

ACCP Report

American College of Clinical Pharmacy

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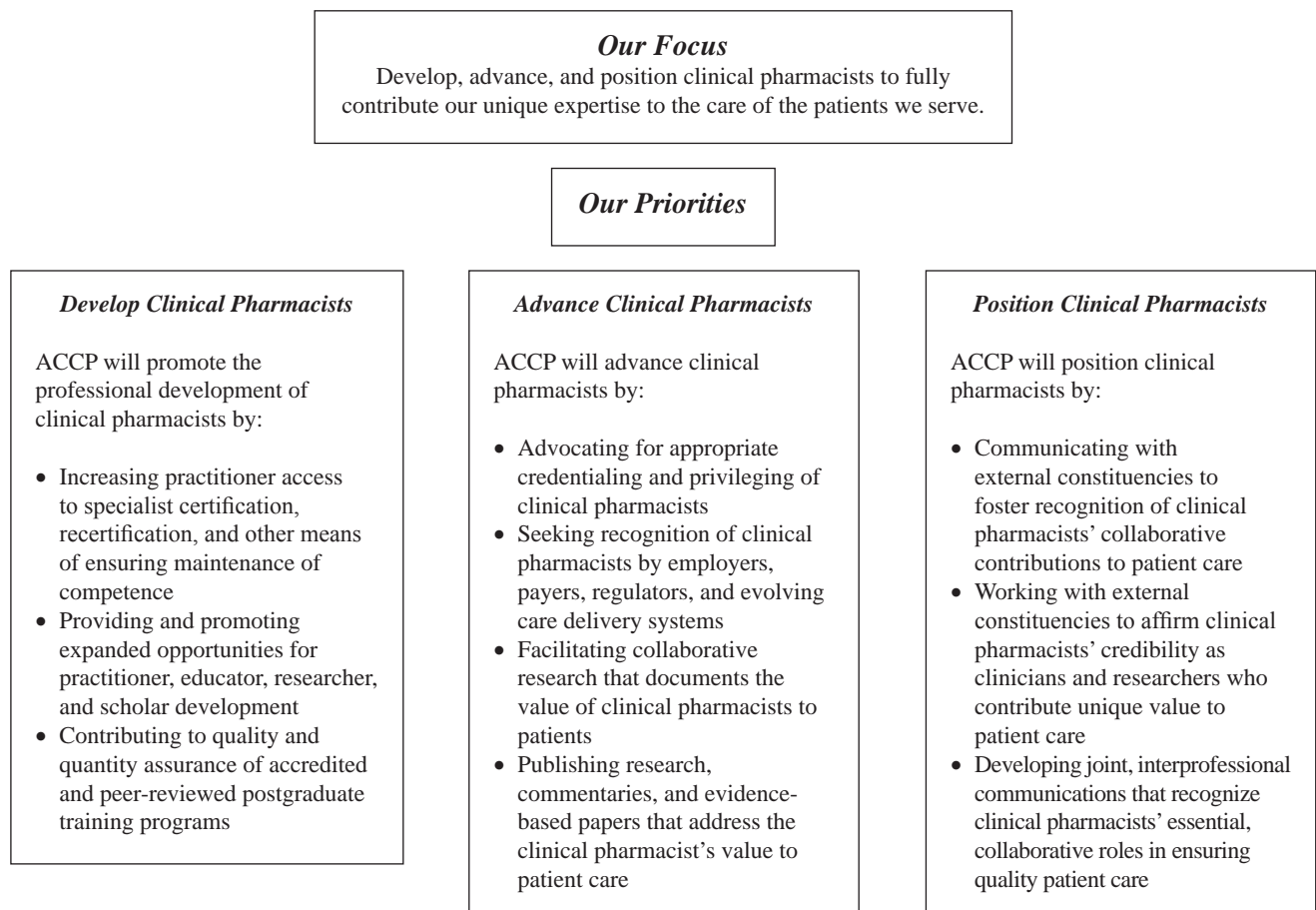
The Strategic Plan of the American College of Clinical Pharmacy

