

# ACCP Report

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## Best Abstracts Competition Won by Bednarczyk, Gillespie

The winners of ACCP's Best Abstract Award Competition were announced Wednesday, October 26, at ACCP's 2005 Annual Meeting in San Francisco, California. Named Best Poster was "Duration of human mu-opiate receptor blockade following naltrexone: measurement by 11C-carfentanil PET," presented by Edward Bednarczyk of State University of New York at Buffalo. Bednarczyk's coauthors include David Wack, Michael Haka, Elizabeth Shang, Linda Hershey, Richard O'Sullivan, and Terence Fullerton.



*Edward Bednarczyk receives his award from ACCP President Barbara Wells.*

Winner of the Best Student, Resident, Fellow Paper competition was Effie Gillespie, for "A cost-benefit analysis of an outpatient, pharmacy-managed medication assistance program for indigent patients." Gillespie's coauthors at the University of Connecticut and Hartford Hospital were Nickole Henyan, Stephen Sander, Gregory Gousse, and Craig Coleman.



*Effie Gillespie is recognized during the poster session in San Francisco.*

Each winner received a plaque and an honorarium to help offset travel expenses associated with attending the meeting. Honorable Mention citations were presented to Yvonne Kwan, John Dopp, and Kelly Earhart. Other abstract award finalists were Douglas DeCarolis, Madhur Gupta, Craig Lee, Erin Lepper, Troy Moore, Adele Rike, and Felix Yam.

Serving as judges for the Best Poster Award were Steven Barriere, Varsha Bhatt-Mehta, Marcia Buck, William Crom, William Kehoe, Jill Kolesar, John Murphy, Robert Parker, and Michael Ujhelyi. Judges for the Best Student, Resident, and Fellow Poster Award were Edward Bednarczyk, Scott Charland, Mary Ensom, John Flaherty, Gary Milavetz, Kathleen Stringer, James Tisdale, Eva Vasquez, and Paul Williams.

A total of 538 abstracts were presented at the Annual Meeting. Of these, 386 were reports of original research, 94 described innovative clinical pharmacy services, 49 presented original research in progress, and 9 involved research that was funded through the ACCP Research Institute.

The next abstract award competition will be held at the 2006 Spring Practice and Research Forum, scheduled for April 9–12 in Monterey, California. The deadline for abstract submissions for the Spring Practice and Research Forum is November 18, 2005. Abstracts should be submitted online at <http://accp.confex.com/accp/2006sp/cfp.cgi>.

## StuNet Web Site Debuts in San Francisco

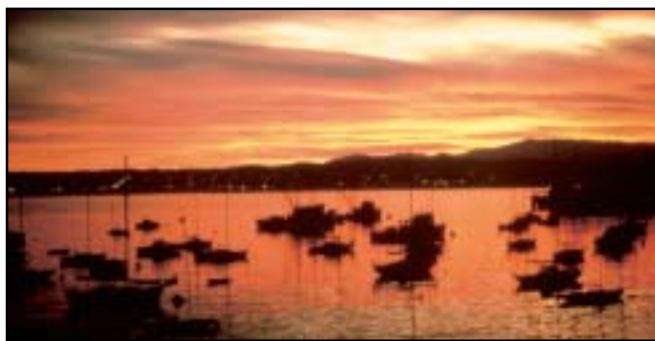
The new ACCP StuNet Web site is now up and running! Designed especially for student pharmacists, the Web site was introduced to attendees at the College's Annual Meeting in San Francisco on October 24. Featured pages focus on career development, residency and fellowship FAQs, book reviews, and many other resources of interest to student pharmacists. ACCP members can view the StuNet Web pages at [www.accp.com/stunet/](http://www.accp.com/stunet/).



The Web site is just one more step in the ever-expanding services and benefits of StuNet. The network allows ACCP and student pharmacists to connect via the Internet across the country, providing students with a virtual place to communicate, ask questions, and get answers. Originally envisioned as a cyber-ACCP chapter, StuNet has grown into a multifaceted electronic network that now includes a student listserv and a Web site with professional resources exclusively for student members of ACCP.

More than 350 ACCP student members have recently subscribed to the StuNet listserv, along with other ACCP members who serve as Network Mentors. Any current ACCP student member can subscribe to the Network. Earlier this year, ACCP established an exclusive student member dues rate of only \$35 annually. All new student members are automatically provided with a StuNet subscription. There is no additional fee to participate in StuNet; it's a benefit of membership for any student pharmacist.

Students and faculty members who would like to learn more about StuNet are encouraged to contact Melissa Morris, Membership Project Manager, at [mmorris@accp.com](mailto:mmorris@accp.com), or (816) 531-2177, ext. 13.



*ACCP's Spring Practice and Research Forum will be held in beautiful Monterey, California.*

## **Save the Date! ACCP Spring Meeting April 9–12, 2006**

Mark your calendars for ACCP's Spring Practice and Research Forum to be held April 9–12, 2006, in beautiful Monterey, California. Again this year, ACCP's highly regarded Updates in Therapeutics: The Pharmacotherapy Prep Course will be held in conjunction with the Spring Forum. For one registration fee, participants can choose from among the educational sessions within both programs, as well as PRN-developed Focus Sessions, attend scientific poster presentations, participate in PRN Business Meetings and Networking Forums, and much more.

A series of Saturday pre-symposia are in development, too, and are tentatively scheduled to include programs on leadership, clinical faculty and preceptor development, and HIV pharmacotherapy, as well as a special luncheon and afternoon program for student pharmacists.

In addition to exceptional educational programming, the Spring Practice and Research Forum offers the many attractions of Monterey. After a day of learning, unwind with a relaxing walk on the beaches of Monterey Bay, or catch up with friends and colleagues while you take in the sights of this historic city. From Fisherman's Wharf and the Monterey Bay Aquarium to Cannery Row and the 19 championship golf courses, there is something to suit everyone's taste!

### **Full Conference Information Available in January**

Following is a preliminary listing of educational sessions to be offered at the Spring Practice and Research Forum. Complete conference information and a registration form will be available January 2006. Watch the ACCP Web site [www.accp.com](http://www.accp.com) for details.

### **Spring Practice and Research Forum (Preliminary Program)**

#### **Opening General Session**

Keynote Address "The Gap: Translating Research into Practice"; Young Investigator Award Lecture.

#### **Pharmacy Education Series—Implementing Different Types of Training and Development**

Classroom-based Active Learning; Active Learning in Distance Education.

#### **Practice Management Series—Integrating and Justifying Clinical Pharmacy Services in Health Systems**

Value of Integrating Dispensing and Clinical Functions; Financial and Clinical Justification of Clinical Pharmacy Services; Reimbursement for Clinical Pharmacy Services: The Future.

#### **Scientific Series—Funding a Clinical Research Program: Grant Writing and Beyond**

Overview of Grant Writing and Common Pitfalls; Identifying Funding Opportunities; Grants Funded by the ACCP Research Institute; Research Sponsored by Industry; Grants Funded by Foundations; Federal Sources of Funding; Case Study: Taking a Research Program from Pilot Data to Federal Funding; Designing a Grant.

#### **Scientific Series—Translating Research into Practice**

When and Why Research Doesn't Reach; Practical Clinical Trials; Translating an Efficacious Research Program into Practice; Case Studies of Translating Research into Practice.

#### **Cardiology PRN Focus Session—What's Making Headlines in Cardiology**

Clopidogrel Dosing: How Much and When?; Drug-Eluting Stents: A Mechanical and Pharmacological Approach to Coronary Artery Disease; Impact of COX Inhibitors on Cardiovascular Disease; Pleiotropic Effects of Statins: What Does It Mean for the Patient?

#### **Central Nervous System PRN Focus Session—Management of Seizure Emergencies From Home to Hospital**

Epidemiology and Pathophysiology of Seizure Emergencies; Hospital-based Treatment for Seizure Emergencies; Out of Hospital Treatment for Seizure Emergencies.

#### **Critical Care PRN Focus Session—If It Bleeds It Leads: How to Manage Acute Hemorrhage in the ICU**

Acute Traumatic Hemorrhage; Acute Intracerebral Hemorrhage; Coagulopathy.

#### **Geriatrics PRN Focus Session—Medication Therapy Management: Medicare D**

Background and Update on Recent Changes in Part D; Considerations for Implementation; Caveats on Implementation of MTMS in Different Practices.

