answer to this question will impact pharmacy’s future significantly. I am concerned that too many

pharmacists are spending too much energy holding onto the current dispensing practice model instead of investing time and money to establish this new practice. What advice would I give to those working on the incorporation of pharmacists into the PCMH and the ACO? It would be to make sure you position pharmacists to take care of the patient.”

I believe that these two elements—a professional, standardized practice and the evolution of the pharmacist as a practitioner “taking care of patients” as part of the patient-centered medical home or ACO team—are equally critical. This **systematic approach** embodied in a common professional practice of pharmacy will unleash the full power of the appropriate use of the phenomenal medications that we have to improve health for patients and simultaneously lower our total healthcare costs in collaboration with physicians and other team members! Then we as a society will realize the true value that pharmacists can play by applying the full-force of their pharmacology knowledge in this clinical role.

My keynote address at the National Leadership Roundtable held earlier this year at the University of Maryland School of Pharmacy, which was co-sponsored by ACCP, included my conviction (it was actually the title of the keynote!) that “pharmacists can be the most transformative force in improving health for patients and reducing costs—but will they?” You cannot practice this level of care while you are behind the counter dispensing medications. The skill set to effectively interview and interact with patients as a trusted clinical pharmacist in making drug therapy recommendations, while having the confidence and respect of the physicians and prescribers with whom you are collaborating, will demand a systematic and evidence-based approach to identifying and resolving drug therapy problems that undeniably adds value to the outcomes of the patient’s care. Simply suggesting therapeutic or generic switches (which do not change clinical status), pointing out a drug-drug interaction, or compiling a list of the medications a patient is taking, can be done by other caregivers—and often times, easily available computer software.

Will you take your knowledge of pharmacology to the level of applying it to practice by making the more difficult recommendations such as suggesting based on the evidence, an additional drug be added, a change of dosage, or a different drug prescribed which resolves a drug therapy problem that you have systematically found and documented, based on the evidence and your professional knowledge, to actually improve patient outcomes and safety? Are you prepared to consistently practice at the absolute top level of your license and scope of practice?

For pharmacists, I believe that you have come to one of the rare crossroads that will define the future of your profession. You will either take your place as providers of care, or your numbers will dwindle as most dispensing activities are replaced by robotics and pharmacy technicians. I am a physician, and I say our profession and the patients that we serve need you “on the team” as clinical pharmacist practitioners. But, will you truly join us?

References:

- ¹ Pharmaceutical care practice is fully described in the following textbook: Cipolle R, Strand L, Morley P. *Pharmaceutical Care Practice—The Clinician’s Guide*, 2nd ed. New York: McGraw-Hill, 2004. (The third edition is pending publication.)
- ² Comprehensive medication management is defined and described in the Patient-Centered Primary Care Collaborative Resource Guide: The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Available at <http://www.pcpcc.net/files/medmanagement.pdf>. Accessed October 10, 2011.
- ³ Linda Strand, Pharm.D., Ph.D., is Vice President of Professional Services at Medication Management Systems (www.medsmanagement.com), and the comments can be found on her July 8 blog (<http://blog.medsmanagement.com/linda-strand-keynotes-international-conferenc>).
- ⁴ Fred Eckel, R.Ph., M.S., is a professor at the UNC Eshelman School of Pharmacy and formerly an executive director of the NC Pharmacists Association. The article appeared in *Pharmacy Times* (<http://www.pharmacytimes.com/publications/issue/2011/May2011/The-Patient-Centered-Medical-Home-and-ACOs2026-What-Should-Be-the-Pharmacists2019s-Role>).

All BPS Specialties Covered by the GI Bill



Current or former members of the Uniformed Services who are participating in the GI Bill, administered by the U.S. Department of Veterans Affairs (VA), are eligible for reimbursement of the cost of any of the certification examinations offered by the Board of Pharmacy Specialties (BPS). BPS has received official notice from the VA that the new Board Certified Ambulatory Care Pharmacist credential has joined its other specialty certifications, Board Certified Nuclear Pharmacist, Board Certified Nutrition Support Pharmacist, Board Certified Oncology Pharmacist, Board Certified Pharmacotherapy Specialist, and Board Certified Psychiatric Pharmacist, on the approved list.

For eligible pharmacists, the GI Bill will reimburse the full cost of taking or retaking a written BPS certification or recertification examination any number of times, under its licensing and certification examination program. Note that this program does NOT reimburse for the cost of exam

preparation or for recertification using a continuing education option.