(Endorsed by the ACCP Board of Regents: November 12, 2010)

The strategic planning process of the American College of Clinical Pharmacy has typically occurred on a 3- to 5-year cycle. Every fourth or fifth year, ACCP has organized a major planning initiative that included a broad representation of its membership. These initiatives have served to update and create a new strategic plan, identify goals and objectives,

and begin the process of developing action-oriented strategies to achieve the stated objectives. In the interim, the ACCP Board of Regents, Research Institute Board of Trustees, and *Pharmacotherapy* Board of Directors assume primary responsibility for establishing priorities, working on selected goals and objectives, monitoring progress, and refining the plan as needed to reflect changes in environmental conditions. During past planning initiatives, which usually take about 1½ years to complete, more than 1000 ACCP members have provided input to the College's strategic plan by participating in surveys, focus groups, and strategic planning retreats.

Figure 1. Overview of the 2010 ACCP Strategic Plan.



In 2010, a more streamlined planning process was initiated about a year earlier than usual, primarily to respond to current changes in the professional environment, better focus the College's efforts, and accomplish plan development in a relatively short time. In addition, a new process to accomplish *continuous* organizational strategic planning will be initiated in 2011 (see below). As always, the goal of ACCP's strategic planning activities is to develop, implement, and monitor an integrated strategic plan for all facets of the organization. This requires a shared vision for organizational direction and recognition that the individual missions of ACCP, the ACCP Research Institute, and *Pharmacotherapy* all contribute to achieving this vision in their unique ways.

In organizing its strategic plan, ACCP again chose the approach it has used before—identify critical issues, determine strategic directions for the critical issues, and set objectives for each strategic direction. Critical issues are *current* questions or concerns determined to be vital to the College's success in achieving its mission. They are not intended to reflect all aspects important to achieving ACCP's mission. Rather, they are meant to capture the issues most important in the short- to mid-term time horizon. Strategic directions are statements of intent designed to express the organization's approaches to addressing a critical issue. In some strategic planning models, they are referred to as "goal statements." Objectives are specific, achievable, and time-specific actions or outcomes designed to accomplish a strategic direction.

In developing this plan, ACCP also considered the contents of the College's existing 2007 strategic plan. The critical issues of that plan were reassessed and incorporated into the new plan, where appropriate. Similarly, ACCP folded into the new plan any strategic directions and objectives from

the 2007 plan still deemed relevant and in progress. Figure 1 provides an overview of the new plan's focus and its main components (the three critical issues and their respective strategic directions). Figure 2 depicts the process and timeline used to develop this planning document.

Core Values and Mission

The College's strategic plan is built on a foundation composed of the organization's core values and mission. All organizations—whether for-profit businesses or professional associations such as ACCP—are guided by their values and mission. Although many organizations have never taken the time to examine and articulate them, truly successful organizations are often distinguished by the nature of their values and mission.

Values are beliefs, often deeply held, about what is important. They comprise principles, standards, or qualities considered inherently worthwhile or desirable. Everyone has a value system that determines what they stand for, how they judge the world around them, and how they examine and interpret their experiences. Good organizations also have clearly identified values upon which they formulate, and against which they judge, their actions. Clarifying an organization's values makes it more likely that organizational actions will be principled, consistent, and clear. An organization's mission reflects its core purpose and serves as its fundamental reason for being—this mission serves as a beacon to guide the organization in its long-term endeavors.

A Vision for Pharmacy and ACCP

A dynamic and forward-looking organization will establish a long-range vision for itself and then set about working to make that vision a reality. This vision was first established during the College's 2002 strategic planning

Figure 2. Summary of ACCP's Strategic Planning Process.

February 2010: The ACCP Board of Regents evaluates the progress of the 2007 Strategic Plan, emerging critical issues, and the desired focus of the next strategic plan. The Strategic Planning Steering Committee is appointed by the ACCP President.