#### **GI/Liver/Nutrition PRN Focus Session—Controversies in the Safe Practice of Medication Adherence**

Safe Practices for Parenteral Nutrition Should Be Universally Adopted—Pro/Con Debate.

#### **Outcomes and Economics PRN Focus Session—Pharmacoepidemiologic Tools and Applications in Clinical Pharmacy**

The Tools of Pharmacoepidemiology I: Theory and Methods of Case-Control Studies; The Tools of Pharmacoepidemiology II: Theory and Methods of Cohort Studies; Pharmacoepidemiologic Applications in Disease State Management Program Evaluation.

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### **Pain Management PRN Focus Session—Treating Fibromyalgia Syndrome Pain in Daily Practice**

An Overview of Fibromyalgia Syndrome Pain for Pharmacists; Pharmacologic Treatment of Fibromyalgia Syndrome Pain: What Works, What Doesn't Work, and What is Promising.

### **Pediatrics and Endocrinology PRNs Focus Session—Metabolic Syndrome and Diabetes Across the Life Span**

Metabolic Syndrome and Its Impact in Children and Adolescents; Issues in the Delivery of Appropriate Insulin Regimens in Children With Type 1 Diabetes Mellitus.

### **Updates in Therapeutics: The Pharmacotherapy Preparatory Course (Preliminary Program)**

Acute Care Cardiology; Ambulatory Care; Biostatistical Applications; Biostatistics: A Refresher; Clinical Trial Design; Critical Care; Endocrine and Metabolic Disorders; Gastrointestinal Disorders; Geriatrics; HIV/Infectious Diseases; How to Prepare for the Exam; Infectious Diseases; Men's and Women's Health; Nephrology; Neurology; New Findings in Nutrition Support; New Findings in Psychiatry; New Practices in Nutrition Support; New Practices in Psychiatry; Oncology Supportive Care; Outpatient Cardiology; Pediatrics; Pharmacokinetics; Pharmacotherapy Preparatory Course: Fluids, Electrolytes, and Nutrition; Pharmacotherapy Preparatory Course: General Psychiatry.

### **Call for Abstracts**

All investigators in the field of clinical pharmacy and therapeutics are invited to submit abstracts to be considered for poster presentation at the 2006 Spring Practice and Research Forum. Abstracts may be submitted in one of the following three categories: original research, clinical pharmacy forum, or resident and fellow research in progress. Abstracts may be submitted online at <http://accp.confex.com/accp/2006sp/cfp.cgi>. Submission deadline: November 18, 2005, midnight, Pacific Time.

Students—Watch StuNet and the ACCP Web site for a new abstract submission process just for you! Student submission deadline is December 15, 2005, midnight, Pacific Standard Time.

### **For More Information**

Complete conference information and a registration form will be available in January 2006. Watch the ACCP Web site [www.accp.com](http://www.accp.com) for more information.



*After a day of learning, unwind with a relaxing walk on the beaches of Monterey Bay, or catch up with friends and colleagues while you take in the sights of this historic city.*

## **AHRQ Establishes Program to Compare Medical Treatments and put Proven Treatments Into Practice**

### **Schumock Heads One of Thirteen New DEcIDE Research Centers**

The U.S. Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality has launched a new Effective Health Care Program to help clinicians and patients determine which drugs and other medical treatments work best for certain health conditions. Thirteen new Developing Evidence to Inform Decisions about Effectiveness research centers (referred to as DEcIDE) were named as part of the program, including a center at the University of Illinois at Chicago, led by Glen Schumock. Schumock is the only clinical pharmacist-principal investigator among the 13 centers selected.

He said the DEcIDE Center's research into outcomes of drug therapies and services related to medication use is tied to the new Medicare drug benefits, which will take effect in January. The agency has created the Effective Health Care Program to comply with the Medicare Modernization Act of 2003, which requires evaluation of new Medicare benefits.

"The Medicare Part D benefit is a huge change and will have a great impact on both the availability of medications for seniors and the health outcomes of seniors," Schumock said. "In the past, seniors without other coverage had to pay full price for their medications. Many could not afford this and had to make difficult decisions between buying medicine or, for example, paying for rent or food. Because of the cost and significance of this new prescription benefit, it will be important to evaluate its effectiveness." The current estimate is that the Medicare drug benefit will cost \$1.2 trillion over 10 years. "We're talking about huge amounts of money that could radically change the whole formula for health care," said Schumock.

The \$15 million program will support the development of new scientific information through research on the outcomes of health care services and therapies, including drugs. By reviewing and synthesizing published and unpublished scientific studies, as well as identifying important issues where existing evidence is insufficient, the program will help provide clinicians and patients with better information for making treatment decisions. Initial reports from the new program will be issued later this year, with particular focus on effectiveness information relevant to Medicare beneficiaries. A new Web site for the program, [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov), has been established.

"There is more we must learn about what really works most effectively and safely for our patients, especially for some of the most widespread and costly health conditions," said HHS Secretary Mike Leavitt. "This new Effective Health Care Program will substantially expand our department's capacity to develop this crucial information and convey the findings clearly so that they can be put into practice quickly."

The new network of 13 DEcIDE centers will carry out accelerated studies, including research aimed at filling knowledge gaps about treatment effectiveness. Operating under strict procedures to guarantee privacy and security, DEcIDE centers will use de-identified data available through insurers,

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health plans, and other partner organizations to answer questions about the use, benefits, and risks of medications and other therapies. Collectively, the DEcIDE centers will have access to de-identified medical data for millions of patients, including Medicare's 42 million beneficiaries. DEcIDE centers will begin work on 15 research projects immediately.

The new program was authorized under Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. An initial set of 10 priority conditions of special importance for Medicare was announced last December, including ischemic heart disease, cancer, stroke, arthritis, and others. Specific topics for review by EPCs were named in June, with choices based on extensive public input. A hallmark of the program will be the transparency of the data and processes used to arrive at findings.

"As the Medicare program moves toward the launch of its new drug benefit next year, it will be increasingly important to have sound information about which drugs and other treatments are proven to be effective for the conditions that are most important for our beneficiaries," said Mark B. McClellan, M.D., administrator of the Centers for Medicare & Medicaid Services.

"We welcome our partnership with AHRQ in developing this information and seeing it put into practice."

Additional priority areas for the program will be identified next year, to include the needs of CMS' Medicaid and State Children's Health Insurance Programs, as well as Medicare. Public comments are already being solicited for the additional set of priority conditions.

## President's Column

*Joseph T. DiPiro, Pharm.D., FCCP*

### ACCP — A Look at the Year Ahead

In this my first President's Column I will highlight our active and ambitious College agenda for the year ahead in which we will address practice, education, and research issues. "Excellence" is the key word. ACCP has always been an organization that looks 360° for examples of excellence: inside the College, externally in many directions, to experienced members, and to new members. Now, with almost 10,000 ACCP members, we carry momentum and the potential to do much more than we could have just a few years ago.

Our members are the key to our success. The ACCP membership is a relatively young group, and we must use this to our advantage. New members with fresh ideas will continue to invigorate ACCP. Today more than ever, young members define what ACCP is and where it is going. Our members are leaders in many aspects of the profession and health care—as practitioners, as academics, in industry, and in state and federal agencies. The ACCP Board of Regents considers member services and a member-focused College agenda vital to our continued growth and progress.

As a part of membership strategies, ACCP is expanding its efforts directed toward students to attract them to ACCP membership and meetings. We believe that student participation

in ACCP sets a solid foundation for active participation in the College throughout one's career.

We have formed STUNET, an Internet-based ([www.accp.com/stunet/](http://www.accp.com/stunet/)) network that will provide resources to assist students with professional development and networking. We are seeking new ways of communicating directly with students on campuses, through local faculty members and practitioners, and through increased student-focused programming at our meetings.

As we focus on younger members, we cannot ignore the other end of the age spectrum. In the years ahead we will begin to see a wave of retiring members from the baby boom generation, including many past ACCP officers and leaders. It will be important to find ways to continue to engage these members, to ensure a place for them in our College, and to call on their wisdom and experience. The College is setting out to determine what is important to retired members. What will continue to attract them to our organization? We do not want to lose the experience and wisdom that these members have brought to ACCP.