A full description of this program and instructions on how to apply for reimbursement may be found in the VA’s pamphlet on license and certification examinations, which is posted at http://www.gibill.va.gov/documents/pamphlets/lc_brochure.pdf.

BPS notes that it is pleased to be able to participate in this program and appreciates the VA’s assistance in securing approval of all of its specialty certifications.

Washington Report

John McGlew

Associate Director of Government Affairs



The ACCP Political Action Committee (ACCP-PAC)

Developing, Advancing, and Positioning Clinical Pharmacists Within Our Changing Health Care Environment



In 2010, ACCP launched a Political Action Committee (PAC) to help elect candidates to Congress who understand the value that clinical pharmacists bring to the health care team and who will be champions of pharmacists and their patients. **All ACCP members are encouraged to contribute to the PAC. To make a donation, please visit our Web site: www.accpaction.org.** (Please note that, to comply with Federal Election Commission [FEC] regulations, we require you to log-in to the PAC Web site using your ACCP login and password. ACCP can solicit contributions only from ACCP members—our “solicitable class.”)

Clinical Pharmacy and America’s Changing Health Care Environment

ACCP opened its Washington office in 2000 so that the College could be actively invested in advocacy and government affairs efforts. During the past decade, ACCP has expanded its Washington staff, launched the [ACCP/ASHP/VCU Health Care Policy Fellow program](http://www.accp.org/ashp/vcu-health-care-policy-fellow-program), and developed its grassroots capabilities through the ACCP Advocates.

ACCP is confident that this investment is worthwhile. It has allowed the College to significantly raise its profile in Washington and participate actively in efforts such as the Pharmacy Stakeholders Coalition, which helped secure the

clinical pharmacy provisions included in the Affordable Care Act (ACA) signed into law by President Obama.

ACCP's 2007 Strategic Plan called for an examination of the feasibility and value of establishing an ACCP PAC. From the 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 in Washington. [ACCP's 2010 Strategic Plan](#) continues this focus on political advocacy, calling on the College to develop, advance, and position clinical pharmacists within the current health care environment. [ACCP's 2011–2012 Advocacy Platform](#) provides a descriptive frame of reference for the areas of advocacy and communication that align with the College's 2010 Strategic Plan.

The Advocacy Platform builds on the opportunities available to the pharmacy profession because of certain provisions in the ACA of 2010. Moreover, it calls for the College to continue participating in and supporting the efforts of national pharmacist organizations to ensure that key provisions of the ACA related to medication therapy management services are appropriately implemented and/or retained in the face of any efforts to diminish or repeal the law.

However, the Advocacy Platform also recognizes that it will likely be necessary in some instances for the College to differentiate and distinguish the practice of its members specifically, and clinical pharmacists generally, within the broader spectrum of pharmacy practice in order to promote and achieve the objectives contained in its strategic plan. Accordingly, advocacy and communications activities will emphasize and support:

- Patient-centered and patient-engaged care that is continuous, coordinated, comprehensive, evidence-based, and safe;
- Team-based delivery systems, using physically integrated and/or virtual practice structures, that facilitate and promote the full participation of qualified health professionals practicing to their maximum skills and capabilities within their licenses and scopes of practice in delivering care to patients; and
- Payment reforms to incentivize and reward collaborative and coordinated patient care services that achieve quality clinical outcomes and goals, through both medication use and other therapeutic and preventive health care services.

ACCP will seek out and work actively with interested health care organizations and professional societies, relevant government agencies, and other policy and advocacy

groups that support and foster these broad goals. ACCP will be working to advance clinical pharmacists by:

- Advocating for appropriate credentialing and privileging of clinical pharmacists
- Seeking recognition of clinical pharmacists by employers, payers, regulators, and evolving care delivery systems
- Facilitating collaborative research that documents the value of clinical pharmacists to patients
- Publishing research, commentaries, and evidence-based papers that address the clinical pharmacist's value to patient care

To achieve these goals, ACCP will need to build, develop, and expand its advocacy and communications capabilities and call on all of its members to participate. The College's advocacy efforts—direct lobbying and grassroots action—have yielded progress, as shown by the recognition of pharmacists' valued contributions to the patient care team. But lobbying and grassroots are just two legs of a three-legged advocacy "stool."