March 2010: The Strategic Planning Steering Committee is surveyed regarding desired areas of focus for the next strategic plan.

April 2010: The Steering Committee identifies areas of focus for the next strategic plan. The committee reviews current ACCP core value, mission, and vision statements. Preliminary drafts of the plan's critical issues and strategic directions are developed.

May 2010: The annual ACCP survey on current College issues/priorities solicits ACCP member input on emerging issues and other important ACCP priorities.

June 2010: The Board of Regents Executive Committee considers member input from the annual survey and

preliminary draft critical issues/directions during the development of 2011 committee charges for inclusion as future Board of Regents' agenda items. Critical issues submitted in the survey are forwarded to the Steering Committee for incorporation into the plan's critical issues and strategic directions.

July 2010: During a 1-day retreat, the Strategic Planning Steering Committee develops a second draft of critical issues and strategic directions.

August–September 2010: The Steering Committee develops and reviews a third draft of critical issues and strategic directions; objectives are drafted for each strategic direction.

October 2010: The Steering Committee and representatives of the Research Institute Board of Trustees and the *Pharmacotherapy* Board of Directors provide feedback and reach consensus on near-final drafts of critical issues, strategic directions, and objectives. Unanimous agreement is reached on a new, continuous planning process, to begin in 2011.

November 2010: The Board of Regents approves the final strategic plan.

Figure 3. Core Values That Characterize the American College of Clinical Pharmacy.

- Passion for extending the frontiers of clinical pharmacy
- Dedication to excellence in patient care, research, and education
- Commitment to challenge the status quo, state our beliefs, and act on them
- Integrity, honesty, reliability, and accountability in all actions
- Courage to lead while remaining responsive to the needs of members

process and was reaffirmed and/or revised during subsequent plan development in 2007 and 2010. Consistent with ACCP's core values and mission, such a vision should be attainable but should also fall well outside an enterprising organization's comfort zone. It should be sufficiently bold and exciting to stimulate progress for many years to come. Finally, it should have a relatively long-term horizon, looking 10–30 years into the future.

In developing this 2010 plan, the Strategic Planning Steering Committee (see Appendix) revisited and validated ACCP's core values (Figure 3) and mission (Figure 4). The committee also reviewed the existing vision statements for the profession of pharmacy (Figure 5) and ACCP (Figure 6) and found them consistent with the College's 2010 view of the future. In both cases, the vision statements are accompanied by a series of brief descriptors to help determine when the vision has been achieved. These accompanying statements also provide a general road map to indicate what must be accomplished to make the vision a reality.

ACCP's Strategic Plan: Now and in the Future

The intention of the plan is to guide the organization for the next few years. Perhaps more focused than previous plans, it includes only three critical issues (previous plans

Figure 4. Mission of the American College of Clinical Pharmacy.

The American College of Clinical Pharmacy's purpose is to advance human health by extending the frontiers of clinical pharmacy.

Through strategic initiatives, partnerships, collaborations, and alliances, ACCP:

- Provides leadership, professional development, advocacy, and resources that enable clinical pharmacists to achieve excellence in practice, research, and education
- Advances clinical pharmacy and pharmacotherapy through the support and promotion of research, training, and education
- Promotes innovative science, develops successful models of practice, and disseminates new knowledge to advance pharmacotherapy and patient care

have contained four to six critical issues). Expressed concisely, the plan concentrates on how ACCP will seek to *develop*, *advance*, and *position* clinical pharmacists within the current health care environment.

- Develop refers to the College's provision of effective methods to help clinical pharmacists accomplish continuous professional development.
- Advance details ACCP's efforts to achieve recognition of the value of clinical pharmacists by payers, regulators, and the scientific/professional community.
- Position refers to the College's work with constituencies external to the profession to establish and affirm the credibility of clinical pharmacists as clinicians, educators, and researchers.