With an expanding membership, the College will need to make the advantages of membership clear to all. Members have every right to ask, "Does ACCP address the real problems and issues that we deal with on a daily basis?" There are many important questions for us to address, among them:

- Is ACCP's meeting programming on target for the contemporary practice and research interests of our growing membership?
- Do our committee charges reflect the highest priority goals?
- How can the ACCP PRNs be structured to serve a greater portion of our members?
- Does the ACCP Research Institute and Awards program provide sufficient recognition and support to clinical pharmacy scholars?

One method to increase interaction among members is through our Web site. The Web site is undergoing reconstruction to become more functional for members. For example, a new task force has been asked to design a template for a "case of the month" series that will be posted on our Web site. We hope that this series will become a focus for discussion and learning among members.

Over the past few years, our PRNs have become much more active. Not only are these forums for people to meet, talk, and share meeting programming, but they also now have a greater outreach and external perspective. PRNs are publishing position statements and commentaries, and providing guidance documents to federal agencies. We look to the PRNs as one of the primary means for members to become more active in the College.

One of the fundamental tenets of our existence is that through College membership and activity we can improve the profession, enhance practice, and thereby improve health care. Throughout its existence the College has focused on improving clinical pharmacy practice. In the 21 years that I have been a member, clinical pharmacy services in the United States have expanded from specialty practice in academic centers to the standard of care in many different health care settings.

Over that time the need for clinical pharmacy services has become much more evident. But we all know that clinical

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practice is not yet applied to the benefit of all patients. This past year, President Wells' theme has been "Embracing clinical pharmacy as a standard of care: from pockets of excellence to standards of care." In the next year we will build on that theme by striving to "Achieve rational drug therapy in all patient care settings."

Although many patients benefit from the care of clinical practitioners, we still have before us clinical pharmacy's biggest frontier (or challenge), which is pharmacy's original and traditional focus—the community. Our College needs to explore ways to expand clinical pharmacy practice in the community, through innovative services as well as through development of existing community pharmacies. We can see in our ACCP Vision that clinical pharmacy "will be the standard of practice in any patient care setting..." We need to determine how we can engage community pharmacists and attract those actively involved in clinical practice to become members in the College. As an initial effort in this direction, the Member Relations Committee is charged with developing a plan for increasing ACCP's visibility among community-based clinical pharmacists. Our Clinical Practice Affairs committee will develop a model of care for implementation of medication therapy management services. We recognize that this will be a long-term College commitment to community pharmacy.

Education and training will always be a high priority for the College. Any advancement in the profession of pharmacy and improvement of health care services must focus on education and training of students and practitioners. ACCP will continue its efforts to educate and train practitioners and create tools to help clinical pharmacists do their jobs better. As health professionals, it is our duty to actively support and participate in pharmacy education and training. The College has taken a leadership stance on education and training, and this will continue.

Our Educational Affairs subcommittees have an important new set of charges that are intended to influence pharmacy education on a national basis. This begins with articulating desired educational outcomes for Pharm.D. degree programs from ACCP's viewpoint. It also includes a roadmap for clinical faculty development and a process to identify those elements that are critical to ensuring quality experiential education. With the insight and experience of our members, we can be particularly effective in recommending standards for experiential training.

The three 2006 Educational Affairs subcommittees will address these topics with a goal of producing a series of published papers to serve as guidance for the education community and the profession. The College is also providing input to ACPE on the accreditation standards and guidelines currently under revision for the doctor of pharmacy degree.

ACCP will continue to focus on post-graduate training through its Task Force on Advancement of Residency and Fellowship Training. Our long-term vision for the profession is that "90% of members will have completed a postgraduate residency or fellowship." We are also working toward a vision that all pharmacists working in direct patient care settings will have completed residency training. The biggest issue in residency training at present is the inadequate number of residency positions around the country. Our task force is

working on this issue. We feel that we can develop tools to assist members to increase the number and quality of health-system and community pharmacy training programs.

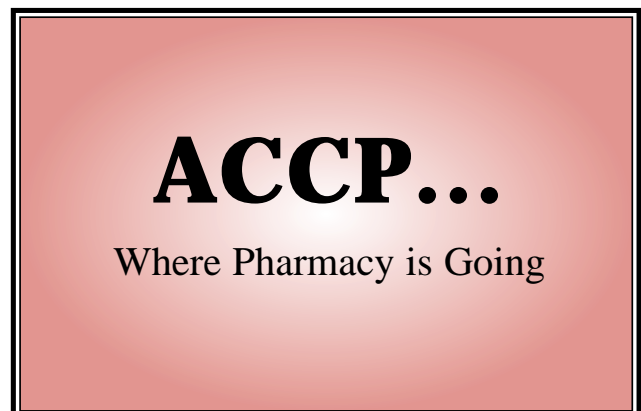
In the year ahead, a number of other topics will clearly be prominent. We will continue to promote Pharmacotherapy Specialist Board Certification. ACCP was the sponsor for BCPS certification and continues to believe that this should be the primary avenue of certification for clinical pharmacists. We should reaffirm our vision that in 20–30 years the majority of clinical practitioners will be board certified.

The College has always had a strong agenda on practice issues. In the past year we have formally defined the term "clinical pharmacy," and this definition appears in the August, 2005 *ACCP Report*. The definition, together with a set of core competencies for clinical pharmacists, will be published in *Pharmacotherapy* during the coming year. The Task Force on Clinical Practice Management has developed a set of indicators of quality clinical pharmacy services and will seek to validate these measures in today's institutional and ambulatory care settings. In addition, we are working to define a core business model for clinical pharmacy practice in the ambulatory care setting.

We must continue to develop the scholarly foundation of pharmacy practice. In the past few years, the ACCP Research Institute has recognized that to achieve its vision a more stable source of funding must be secured. The Frontiers campaign has achieved considerable success by raising more than \$350,000 for research awards and programs in its first 2 years. However, too few members take advantage of the funding available through the Research Institute. We should encourage more members to apply for the research grants and awards that are available through the research foundation.

It may seem that the College has a wide-ranging agenda. However, through our strategic planning process, we have set priorities and made choices. We recognize that member and staff time and effort have limits. We need to focus our efforts on specific goals and on the activities that have the greatest likelihood of propelling us toward those goals.

I want to thank the many members who have volunteered for committee and task force membership, particularly those who will be serving as chairs. As you may know, we had many more volunteers than could be accommodated this year. Any member who was not selected for committee membership last year was selected this year if he or she volunteered again. I am very much looking forward to this year and to working with many of you.



## Call for Nominations

All nominations should be sent to the indicated committee chair in care of: ACCP, 3101 Broadway, Suite 650, Kansas City, MO 64111. Additional information on award criteria may be obtained from ACCP headquarters.

**2006 ACCP Fellows:** Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been a full member of ACCP for at least five years; must have been in practice for at least ten years since receipt of their highest pharmacy degree; and must have made a sustained contribution to ACCP through activities such as attendance or presentation at College meetings; service to committees, PRNs, or chapters; or election as an officer. Candidates may be nominated to the Chair of the Credentials Committee by any two Full Members other than the nominee or by any Fellow. Current members of the Board of Regents are ineligible for consideration. **Nomination deadline: February 15, 2006.**

**2007 Officers and Regents:** President-Elect, Regents, Research Institute Trustees. Nominees must be a Full Member of ACCP and should have demonstrated excellence in clinical pharmacy practice, research, or education; demonstrated leadership capabilities; and should have made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Send nominations to Chair, Nominations Committee. **Nomination deadline: November 30, 2005.**

**2006 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. Letters of nomination should be sent to the Chair of the Parker Medal Selection Committee. All nominations must be accompanied by the nominee's curriculum vitae, resume, or biographical sketch as available, and at least three letters of support that describe the individual's accomplishments relative to the award criteria, at least one of which is from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2006.**

Letters of nomination for the following ACCP awards should be sent to the Chair of the Awards Committee. All nominations must be accompanied by the nominee's curriculum vitae and a letter of support that describes the individual's accomplishments relative to the award criteria. Additional letters of support also may be included, particularly when the curriculum vitae may not have enough relevant information for a specific award. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2005.**

**2006 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 pharmacy continuing education, or shown leadership in the development of clinical pharmacy education programs.