The third leg of the stool is ACCP's recently launched PAC. The success of the ACCP-PAC depends entirely on the support of ACCP members. Although ACCP members already make a significant commitment to the College and other professional organizations, this is clinical pharmacy's PAC, which presents a unique opportunity to raise the College's political profile and advance its advocacy agenda. To make a donation, please visit our Web site: www.accpaction.org.

What Is a 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 FEC, which makes the reports available to the public. A PAC enables ACCP members to combine their political contributions and support candidates who support ACCP's issues. Created because of campaign finance reform in the 1970s, PACs are the most transparent and rigorously regulated form of political contribution.

Why Support the ACCP-PAC?

One of the biggest hurdles a candidate must overcome when seeking elected office is the cost of mounting a campaign. Television commercials, campaign literature, pollsters, and political consultants are all necessary but expensive campaign investments. As a result, elected officials depend on organizations like the ACCP-PAC for financial support as much as they depend on our professional expertise and input in the legislative and policy arenas. Although

no official connection exists between policy outcomes and political contributions, a PAC can increase our visibility on Capitol Hill and strengthen our relationships with congressional leaders.

ACCP will cover all the administrative expenses associated with operating the PAC, so all donations go directly to support pro-clinical pharmacy candidates.

ACCP-PAC Governing Council

The PAC Governing Council, which provides oversight of and strategic leadership for PAC operations, directs the ACCP-PAC.

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

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How You Can Contribute

Contributions to the ACCP-PAC can be made online:
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Or simply print the following form to contribute by mail or fax: <http://www.accpaction.org/styles/PAC%20Contribution%20Form.pdf>

Please Send Your ACCP-PAC Contributions to:

American College of Clinical Pharmacy
Political Action Committee
13000 W. 87th Street Parkway
Lenexa, KS 66215-4530
Fax: (913) 492-0088

How Much Should You Contribute?

Although all donations are gratefully accepted, we suggest that you contribute at one of the levels below:

- | | |
|--------------------|-----------|
| Presidential Club: | \$1,000+ |
| Regents Club: | \$500 |
| Directors Club: | \$250 |
| Advocates Club: | \$100 |
| Other: | \$20–\$99 |

Who Can Contribute to the ACCP-PAC?

The ACCP-PAC can solicit contributions only from ACCP members. All contributions must be personal, not corporate.

Therefore, the PAC cannot accept contributions from institutions, organizations, chapters, PRNs, or other similar entities.

How Much Can an ACCP Member Contribute to the PAC?

\$5,000 annually. ACCP will cover all the administrative expenses associated with operating the PAC, so all donations go directly to support pro-clinical pharmacy candidates.

How Much Can the ACCP-PAC Contribute to a Candidate?

Up to \$5,000 per candidate, per election. (\$10,000 per election cycle—\$5K for the primary election and \$5K for the general election.)

Are PAC Contributions Tax Deductible?

No. Contributions to the ACCP-PAC are not deductible as charitable for federal tax purposes and must be made by personal funds and/or post-tax dollars.

Is the ACCP-PAC Partisan?

No. The ACCP-PAC contributes to candidates who understand and support its issues, regardless of their political party affiliation.

Can You Recommend a Candidate to Receive a PAC Contribution?

Only ACCP-PAC contributors may recommend candidates to receive contributions. All PAC contributor recommendations will be considered; however, we may not accommodate all requests. The ACCP-PAC Governing Council must approve all candidate contributions.

Other Legal Considerations

ACCP-PAC funds are used to support candidates for the U.S. Congress who are supportive of clinical pharmacists and their patients. Federal election law prohibits the ACCP-PAC from soliciting contributions from individuals outside the restricted class. Any contributions received from outside the restricted class will be returned. Federal law also requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Contact Us!

For more information, please contact ACCP's Associate Director, Government Affairs, at (202) 621-1820 or jmcglew@accp.com.

2011 ACCP Clinical Pharmacy Challenge: Recognizing the Item-Author and Item-Review Committees

Please join ACCP in recognizing the service of the following members of the 2011 ACCP Clinical Pharmacy Challenge Item-Author and Item-Review Committees. We thank these members for sharing their expertise in developing the items used in the 2011 national pharmacy student team competition.