In keeping with ACCP's organizational practice, the plan will determine how most of the College's professional, human, and financial resources will be applied. Pursuing a given strategic direction (i.e., achieving the stated goal) by meeting defined objectives is intended to address a given critical issue. A variety of specific initiatives may be required to achieve each objective. In each case, the target date for meeting a given objective is by the end of the respective year listed in the objective.

Although this plan articulates the College's current focus, including the issues *most critical* to the organization, it does not address all the initiatives or priorities the College will pursue in the near future. Identification of these initiatives and priorities is anticipated to be member-driven. Therefore, in an effort to maintain responsiveness to environmental changes, solicit ongoing member input into the College's future, and provide more rapid organizational response to this input, ACCP will implement a new and *continuous* strategic planning process in 2011 (see Figure 7). It is hoped that this new process will provide opportunities for *all* ACCP members to provide input and feedback regarding the College's direction, far exceeding the 1000 or so members involved in developing previous strategic plans. More details on how members can contribute to this process will be featured in forthcoming articles and announcements in the *ACCP Report*.

CRITICAL ISSUE 1: How can ACCP promote the development of clinical pharmacists as practitioners, educators, and researchers?

STRATEGIC DIRECTION 1.1: Increase practitioner access to specialist certification, recertification, and other means of ensuring maintenance of competence.

Objective 1.1.1: By 2011, implement a plan to facilitate the recognition of at least three new specialties in the near future (2012–2013).

Objective 1.1.2: Facilitate recognition of additional new specialties (or subspecialties) in 2013–2015. By 2015, at least 12 clinical pharmacy specialties are recognized or are in the process of being recognized.

Objective 1.1.3: By 2012, develop a plan for recertifying newly recognized specialties.

Objective 1.1.4: By 2012, offer international educational programs to promote board certification outside North America in countries or regions with adequate infrastructure to support the development of clinical pharmacy specialists.

Objective 1.1.5: By 2012, *Pharmacotherapy* develops new journal features, supplements, or other offerings designed to promote the professional development of current and emerging specialists and subspecialists.

STRATEGIC DIRECTION 1.2: Provide and promote expanded opportunities for educator, researcher, and scholar development.

Objective 1.2.1: By 2012, more than 750 members are actively enrolled in ACCP Academy programs, and the Academy has cumulatively enrolled more than 1000 participants, including graduates.

Objective 1.2.2: By 2011, determine whether collaboration with another professional organization should be pursued to expand ACCP Academy access.

Objective 1.2.3: By 2011, develop a feasibility plan for offering selected “advanced” ACCP Academy curricula exclusively for Academy graduates.

Objective 1.2.4: By 2012, develop educational offerings at ACCP Annual Meetings in collaboration with two additional specialty/subspecialty medical societies.

Objective 1.2.5: By 2012, introduce an average of three new ACCP publications annually, including the development of “survival guides” for new clinical pharmacists in the areas of practice, research, teaching/learning, residency training, pharmaceutical industry practice/research, and/or informatics.

Objective 1.2.6: By 2011, the ACCP Research Institute develops a plan to increase the FIT Program applicant pool and establishes a 2013 applicant target.

Objective 1.2.7: By 2011, the ACCP Research Institute develops a plan to increase the number of institutions/employers sponsoring FIT Program attendees and establishes a 2013 institutional sponsor target.

Objective 1.2.8: By 2012, a descriptive account of the FIT Program (including its outcomes to date) has been published in the academic pharmacy literature.

Objective 1.2.9: By 2012, develop mechanisms to nurture future practice leaders in pharmacy. Consideration will be given to initiating an ACCP Executive Residency or Fellowship, a new ACCP Academy track, or other approaches intended to groom future association and practice leaders.

Figure 5. Vision for the Profession of Pharmacy.

As health care providers responsible for quality patient care, pharmacists will be accountable for optimal medication therapy in the prevention and treatment of disease.