**2006 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.

**2006 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.

**2007 Young Investigator Award:** This award will be given at the College's 2007 Spring Forum. Its purpose is to highlight the research program of an ACCP member who has made a major impact in an aspect of clinical pharmaceutical science. Nominees must have been a member of ACCP for more than three years; must be less than six years since completion of their terminal training or degree, whichever is most recent; and must have a research program with a significant publication record having a programmatic theme, or an especially noteworthy single publication. Fellows of ACCP (i.e., "FCCP") are not eligible. The award recipient will present a lecture at the College's 2007 Spring Forum based on his or her work.

**2007 Therapeutic Frontiers Lecture:** Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members.

**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.

## Frontiers Fund Update: What's Been Accomplished so Far?

Personal contributions to the Frontiers Fund from many College members have helped the ACCP Research Institute significantly

expand its support of practice-related and clinical



research. In just its first two years, the Frontiers Fund has enabled more than \$350,000 in new and expanded research opportunities:

- **Evaluation of a Program to Improve Hypertension Care.** Sean Hennessy, Pharm.D., Ph.D.; University of Pennsylvania School of Medicine. In this controlled evaluation, Dr. Hennessy is evaluating the effectiveness of a multifaceted intervention program that includes academic detailing of physicians by a clinical pharmacist in reducing the proportion of patients with uncontrolled hypertension.
- **Pharmacogenomic Reasons for Poor Lupus Nephritis Outcomes.** Melanie S. Joy, Pharm.D.; University of North Carolina. Dr. Joy is seeking to improve the outcomes of patients with lupus nephritis by determining whether genotypic and phenotypic variations in drug metabolism lead to inadequate dosing of medications used to treat this problem.
- **Evaluation of Diabetic Nephropathy in Hispanic Americans.** Thomas C. Dowling, Pharm.D., Ph.D.; University of Maryland. Dr. Dowling is working to optimize diabetic treatment in Hispanic Americans by evaluating the relationship between glycemic control, prevalence of nephropathy, and the influence of ethnicity on drug metabolism. (Also supported by the Amgen Nephrology Research Award.)
- **Improving the Quality of Medication Use in Older Adults.** Mary T. Roth, Pharm.D., MHS; University of North Carolina. By determining the prevalence and incidence of drug therapy problems affecting these individuals, Dr. Roth is developing a drug therapy management program designed to improve the quality of medication use in community-residing elderly patients.
- **Genetic Polymorphisms and Vascular Access Thrombosis.** Donald Brophy, Pharm.D., FCCP, BCPS; Virginia Commonwealth University. Dr. Brophy's work will allow optimal prophylactic care to prevent vascular access thrombosis in hemodialysis patients by using genetic screening to gauge their risk for this potentially deadly complication.
- **Medication Use at the End of Life.** Christine Ruby, Pharm.D., BCPS; University of Pittsburgh. By characterizing the occurrence of adverse drug events and the undertreatment of symptoms such as pain, nausea, vomiting, and anxiety, Dr. Ruby is seeking to optimize the end of life care provided to older persons.
- **Outcomes after Discharge from a Pharmacist-run Secondary Prevention Service.** Kari Olson, Pharm.D., BCPS; Kaiser Foundation Health Plan. In this controlled assessment, Dr. Olson is evaluating the impact of a clinical pharmacist-managed prevention program on the outcomes of

patients with cardiovascular disease. (Also supported by the Kos Dyslipidemia Research Award.)

- **Optimizing the Treatment of Recurrent Ovarian Cancer.** Judith Smith, Pharm.D., BCOP; University of Texas MD Anderson Cancer Center. Dr. Smith is evaluating the potential synergistic activity of a new chemotherapy medicine (SAHA), with the ultimate goal of improving the response rate and overall survival of women with ovarian cancer.
- **Pretreatment of Albuterol vs. Montelukast in Exercise Induced Bronchospasm in Children.** Hengameh Raissy, Pharm.D.; University of New Mexico. Dr. Raissy is optimizing the treatment of children with exercise-induced asthma by comparing the effectiveness of albuterol and montelukast, and by determining whether certain markers of airway inflammation can predict response to therapy. (Also supported by the Sanofi-Aventis Allergy/Asthma Research Award.)
- **Kinetics and Dynamics of IV Enoxaparin in the Trauma ICU.** Curtis Haas, Pharm.D., FCCP, BCPS; State University of New York at Buffalo. The goal of Dr. Haas' work is to define safe and effective regimens for the prevention of venous thromboembolism in trauma patients receiving intensive care.
- **Gastrointestinal Adaptation in Patients with Roux-en-Y Gastric Bypass Surgery.** Lingtak-Neander Chan, Pharm.D., BCNSP; University of Washington. Dr. Chan's research will help patients after gastric bypass surgery by characterizing and explaining the influence of the Roux-en-Y surgery on the absorption and metabolism of drugs and nutrients.

The Research Institute's ambitious goal is to increase support for critical member-driven research to at least \$300,000 in 2006 alone. To reach this goal, your help is needed now as the **donations made in 2005 will support the research to be funded in 2006.**

Together, ACCP members are creating the opportunity to:

- support *clinical research* that extends beyond those areas funded by existing ACCP grants;
- conduct much needed *health services* research to document the impact of clinical pharmacy services on patient care; and
- foster the development of clinical pharmacy researchers.

Whether you use the outcomes of others' research as an evidence-based practitioner or personally lead a research program, your investment in the Frontiers Fund translates directly into improved drug therapy outcomes for patients and enhanced, expanded pharmacy practice by making possible vitally important clinical and health services research that could not otherwise be conducted.

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*One of the ways members help support the Frontiers Fund is at the PRN Reception and Silent Auction, held during the 2005 ACCP Annual Meeting. But an annual personal gift is important too.*

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Every gift is important every year—\$50, \$100, \$250, \$500, or more. Please help to expand pharmacy's frontiers. Your tax-deductible gift to the Frontiers Fund is an excellent way to invest in the future of your profession through ACCP member-driven research.

More information about the Frontiers Fund, including an informative video, brochure, and methods to provide your personal support can be found at <http://www.accp.com/frontiers/>.

## Call for Applications: ACCP Heart Failure Training Program

### Traineeship Provides Unique Opportunity for Students, Residents, Fellows, and Practitioners

Funded by an educational grant from GlaxoSmithKline and offered through the ACCP Research Institute, the ACCP Heart Failure Training Program is conducted at five sites within the U.S.: the Medical University of South Carolina (Jean Nappi, primary preceptor), The Ohio State University Medical Center (Kerry Pickworth, primary preceptor), the University of Michigan Health System (Barry Bleske, primary preceptor), the University of North Carolina Heart Failure Program (Herb Patterson and Jo Ellen Rodgers, primary preceptors), and the University of Utah Medical Center UTAH Affiliated Heart Failure Program (Mark Munger, primary preceptor).

Depending on the site, the traineeship is a 2–4 week, intensive training program that includes extensive clinical experience in either the ambulatory care and/or inpatient setting(s), a structured didactic component, and exposure to ongoing clinical research.

The primary goals of the heart failure traineeship are to provide pharmacy practitioners, fellows, residents, and students with specific knowledge and skills central to the management of patients with heart failure. For practitioners, the traineeship provides the knowledge and experience needed to establish a heart failure clinic or disease management program within their own practices. Although pharmacy students can be accepted only at the University of North Carolina site, the traineeship provides an excellent elective clerkship that qualifies for academic credit within their home university.

Each of the training sites provide a somewhat different experience depending on its specific structure and focus. This allows applicants to match their interests with the strengths and characteristics of each site to determine which would provide them with the optimal training experience.

Trainees receive a grant-in-aid of \$1000 to partially offset travel and living expenses incurred in conjunction with the traineeship. Additional information and application materials can be downloaded from the ACCP Web site at <http://www.accp.com/ClinNet/research.php>.

### Application Deadline: March 15, 2006

ACCP Research Institute  
3101 Broadway, Suite 650  
Kansas City, MO 64111  
(816) 531-2177

## Leadership Development: The Only Good Meeting

(Ed. Note: This is the fourth in a series of columns adapted from management and leadership articles written by LeaderPoint's Jon Hope. LeaderPoint is the organization with which ACCP partners to provide the Leadership Experience.\* Previous columns have stressed that: with effective leadership, people have direction, focus, and commitment, and know how they can make a difference; to be successful we must focus on our development as a person, a specialist, and a professional; and effective leaders help people take personal responsibility for the outcomes of their work. You needn't have "manager" as part of your formal title to benefit from this series or from the concepts developed in the Leadership Experience. We hope you are enjoying and benefiting from these columns.)