2011 ACCP Clinical Pharmacy Challenge Item-Author Committee:

Chair: Jill Borchert, Pharm.D., FCCP, BCPS
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ACCP PBRN Releases a MEDAP Study Economic Analysis Request for Proposal



The ACCP PBRN is seeking to collaborate with an investigator interested in co-developing and leading an economic evaluation of the MEDAP Study. The objective of the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study was to describe the medication errors detected and the clinical pharmacist interventions implemented to resolve errors from a broad sampling of clinical pharmacy practice sites and settings throughout the United States. The study recruited 71 clinical pharmacists and documented 782 complete eligible reports of medication errors. Contained within each report was information specific to each medication error, including the name of the medication involved, the type of error and the reasons it occurred, the degree of harm to the patient, pharmacist recommendations and interventions, and the outcome of the medication error, if known. The manuscript is under development.

There is a lack of updated information regarding the economic impact of medication errors in the United States. Therefore, the ACCP PBRN is proud to announce this unique RFP for a qualified ACCP member applicant. The economic evaluation will be developed in collaboration

with the principal investigator of the MEDAP Study (Grace Kuo) and the co-investigators (Jacque Marinac and Daniel Touchette). The expected output will be a manuscript published in *Pharmacotherapy*.

For more information about the MEDAP Study, as well as a full application packet, please e-mail Rachel Chennault (rchenault@accp.com) at the ACCP PBRN.

Pharmacotherapy Pearls

Annual Acknowledgment of Academic Reviewers

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



The editors and editorial board of *Pharmacotherapy* wish to extend their sincere thanks to the following professionals who have served in the invaluable capacity as academic reviewers of manuscripts whose reviews were completed between October 1, 2010, and October 1, 2011:

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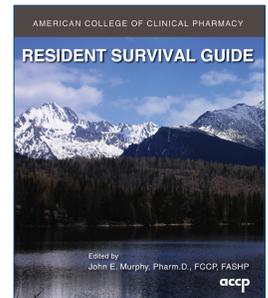
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At the On-site Bookstore in Pittsburgh, October 16–19, and anytime in the *ACCP Publications Catalog* and [Online Bookstore](#), you'll find new titles and new editions of favorite titles that will be valuable additions to your professional library.

New ACCP Publications

ACCP is proud to offer the [Resident Survival Guide](#), a new preparatory manual for residency training. A companion handbook designed to steer the resident through the various stages of a PGY1 or PGY2 program, it also contains valuable advice on preparing for a post-residency career.



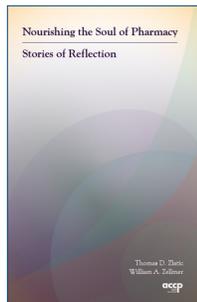
Dr. John Murphy and a prestigious group of experienced clinical pharmacy faculty and preceptors have written a guide that imparts insight, wisdom, experience, and advice to cover all aspects of the residency experience. Residents will learn what to anticipate in their program; how to individualize their training; how to best select elective rotations; how to get the most out of giving and receiving feedback; how to best plan, complete, and disseminate the results of their residency project; and much more.

In November, [Nourishing the Soul of Pharmacy: Stories of Reflection](#) will be released. This collection of essays embraces the use of reflective inquiry to enhance empathy for patients and elicit deeper bonds among practitioners. As pharmacy continues to evolve as a health profession, it becomes ever more essential that practitioners demonstrate care and compassion for the patients they serve. We

hope that these stories, including those of patient encounters, will lead the reader to insights that are more complex and thus improved patient care.

Editors Thomas D. Zlatic and William A. Zellmer have chosen essays that demonstrate the value of reflection at all stages of education and practice. Essays have been contributed by senior professors and beginning faculty; pharmacy directors and new clinicians; preceptors, residents, and Pharm.D. students; and pharmacists from industry and government.

This book is intended for a variety of audiences including practitioners, educators, and students as well as perhaps patients, caregivers, and health care professionals seeking a better understanding of pharmacists and the roles they perform. For educators who might wish to adopt the volume as a supplementary textbook, an appendix for using reflection as a learning strategy is included. Pre-order your copy now at http://www.accp.com/bookstore/la_01nscp.aspx.



Also New at the ACCP Bookstore

New editions of some of the best-selling [pharmacotherapeutic](#) titles are now available:

- [Antibiotic Essentials 2011, 10th Edition](#)
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- [Basic Concepts in Pharmacology, Fourth Edition](#)
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Look for two new titles in [Research and Outcomes Assessment](#). The goal of [How to Conduct Surveys](#) is to guide readers in developing their own rigorous surveys and

evaluating the credibility of others. This book gives practical step-by-step advice on how to achieve that goal. Written in a clear and accessible style, this fourth edition reflects changes in the way people prepare surveys, use them with the public, and report the results.