ACCP believes this vision must be achieved within the next 10–15 years. The following indicators are suggested to demonstrate progress toward achieving this vision.

- The standard of practice in any health care setting will hold the pharmacist responsible for developing patient drug therapy plans.
- Pharmacists will be accountable for engineering and overseeing a fail-safe medication use system, managing the drug therapy of individual patients, and serving as the primary source for drug information.
- Pharmacists will be responsible for developing, managing, and integrating medication distribution systems; most distribution functions will be accomplished by technicians and automated systems.
- Pharmacists will consistently influence legislative, regulatory, and health care policy development to improve medication therapy.
- Pharmacists will serve essential roles in the development of most guidelines involving pharmacotherapy.
- Most pharmacists will provide direct patient care and participate in other clinical activities not associated with the sale of a drug product.
- Formal postgraduate residency training will be required to enter direct patient care practice. Most pharmacists providing direct patient care will be board certified.
- Pharmacists will frequently be recognized as principal investigators for pharmacotherapy research, generate a substantial portion of the research that guides drug therapy, and compete successfully with other health care professionals for research funding.
- Pharmacists will be the primary drug therapy educators of other health care professionals.

Objective 1.2.10: By 2011, identify key stakeholders in international clinical pharmacy to collaborate with ACCP in the professional development of clinical pharmacists outside North America.

Objective 1.2.11: By 2011, develop a plan to offer a Global Conference on Clinical Pharmacy in 2015, including identification of potential cooperating organizations from Asia, the Middle East, South America, Europe, Australia, and Africa.

Objective 1.2.12: By 2012, develop a strategic partnership or agreement with one or more international clinical pharmacy stakeholders for promoting the development of clinical pharmacy outside North America.

Figure 6. Vision for the American College of Clinical Pharmacy.

The American College of Clinical Pharmacy will drive positive changes in health care as the professional organization most influential in advancing pharmacotherapy in the prevention and treatment of disease.

The time frame by which ACCP expects this vision to be achieved is 10–15 years in the future. The statements below are provided as descriptors of how selected aspects of the environment will appear when the vision is achieved. These descriptors are provided both to make the vision more vivid and to suggest directions for ACCP and its members during the next 10–15 years.

- The College will be at the forefront of the profession, with a membership that fully represents the diversity of clinical pharmacists engaged in practice, leadership, education, and research.
- Other health professional organizations, local and national policy-makers, and the news media will seek out ACCP and its members for expert opinions on pharmacotherapy-related issues.
- ACCP’s educational programs and publications will be used by members of all health professions as essential sources of pharmacotherapy information.
- The College’s members will be leaders in developing innovative models of practice, education, and research.
- Legislative, health policy, and regulatory measures initiated by ACCP—often in collaboration with other advocacy groups—will result in a medication use system that provides exemplary access, efficiency, safety, effectiveness, and economy.
- ACCP members will frequently be recognized as principal investigators for important clinical trials and other pharmacotherapy research. They will compete successfully for research funding for the purpose of creating and disseminating new knowledge to guide drug therapy.
- The College will be the leading health professional organization advancing pharmacotherapy research.
- Eighty percent of ACCP’s members will have completed residency training and will be board certified, reflecting the preparation and credentials necessary to practice clinical pharmacy.

STRATEGIC DIRECTION 1.3: Contribute to the quality and quantity assurance of accredited and peer-reviewed postgraduate training programs.

Objective 1.3.1: By 2011, update and increase ACCP’s collaborative efforts with other stakeholders to reestablish Medicare funding for PGY2 pharmacy residency programs.

Objective 1.3.2: By 2012, publish a collaborative white paper with other stakeholders that substantiates the need for PGY2 training across the profession.

Objective 1.3.3: By 2012, increase the number of current ACCP-approved fellowship programs (i.e., programs that have successfully completed ACCP’s peer-review process) to 25.