The only good meetings are the ones that get cancelled. Have you ever been to a good meeting? Most are a waste of time. Then why are we meeting? To pass information? To share reports? To issue tasks? To communicate? There are no good reasons here!

Bringing people together is expensive. There is the combined pay, the time away from the jobs they are being paid to do, and the problems that bad meetings cause. Bad meetings frustrate people and communicate negative messages such as "this meeting is more important than what you do" or "the person calling the meeting has a better grasp of what is important than you do." Let's look at some of the typical reasons people call meetings.

**To pass information.** This is a common reason. One person gathers some information and calls a meeting to share it with others. Those attending the meeting are expected to take notes as if they were in class. Most of the time they miss important points or take faulty notes. It is far better for the person calling the meeting to write out the information and send a memo.

**To share reports.** This is the dreaded "staff meeting." Here peers take turns talking about what is going on in the area or project for which they are the experts. People give their reports and try to listen attentively to other reports but don't pay much attention.

**To issue tasks.** This time-wasting type of meeting is called so that the boss can pass out tasks to subordinates. People don't have time to consider the assignments, and few fully comprehend what has been assigned.

**To communicate.** This is the big time waster. Someone, usually the boss, brings people together to communicate such items as overall results, new procedures, and communications from above. Employees usually need to analyze results and be trained to use new procedures, not meet to hear about them. Most communications from above need to be processed by the boss, not passed on to the troops.

So why would you ever bring people together? The only good reason, besides a party, is *to accomplish a goal that requires the combined skills, experience, or knowledge of those you bring together.*

First, **determine what is to be accomplished.** Next, **help them prepare.** What do they need to know, to do, and to bring beforehand?

At the group session, **assign the work, monitor performance, and identify and remove barriers.** Be clear

(continued on page 9)

(continued from page 8)

about the outcome, the amount of time to be spent, and how it is to be used. If there is work to be done by individuals or subgroups, assign it separately. Don't allow anyone to sit around watching.

As they are doing the work, **monitor their progress**. If they are stuck, help them recognize it and get around whatever is impeding progress. Sometimes you will have to intervene in their process. Do it quickly, but don't take the work back from them.

Here are some tips on planning for group work:

First, **assign big work**. Don't assign small components; assign the entire project. You may have to plan an agenda to show colleagues the significance of their work.

Next, **assign the work to those who know how to get things done**. Don't assume that people know how to work in groups. Most don't. Keep a list of people who have learned how to be effective in group work situations. Use their talents and skills on important group projects.

Spend time with employees who do not work effectively in a group context and developing them through training and feedback.

Finally, **don't take responsibility for the group's performance**. The group must determine whether they have done well. You can, and should, thank them for their efforts but don't evaluate. (See the October column "Praise Good Work—Right?" for a thought provoking discussion of this topic.)

You must determine how to use the unique capabilities of your staff. If you waste their talents, you lose.

Jon W. Hope  
Director of Programs  
LeaderPoint  
[www.leaderpoint.biz](http://www.leaderpoint.biz)

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

## Chronic Illnesses and Pediatrics are Focus of New Book in PSAP-V Series

The newest book in ACCP's *Pharmacotherapy Self-Assessment Program*, *Chronic Illnesses IV and Pediatrics*, is the second of two PSAP-V books to focus on disease states affecting ambulatory populations. Its primary focus is to cover the common chronic illnesses facing ambulatory care and primary care practitioners. Thus, chapters on chronic obstructive pulmonary disease and Alzheimer's disease have been included.

These practitioners see a range of patients from infants and toddlers to the elderly, and many disease states such as asthma affect the entire age spectrum (highest morbidity in young children and highest death rate in elderly). In addition, diseases once thought to be only "childhood diseases" are now becoming adult diseases thanks to both improved therapy and outcomes (cystic fibrosis) and improved diagnostics and



treatment (attention deficit/hyperactivity disorder).

The *Chronic Illnesses IV and Pediatrics* book provides clinicians with the entire spectrum of disease and disease management from the treatment and prophylaxis of bronchiolitis in infants and immunosuppressed adults to the treatment of pediatric oncologic disorders and the long-term chronic illnesses in adults that occur secondary to that treatment. Not only do the authors delineate the current state-of-the-art disease treatment, but they also paint the larger canvas of disease therapy and prophylaxis throughout life. A chapter on cerebral palsy, a chronic debilitating disorder of children and adults, will make its debut. The chapters will help those who work in the ambulatory care settings to appreciate the complexity of problems that they may not see routinely and to become more involved with these patients.

*Chronic Illnesses IV and Pediatrics* (Book 9) will be released January 17, 2006. Because information on chronic illnesses is indispensable to pharmacists everywhere, ACCP is offering an opportunity to purchase the recently released *Chronic Illnesses* book (Book 8) in combination with the *Chronic Illnesses IV and Pediatrics* (Book 9) at a special price (shipping charges will apply).

PSAP-V Special Book Offer (Books 8 and 9)	Member Price	Nonmember Price
Hardcopy	\$85.00	\$115.00
Online	\$70.00	\$100.00
Hardcopy & Online	\$120.00	\$150.00

PSAP-V Full Series Pricing	Member Price	Nonmember Price
Hardcopy	\$350.00	\$510.00
Online	\$310.00	\$460.00
Hardcopy & Online	\$510.00	\$660.00

Other books released in the PSAP-V 11-book series include Cardiology, Health Care Stakeholders, Psychiatry, Geriatrics and Special Populations, the Science and Practice of Pharmacotherapy, Infectious Diseases, Gastroenterology and Nutrition, and Chronic Illnesses. Future releases will include Hematology and Oncology (April 17, 2006), and Critical Care and Transplantation (July 17, 2006).

PSAP is dedicated to offering the most up-to-date and comprehensive information available on recent drug therapy advances. Each book will further your knowledge in the therapeutic area covered. The books are available in both print and online formats. Continuing pharmacy education credit is available for successful completion of the self-assessment examinations provided with each module.

For specific information pertaining to release dates of future books, projected continuing education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit [www.psap.org](http://www.psap.org) where you can place your order quickly and conveniently through the online bookstore. Use code BR1105 when ordering PSAP-V.

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



**The ACCP Leadership Experience  
February 27 – March 2, 2006  
San Antonio, TX**

Plan now to participate in the 11th ACCP Leadership Experience. This is an intense, 3 ½-day course that uses both didactic and experiential learning methods. Participants are provided the opportunity to integrate a comprehensive, systematic management and leadership model into their daily personal and professional work.

- Recognize the difference between management and leadership and how they should be applied.
- Develop an understanding of the economic environment in which healthcare operates and the necessary focus of management in that environment.
- Apply the initial elements of strategic planning to a real world situation.
- Understand the concept of mind-sets in a professional capacity.
- Discuss the different mind-sets required for pharmacy and leadership.
- Develop a plan for improving your professional leadership and management skills.
- Identify and correct dysfunctional group dynamics.
- Identify and remove barriers that prevent people from focusing on the work.

Look at what some past ACCP participants have said about The Leadership Experience:

- *“This experience provides a different perspective ... from what I have been taught before. This has been a wonderful experience.”*
- *“This is by far the most valuable experience of my career.”*
- *“I really feel that I will be much more effective than I was before.”*
- *“The combination of the simulation with the clear concise discussions of the issues being experienced ... made this session a once-in-a-lifetime experience.”*
- *“This has also made me think critically about the management issues and methods that occur within institutions.”*

Session enrollment is limited to 24 participants. For more information, visit <http://www.leaderpoint.biz/accp.htm>.