Designing and Conducting Health Surveys (http://www.accp.com/bookstore/ro_03dchs.aspx) is written for students, teachers, researchers, and anyone who conducts health surveys. The third edition draws heavily on the most recent methodological research on survey design and the rich storehouse of insights and implications provided by cognitive research on question and questionnaire design in particular. This resource presents a total survey error framework for charting the dangerous waters between the systematic and random errors that inevitably accompany the survey design enterprise.

Other new editions at the ACCP Bookstore include the [Pharmacy Professional's Guide to Resumes, CVs, and Interviewing](#), Third Edition (in [Practice Development](#)), and [Synchronicity: The Inner Path of Leadership](#), Second Edition (in [Leadership and Administration](#)).

Visit the On-site Bookstore at ACCP's Annual Meeting for your best deal on ACCP Publications. All registrants receive member pricing and free shipping to the continental United States (and up to 75% off shipping charges to other addresses). Or visit the [Online Bookstore](#) anytime to learn more about the variety of resources available.

“Generating Bright Ideas”

This year's Frontiers Fund (FF) development campaign is “Generating Bright Ideas.”

The Frontiers Fund Committee wishes to extend its thanks to its donors and assure them that their contributions have resulted in a great return on investment to our members. FF donations supported the Focused Investigator Training (FIT) Program and the ACCP Practice-Based Research Network (PBRN) start-up. Fifty-five investigators have graduated from the FIT Program. Graduates of the 2008 and 2009 classes have generated more than \$3 million in new grant monies—astounding! ACCP has established the first national clinical pharmacy PBRN. Special thanks to our members who participated in the MEDAP Study.



We recognize that these programs were made possible by the contributions of ACCP members and organizations, as well as by several of the PRNs. However, we cannot achieve future success without your financial support. A donation to the FF will support the ACCP PBRN research projects related to clinical pharmacy.

Please consider a gift to the FF so that the ACCP PBRN can continue “Generating Bright Ideas.”

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Hewon Chang
Jonah Christian
Andrea Dooley
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Rodney Hunter

Charles Jibotian
Jan Johannessen
Gary Morgan Jones
Kristen Kusmierski
George Milevich
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New Member Recruiters

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

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Katelin Speer
Joanna Stollings
Bryant Summers
William Taylor
Ian Wee
Cameron Wilson

Professional Placement Advertisements



**Assistant or Associate Professor of Clinical Pharmacy
Infectious Disease**
USC Jobs Web site: <https://jobs.usc.edu>
Requisition ID: 010459

The University of Southern California School of Pharmacy is accepting applications for a clinical faculty position at the assistant or associate professor rank (nontenure track) in the specialty area of infectious disease. The successful candidate will be the Antimicrobial Stewardship Clinical Pharmacy Leader at the Los Angeles County LAC+USC Medical Center (LAC+USC), working collaboratively with the attending physicians and fellows of the Division of Infectious Disease and with the LAC+USC Pharmacy Department. Clinical pharmacy leadership of the Antimicrobial Stewardship Program, in combination with Infectious Disease Division physicians, is the primary anticipated patient care responsibility. Clerkship teaching efforts and research initiatives will be derived from this service commitment, together with didactic teaching responsibilities and many other research opportunities and collaborations.

Applicants must have a Pharm.D. degree and licensure or eligibility for licensure in California. Completion of a specialty residency and/or fellowship in infectious disease pharmacotherapy or experience in formal antimicrobial

utilization program management is preferred. Experience in a leadership role in infectious disease pharmacotherapy and antimicrobial stewardship, together with evidence of accomplished scholarship, teaching excellence, and resident mentorship, is expected of a senior faculty candidate.

The position is available starting in January 2012.

The USC School of Pharmacy is located on the Health Sciences Campus, which includes the Keck School of Medicine as well as the LAC+USC Medical Center, in Los Angeles, California. The LAC+USC Medical Center inpatient facility is composed of 600+ acute care beds with several affiliated specialty and primary care clinics and a very busy emergency department. Complex medical and infectious diseases problems are routinely diagnosed and managed at this urban facility, with an emphasis on improving the health of a high-density, multicultural population.

USC values diversity and is committed to equal opportunity in employment.