Objective 1.3.4: By 2012, publish the 2011 ACCP Task Force on Residencies white paper addressing current PGY2 residency standards and recommending approaches to standards review and improvement.

Objective 1.3.5: By 2011, engage other key stakeholders to address collaborative approaches to meaningfully expand the number of PGY1 and PGY2 residency positions in the United States by 2015.

Objective 1.3.6: By 2012, engage an appropriate professional medical society in developing a collaborative advocacy program that promotes the importance of formal postgraduate pharmacy residency training to ensure an adequate cadre of clinical pharmacists for the future.

CRITICAL ISSUE 2: How will ACCP advance clinical pharmacists in their roles as patient care providers, educators, and researchers?

STRATEGIC DIRECTION 2.1: Advocate for appropriate credentialing and privileging of clinical pharmacists.

Objective 2.1.1: By 2011, publish an editorial on the credentials that clinical pharmacists should hold to warrant their recognition as credible providers of patient care by other health professionals, patients, payers, employers, and governmental/regulatory bodies.

Objective 2.1.2: By 2012, publish ACCP guidelines articulating the desired professional development pathways for clinical pharmacists (e.g., postgraduate training, certification, recertification, other mechanisms for maintenance of competence). These guidelines should take into account the editorial developed in Objective 2.1.1.

Objective 2.1.3: By 2012, publish an ACCP position statement that (1) articulates the relationship between the educational outcomes of the professional degree program in pharmacy and the criteria for entry into residency training and (2) discusses the differences between entry-level degree competencies and post-residency competencies.

Objective 2.1.4: By 2012, develop communications to health systems, academic institutions, and other employers of clinical pharmacists advocating the need for appropriate credentialing and privileging of clinical pharmacists.

STRATEGIC DIRECTION 2.2: Seek recognition of clinical pharmacists by employers, payers, regulators, and evolving health care delivery systems.

Objective 2.2.1: By 2011, develop a “case” for inclusion of appropriately credentialed clinical pharmacists in the business plans that finance care in the emerging health care system.

Objective 2.2.2: By 2011, establish regular communications with representatives from as many of the following stakeholder groups as possible, advancing the “case” developed in Objective 2.2.1:

- Public health benefit programs
- Insurers
- Self-insured employers
- Collaborative care organizations (e.g., ACOs, medical homes, group medical practices)

Objective 2.2.3: By 2012, initiate with a stakeholder group (see Objective 2.2.2) one jointly developed and funded demonstration project to examine the value and impact of clinical pharmacists on patient care.

STRATEGIC DIRECTION 2.3: Facilitate collaborative research that documents the value of clinical pharmacists to patients.

Objective 2.3.1: By 2011, the ACCP Research Institute develops a plan describing how the PBRN could facilitate research that documents the value of clinical pharmacists.

Objective 2.3.2: By 2012, develop a plan to stimulate research and scholarship addressing the impact of residency-trained clinical pharmacists on patient care.

Objective 2.3.3: By 2012, develop a plan to stimulate research and scholarship addressing the impact of board-certified specialists on patient care.

STRATEGIC DIRECTION 2.4: Publish research, commentaries, evidence-based papers, and other work on the clinical pharmacist’s value to patient care.

Objective 2.4.1: By 2011, publish the results of the ACCP PBRN MEDAP Study.

Objective 2.4.2: By 2012, *Pharmacotherapy* develops a plan to publish regularly, or through “themed issues,” papers documenting the value of clinical pharmacists to patient care.

Objective 2.4.3: During 2011–2013, prepare commission papers for publication in the biomedical literature (medical and health administration journals) that provide economic analyses documenting the value of clinical pharmacists to patient care.

CRITICAL ISSUE 3: How will ACCP position clinical pharmacists to best collaborate with other health professionals and patients to ensure optimal pharmacotherapy?

STRATEGIC DIRECTION 3.1: Communicate with external constituencies to foster recognition of clinical pharmacists’ collaborative contributions to patient care.