### Awards, Promotions, Grants, etc.

**Peter Chyka**, Pharm.D., Professor and Vice Chair at the University of Tennessee College of Pharmacy, has been appointed as a senior reviewer for the *Annals of Emergency Medicine*....**Catherine Crill**, Pharm.D., BCPS, BCNSP, was recently honored by the Tennessee Pharmacists Association as recipient of the Health-System Pharmacist of the Year Award....**L. Brian Cross**, Pharm.D., Assistant Professor of Pharmacy and Family Medicine at the University of Tennessee, was recently named as a 2005 Outstanding Teacher by the University of Tennessee National Alumni Association

....**William Evans**, Pharm.D., FCCP, BCPS, CEO and Director of St. Jude Children’s Research Hospital, has received the Tom C. Sharp Pharmacist of the Year Award from the Tennessee Pharmacists Association....**William Greene**, Pharm.D., BCPS, was recently honored by the Tennessee Pharmacists Association as recipient of the Health-System Distinguished Service Award....**Harold Manley**, Pharm.D., BCPS, Associate Professor of Pharmacy at the Albany College of Pharmacy, has been named a Fellow of the American Society of Nephrology....**Ted Morton**, Pharm.D., BCPS, Assistant Professor of Pharmacy, has received a 2004-2005 Excellence in Teaching Award from the University of Tennessee College of Pharmacy....**G. Christopher Wood**, Pharm.D., BCPS, was recently promoted to Associate Professor with tenure in the Department of Pharmacy at the University of Tennessee.

### New Members

Michael A. Baker  
Amanda L. Bishop  
Michelle M. Bottenberg  
Daniel P. Brinkman  
Brandy Butcher  
Christine M. Cheng  
Carla Christensen  
Richard Cosgrove  
Robert F. Daniels  
Ashley Dohrn  
Carl P. Domingues  
Brenda K. Donehower  
Todd R. Eddy  
Matthew D. Findley  
Elizabeth Gonzalez  
John T. Guthrie  
Oday Hamid  
Kimberly D. Hill  
Laura Knockel  
Elizabeth Ashley Lambert  
Carlinda M. LaPierre  
Eniola O. Leyimu  
Cassie L. Linker-Efird  
Melinda C. Martland  
Cheranne N. McCracken  
R. Scott McKenzie  
Doug A. Meyer  
Vic Minetti  
Janis L. Montgomery  
Nicole H. Mullins  
Elizabeth M. Oen  
Alan M. Padgett  
Stella Papadopoulos  
Priya H. Parikh  
Stephanie A. Peters  
Amy M. Pick  
Patricia H. Powell  
Jennifer Seeley  
Carol C. Story  
Xia Thai  
Monica E. Tortora  
Anne Marie F. Trese  
Marlyse Tsangue

James A. Vieira  
Amy M. Vyhnaelek  
Alice A. Wen  
Nicole M. Wilson  
Virgil R. Young  
Lisa Zambito

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

Alan B. Ginsberg  
Theresa J. Michelin  
Kathryn A. Rosemeier

### New Member Recruiters

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

Laura Annis  
Carol Bowden  
Ronald J. Campbell  
Shelley Carpenter  
Jessica L Chang  
David S. Chun  
Jay D. Currie  
Suzana Giffin  
Frederica A. Gould  
Robert G. Henault  
Andrea G. Hershey  
Samuel G. Johnson  
Pramodini B. Kale-Pradhan  
David B Romerill  
Scott Sutton  
Geoffrey C. Wall  
Kristina E. Ward  
Paul Windisch



## **Director of Academic Affairs**

### **American Association of Colleges of Pharmacy Alexandria, VA**

The American Association of Colleges of Pharmacy (AACCP) invites the nomination or application of individuals for the position of director of academic affairs. This full-time position requires a person with demonstrated professional, administrative, and leadership skills. The successful candidate will have an understanding of contemporary issues facing academic pharmacy and the higher education community and an interest in working with faculty, deans, other administrators, and professional staff at member institutions to respond to their needs and to facilitate their organizational work with AACCP. In fulfilling the responsibilities and expectations for this position, the successful candidate must be able to represent the interests and goals of AACCP and pharmacy education knowledgeably and effectively. Responsibilities of the position include:

- Interfacing with and informing other AACCP focus areas (policy and advocacy; graduate education, research, and scholarship; professional affairs; and student affairs) on academic and educational issues;
- Providing analysis of health professions education trends and issues and their potential impact on the activities of the Association, member institutions, and pharmacy education;
- Interacting with other health professions education organizations and participating in collaborative projects on issues in the area of academic affairs;
- Planning and managing member education programs for the Association; and
- Providing leadership support.

Candidates must have an in-depth knowledge of the pharmacy profession, health professions education, and pharmacy education; excellent written and oral communication skills; and an ability to manage multiple tasks. Experience in a pharmacy or health professions education organization is preferred. AACCP offers an exceptional benefits package, and salary is commensurate with experience. Please fax (703/836-8982) or e-mail ([educassoc@aol.com](mailto:educassoc@aol.com)) a letter of interest or nomination expressly focusing on specific qualifications for this position and a curriculum vitae to the attention of Human Resources.

## **Drug Information Clinical Pharmacy Specialist**

Kaiser Permanente is one of the nation's largest privately sponsored health care delivery systems. The Colorado region has an exciting opportunity for a pharmacy clinician in drug information. The successful candidate will participate in the planning and implementation of region-wide programs to optimize drug therapy outcomes in this progressive managed care setting. Opportunities are available for educating pharmacy students/residents. Research participation is encouraged.

The pharmacy department in the Colorado Region of Kaiser Permanente employs more than 600 individuals, including more than 100 clinical pharmacy specialists and clinical pharmacists in clinical practice areas such as primary care, infectious diseases, mental health, anticoagulation, cardiac risk, nephrology, endocrinology, cardiology, asthma, palliative care, oncology, drug information, home care, pharmacy call center, and international travel.

Qualified applicants must possess a doctor of pharmacy degree with a residency in drug information. Eligibility for pharmacy licensure in Colorado is necessary.

Kaiser Permanente offers an excellent salary and benefits package. Support for continuing education, board certification, and professional memberships are included. Qualified applicants should send a letter of interest, curriculum vitae, and names of three individuals who may be contacted for reference to:

**Caroline Kicklighter, Pharm.D., BCPS, CDE**  
**Clinical Pharmacy Manager**  
**Kaiser Permanente Colorado Region**  
**16601 East Centretch Parkway**  
**Aurora CO 80011**  
**Telephone: (303) 739-3687**  
**E-mail: [caroline.e.kicklighter@kp.org](mailto:caroline.e.kicklighter@kp.org)**

We are proud to be an equal opportunity/affirmative action employer.

**KAISER PERMANENTE**

<http://kaiserpermanentejobs.org>

## **Clinical Faculty Positions**

### **University of Missouri – Kansas City School of Pharmacy Division of Pharmacy Practice**

The Division of Pharmacy Practice at the University of Missouri Kansas City School of Pharmacy is seeking four highly creative and motivated individuals for the following positions.

#### **Nontenure-Track Faculty Position in Adult Medicine/Family Medicine**

The position is available at the Clinical Assistant/Associate/Professor level. The faculty member will develop a practice at Research Medical Center (RMC), a tertiary care institution in Kansas City with an average daily census of 275-300 patients. The site is a family medicine inpatient service, associated with a medical residency training program. Additional opportunities exist to develop a subspecialty practice in cardiology, oncology, or nephrology.

Contact: Patricia A. Marken, Pharm.D., FCCP, BCPP; Chair and Professor of Pharmacy Practice; Search Committee Chair. Telephone: (816) 235-2195; e-mail: [markenp@umkc.edu](mailto:markenp@umkc.edu)

#### **Nontenure-Track Faculty Position in Drug Information**

The position is available at the Clinical Assistant Professor or Clinical Associate Professor level. A doctor of pharmacy degree with a drug information residency or equivalent experience is required. The successful candidate will teach and conduct research with existing drug information faculty in evidence-based medicine and innovative drug information experiential rotations. The current practice involves drug information requests, formulary management, and nontraditional drug information services, with an opportunity to expand these services in a major medical center. Excellent literature retrieval/evaluation, scientific writing, communication, interpersonal, and teamwork skills are essential. The Drug Information Center is currently housed in a 3,900-square-foot, contemporary facility.

Contact: Patrick J. Bryant, Pharm.D.; Associate Professor of Pharmacy Practice; Search Committee Chair. Telephone: (816) 235-5493; e-mail: [bryantp@umkc.edu](mailto:bryantp@umkc.edu)

#### **Nontenure-Track Faculty Position as Community Pharmacy Practice Coordinator**

The position is available at the Clinical Assistant Professor or Clinical Associate Professor rank. The faculty person will work in collaboration with Fifty Plus Pharmacy, Hen House Pharmacies, and North Oak Pharmacy to support/develop community pharmacy educational and patient care programs. These partners provide a required rotation in community pharmacy practice together with postdoctoral residency training programs. The faculty person will be Director of the UMKC-affiliated community pharmacy practice residency programs. Duties include recruitment coordination, maintenance of documentation to support accreditation, and co-precepting residents. The faculty member will work with community partners to support innovative clinical teaching experiences for senior pharmacy students and to provide a longitudinal clerkship experience for junior-level students. Opportunities also exist to collaborate with a university-based wellness center that has an on-site pharmacy and with other community pharmacies affiliated with UMKC.

Contact: Patricia A. Marken, Pharm.D., FCCP, BCPP; Chair and Professor of Pharmacy Practice; Search Committee Chair. Telephone: (816) 235-2195; e-mail: [markenp@umkc.edu](mailto:markenp@umkc.edu)

**Clinical Faculty Positions continued on page 14.**

**Clinical Faculty Positions continued from page 13.**

**Nontenure-Track Position in Internal Medicine or Family Practice  
UMKC– Columbia Satellite Campus**

The position is available at the Clinical Assistant Professor or Clinical Associate Professor level. The position is in Adult Medicine (Internal Medicine or Family Practice) and is based at The University of Missouri Healthcare System on the Columbia campus, about 120 miles from Kansas City. The University of Missouri Healthcare System, which includes a 266-bed teaching hospital, a level 1 trauma center, a cancer center hospital, and a children's hospital, provides a variety of inpatient and outpatient services. The faculty based on the Columbia campus will be an integral part of developing this new satellite program by facilitating the curriculum, providing large- and small-group teaching, establishing new clinical services, and mentoring pharmacy students.

Contact: Kathleen A. Snella, Pharm.D. BCPS; Assistant Dean and Clinical Associate Professor of Pharmacy Practice; Search Committee Chair. Telephone: (573) 882-1590; e-mail: [snellak@umkc.edu](mailto:snellak@umkc.edu)

**General Responsibilities**

The faculty member practices will support both senior student clinical rotations and a longitudinal clerkship experience for junior-level students. The faculty members will also be responsible for didactic teaching in team taught courses; scholarship; and professional, university, and/or community service. The relative distribution of these responsibilities varies with the location of the position.

**University of Missouri-Kansas City School of Pharmacy**

The School of Pharmacy offers an entry-level doctor of pharmacy degree. The program is delivered by faculty at the Kansas City campus and at the satellite campus in Columbia, Missouri. The entering class size is 113, with 85 students on the Kansas City campus and 28 students on the Columbia campus. The Division of Pharmacy Practice comprises 24 vibrant and energetic faculty representing a broad array of disciplines. The Division is entering a faculty growth phase to support the increased class size. A new Health Sciences Building in Kansas City housing the school of pharmacy will open in Fall 2007. Further information can be accessed at [www.umkc.edu/Pharmacy](http://www.umkc.edu/Pharmacy).

General position qualifications. The doctor of pharmacy degree, postdoctoral training or equivalent experience in the discipline, and a Missouri pharmacy license are required for all positions. Academic rank and salary will be commensurate with experience. UMKC is an AA/EEO institution.

**Assistant/Associate Professor or Professor in Critical Care Pharmacotherapeutics**

**College of Pharmacy  
The University of Oklahoma Health Science Center  
Schusterman Center – Tulsa, Oklahoma**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure or tenure-track appointment in the area of critical care to continue development and expansion of critical care clinical pharmacy services at Hillcrest Medical Center in Tulsa. OUHSC is a comprehensive academic health science center with six of seven health science professional colleges located on the Schusterman Center near downtown.

Academic responsibilities include provision of critical care clinical services; research and scholarship; experiential training of doctor of pharmacy students and pharmacy practice residents; didactic learning; and community and university service. Minimum requirements include a doctor of pharmacy degree from an ACPE-accredited school or college of pharmacy with pharmacy practice and critical care residencies, and/or fellowship training or equivalent experience. Eligibility for Oklahoma pharmacist licensure is required. Salary and academic appointment will be commensurate with experience.

Interested applicants should submit by mail a letter of interest, a complete curriculum vitae, a description of research and clinical interests, a list of grant applications/approvals/awards, and names of three references (identify relationships, address, phone/fax/e-mail) to:

**Michael E. Burton, Pharm.D.**  
**Pharmacy: Clinical and Administrative Sciences**  
**University of Oklahoma College of Pharmacy**  
**1110 N. Stonewall Ave., CPB Room 206**  
**Oklahoma City OK 73117**  
**Telephone: (405) 271-6878 Fax: (405) 271-6430**  
**E-mail: [michael-burton@ouhsc.edu](mailto:michael-burton@ouhsc.edu)**

*The University of Oklahoma is an equal opportunity institution.*

## **Assistant/Associate Professor or Professor in Critical Care Pharmacotherapeutics**

### **College of Pharmacy The University of Oklahoma Health Science Center Schusterman Center – Tulsa, Oklahoma**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure or tenure- track appointment in the area of critical care to develop critical care clinical pharmacy services at Tulsa Regional Medical Center in Tulsa, Oklahoma. OUHSC is a comprehensive academic health science center with six of seven health science professional colleges located on the Schusterman Center near downtown.

Academic responsibilities include provision of critical care clinical services; research and scholarship; experiential training of doctor of pharmacy students and pharmacy practice residents; didactic learning; and community and university service. Minimum requirements include a doctor of pharmacy degree from an ACPE-accredited school or college of pharmacy with pharmacy practice and critical care residencies, and/or fellowship training or equivalent experience. Eligibility for Oklahoma pharmacist licensure is required. Salary and academic appointment will be commensurate with experience.

Interested applicants should submit by mail a letter of interest, a complete curriculum vitae, a description of research and clinical interests, a list of grant applications/approvals/awards, and names of three references (identify relationships, address, phone/fax/e-mail) to:

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**E-mail: [michael-burton@ouhsc.edu](mailto:michael-burton@ouhsc.edu)**

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**Assistant/Associate Professor or Professor in Family Medicine  
Pharmacotherapeutics**

**College of Pharmacy  
The University of Oklahoma Health Science Center  
Schusterman Center – Tulsa, Oklahoma**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure or tenure- track appointment in the area of medicine pharmacotherapeutics to develop clinical pharmacy services in collaboration with the Oklahoma State University Department of Family Medicine at Tulsa Regional Medical Center. Responsibilities include development and provision of clinical pharmacy services; research and scholarship; and experiential training of doctor of pharmacy students and pharmacy practice residents. OUHSC is a comprehensive academic health science center with six of seven health science professional colleges located on the Schusterman Center near downtown.

Academic responsibilities also include didactic learning and community and university service. Minimum requirements include a doctor of pharmacy degree from an ACPE-accredited school or college of pharmacy with pharmacy practice and critical care residencies, and/or fellowship training or equivalent experience. Eligibility for Oklahoma pharmacist licensure is required. Salary and academic appointment will be commensurate with experience.

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**E-mail: [michael-burton@ouhsc.edu](mailto:michael-burton@ouhsc.edu)**

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## **Assistant/Associate Professor or Professor in Oncology Pharmacotherapeutics**

### **College of Pharmacy The University of Oklahoma Health Science Center Oklahoma City, Oklahoma**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure or tenure-track appointment in the area of oncology pharmacotherapeutics to develop and expand pharmaceutical care services in oncology at OU Medical Center in Oklahoma City. Opportunities exist with the BMT service, hematology/oncology service, gynecology/oncology service, and/or outpatient services in the OU Cancer Center Cade Clinic. Services will be accomplished in collaboration with the Section of Hematology/Oncology, Department of Medicine, Department of Obstetrics and Gynecology, and Department of Pharmacy Services. The primary practice site is at OU Medical Center—Presbyterian Tower in Oklahoma City. OUHSC is a comprehensive academic health science center with seven professional colleges, affiliated hospitals, clinics, and research institutes located on a 15 block campus in Oklahoma City.

Responsibilities include development and provision of oncology pharmaceutical care services; research and scholarship within a focused research area; experiential training of doctor of pharmacy students, pharmacy practice residents, and oncology fellows; and support of the college of pharmacy mission and goals through classroom learning opportunities and professional, community, and university service. Applicants must possess a doctor of pharmacy degree from an ACPE-accredited school or college of pharmacy with pharmacy practice and specialty residencies, and/or fellowship training in oncology or equivalent experience. Must be eligible for Oklahoma pharmacist licensure and pass a criminal background check. Salary and academic appointment will be commensurate with experience.

Interested applicants should submit by mail a letter of interest, a complete curriculum vitae, a description of research and clinical interests, a list of grant applications/approvals/awards, and names of three references (identify relationships, address, phone/fax/e-mail) to:

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## **Assistant/Associate Professor or Professor in Pediatric Pharmacotherapeutics**

### **College of Pharmacy The University of Oklahoma Health Science Center Oklahoma City, Oklahoma**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure or tenure-track appointment in the area of pediatric intensive care pharmacotherapy to develop and expand pharmaceutical care services in the pediatric intensive care unit (PICU) at The Children's Hospital at OU Medical Center in Oklahoma City. Services will be accomplished in collaboration with the Department of Pediatrics and Department of Pharmacy Services.

Responsibilities include development and provision of pediatric intensive care pharmaceutical care services; research and scholarship; and experiential training of doctor of pharmacy students, pharmacy practice and specialty residents, and fellows. Responsibilities also include supporting the college of pharmacy mission and goals through classroom learning opportunities and professional, community, and university service. OUHSC is a comprehensive academic health science center with seven professional colleges, affiliated hospitals, clinics, and research institutes located on a 15 block campus in Oklahoma City.

Applicants must possess a doctor of pharmacy degree from an ACPE-accredited school or college of pharmacy with pharmacy practice and specialty residencies, and/or fellowship training in pediatrics or equivalent experience. Candidates must be eligible for Oklahoma pharmacist licensure and pass a criminal background check. Salary and academic appointment will be commensurate with experience.

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**1110 N. Stonewall Ave., CPB 206**  
**Oklahoma City OK 73117**  
**Telephone: (405) 271-6878 Fax: (405) 271-6430**  
**E-mail: [michael-burton@ouhsc.edu](mailto:michael-burton@ouhsc.edu)**

*The University of Oklahoma is an equal opportunity institution.*

## Drug Information Pharmacist

**Position Description:** Coordinates provision of drug information through the Western North Carolina Regional Drug Information Center to nurses, physicians, pharmacists and other members of the health care team; actively participates in the Pharmacy and Therapeutics Committee through membership on the Formulary Subcommittee and the Drug Utilization Evaluation Subcommittee; coordinates adverse drug reaction reporting/evaluation; provides/maintains education and information regarding Mission Hospitals' formulary via the Mission Hospitals P&T Newsletter; educates and precepts pharmacy residents and pharmacy students from the University of North Carolina at Chapel Hill on the provision of drug information and medical literature interpretation. PDAs are utilized for clinical intervention documentation and access to drug information resources; weekly clinical meetings include opportunities to receive North Carolina continuing education credit.

**Hours:** Monday through Friday, 8:30 a.m. – 5:00 p.m.; every 4th weekend; holiday rotation (2 holidays/year).

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

To apply, please visit our website at [www.missionhospitals.org](http://www.missionhospitals.org) or contact:

**Kelli Kirkpatrick, Pharm.D.**  
Clinical Manager  
Telephone: (828) 213-4213  
E-mail: [cphklo@msj.org](mailto:cphklo@msj.org)

## **Assistant/Associate/Full Professor**

### **Pharmacy Practice Division School of Pharmacy University of Wisconsin – Madison**

The UW School of Pharmacy invites applications for three full-time faculty positions at the Assistant, Associate, or Full Professor level. All practice and research interests will be considered; however, individuals with expertise in pediatrics, psychiatry, HIV, internal medicine, or nephrology are especially encouraged to apply. Applicants should have a Pharm.D. or advanced clinical degree, and be eligible for Wisconsin pharmacy licensure. Board certification or credentialing in the applicant's area of specialty is desirable.

Faculty responsibilities will include didactic teaching in the school's professional programs and maintenance of a clinical practice that is complementary to scholarship and teaching. It is expected that the successful candidate will establish a productive program of publishable scholarly work. The salary range is commensurate with experience.

Successful candidates will enter a state with a long history of progressive pharmacy practice. They will join a major university that encourages, values, and supports basic, applied, and interdisciplinary research. The University of Wisconsin School of Pharmacy is vibrant, diverse, and committed to excellence in teaching, scholarship and practice. Madison and its surrounding communities are consistently rated in the top tier of "most-livable cities." In addition to the energy of this Big Ten campus and new school of pharmacy building, Madison and South Central Wisconsin boast great schools, plentiful recreational opportunities, and year-round cultural diversions.

Applications will be accepted for the positions until December 31, 2005, or until the positions are filled. Interested individuals should send a curriculum vitae, the names and contact information for three references, and a statement of scholarly/research interest, expertise, and goals to:

**Paul R. Hutson, Pharm.D.**  
**Chair, Search Committee**  
**UW School of Pharmacy**  
**777 Highland Avenue**  
**Madison WI 53705-2222**  
**Telephone: (608) 263-2496**  
**Fax: (608) 265-5421**  
**E-mail: [prhutson@pharmacy.wisc.edu](mailto:prhutson@pharmacy.wisc.edu)**

Please refer to the Position Vacancy Listing (PVL) # you are applying for:

[http://www.ohr.wisc.edu/pvl/pv\\_051504.html](http://www.ohr.wisc.edu/pvl/pv_051504.html) or  
[http://www.ohr.wisc.edu/pvl/pv\\_051498.html](http://www.ohr.wisc.edu/pvl/pv_051498.html) or  
[http://www.ohr.wisc.edu/pvl/pv\\_051759.html](http://www.ohr.wisc.edu/pvl/pv_051759.html)

Unless confidentiality is requested in writing, information regarding an applicant must be released upon request. Finalists cannot be guaranteed of confidentiality.

*The University of Wisconsin is an equal opportunity employer.*

## Faculty Positions

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

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

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

Typical responsibilities of the positions are summarized below.

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

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

**Rex Brown, Pharm.D.**  
**Chair, Search Advisory Committee**  
**University of Tennessee Health Science Center**  
**College of Pharmacy**  
**847 Monroe Avenue, Suite 208**  
**Memphis, TN 38163**  
**(901) 448-6470**  
[cataylor@utmem.edu](mailto:cataylor@utmem.edu)

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

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

## **Assistant/Associate Professors**

### **Department of Pharmacy College of Pharmacy University of Tennessee Health Science Center**

The Department of Pharmacy invites applications and nominations for two full-time, tenure-track faculty positions at the Assistant or Associate Professor rank. Outstanding clinical scientists in any specialty area will be given consideration.

The Department of Pharmacy is committed to excellence in research, scholarship, teaching, and clinical practice. The department is a diverse group of 40 full-time, 80 part-time, and approximately 300 volunteer and affiliate faculty. Departmental Research Centers include the Center for Pediatric Drug Research, Center for Pediatric Pharmacokinetics and Therapeutics, Clinical Trials Unit in Solid Organ Transplantation, and an NIH Traumatic Brain Injury Clinical Trials Network Grant. Other programs in Drug Information, TennDUR (retrospective drug utilization review of the TennCare Program), and Community Health are also housed within the Department. The University of Tennessee Health Science Center includes centers for genomics, proteomics, and vascular diseases, as well as a Neuroscience Institute. The residency and fellowship programs in the department are among the largest in the country and include internal medicine, community pharmacy, pediatrics, critical care/nutrition support, drug information, and ambulatory care. The Department has more than 100 affiliations with clinical sites in Tennessee, the Indian Health Service, and several countries around the world. Other attractive features of the University of Tennessee College of Pharmacy are a highly competitive compensation package and a new \$43 million, state-of-the art, 8-story College of Pharmacy building scheduled for completion in Fall 2008.

Eligible candidates must possess a doctorate in pharmacy and postdoctoral training in a specialized area. Salary and academic rank will be commensurate with experience. Interested individuals should send a letter of intent; curriculum vitae; and the names, addresses, telephone numbers, and e-mail addresses of at least three references to:

**Bradley A. Boucher, Pharm.D.**  
**Search Committee Chair**  
**University of Tennessee Health Science Center**  
**26 South Dunlap, Room 210**  
**Memphis TN 38163**  
**E-mail: [bboucher@utmem.edu](mailto:bboucher@utmem.edu)**

*The University of Tennessee Health Science Center is an Equal Opportunity/Affirmative Action Employer and actively seeks applications from women and minorities.*