Objective 3.1.1: Develop in 2011 an agenda as well as evidence-based background information and talking points for focused meetings with external constituencies (see Objective 3.1.2).

Objective 3.1.2: By 2011, establish working relationships with the representatives of as many of the following external constituencies as possible:

- Physicians, other health care providers, professional societies, and collaboratives
- Public/private funders of research
- Employers and employer collaboratives
- Consumer groups and health advocacy organizations

STRATEGIC DIRECTION 3.2: Work with external constituencies to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute value to patient care.

Objective 3.2.1: By 2011, identify steps to facilitate the appointment of appropriately qualified ACCP members to national treatment guidelines and committees.

Objective 3.2.2: By 2012, convene a conference involving key external constituencies (see Objective 3.1.2) to foster the expectation among physicians and other stakeholders that clinical pharmacists should be involved in the collaborative management of patients’ pharmacotherapy.

Objective 3.2.3: By 2012, receive from key external constituencies (see Objective 3.1.2) commitments for promoting clinical pharmacists’ patient care and/or research contributions.

STRATEGIC DIRECTION 3.3: Develop joint, interprofessional communications that recognize clinical pharmacists’ essential, collaborative roles in ensuring quality patient care.

Objective 3.3.1: By 2012, establish a “Find a Clinical Pharmacist” service that makes appropriately credentialed clinical pharmacists available to consumers, providers, collaborative care providers, and others interested in contacting a clinical pharmacist.

Objective 3.3.2: By 2013, release public service announcements, position statements, letters of support, or other communications promoting clinical pharmacists’ patient care and/or research contributions in collaboration with one or more key external constituencies (see Objective 3.1.2).

Figure 7. ACCP’s Continuous Strategic Planning Process (Beginning in 2011).



BOD = *Pharmacotherapy* Board of Directors
 BOR = ACCP Board of Regents
 BOT = ACCP Research Institute Board of Trustees

Appendix: The 2010 ACCP Strategic Planning Steering Committee

Julie Banderas; University of Missouri–Kansas City
 Jerry Bauman; University of Illinois–Chicago
 Marcia Buck; University of Virginia
 Judy Cheng; Massachusetts College of Pharmacy and Health Sciences
 Lawrence Cohen; Washington State University
 Robert Elenbaas; American College of Clinical Pharmacy, retired
 Curtis Haas; University of Rochester Medical Center
 Stuart Haines; University of Maryland
 William Kehoe; University of the Pacific
 Michael Maddux; American College of Clinical Pharmacy

Jacqueline Marinac; American College of Clinical Pharmacy
 Mary Roth McClurg; University of North Carolina
 William Miller; University of Iowa, retired
 John Murphy; University of Arizona
 Robert Parker; University of Tennessee
 Nancy Perrin; American College of Clinical Pharmacy
 Cynthia Sanoski; Jefferson School of Pharmacy
 Kimberly Thrasher; SEAHEC
 James Tisdale; Purdue University
 C. Edwin Webb; American College of Clinical Pharmacy
 Barbara Wells; University of Mississippi
 Ann Wittkowsky; University of Washington

ACCP's Updates in Therapeutics 2011

The Pharmacotherapy Preparatory Review Course and the
NEW Ambulatory Care Pharmacy Preparatory Review Course

ACCP Academy Programming

Columbus, Ohio • April 8-12, 2011

Registration Now Open: ACCP's Updates in Therapeutics 2011 and ACCP Spring Academy Programs

Register now at www.accp.com/ut and plan to attend ACCP's Updates in Therapeutics 2011 or the ACCP Academy. This meeting will offer two comprehensive 5-day courses to help you prepare for the specialty certification examinations administered by the Board of Pharmacy Specialties (BPS) in Pharmacotherapy and the *new* Ambulatory Care Pharmacy specialty.

ACCP's *new* Ambulatory Care Pharmacy and well-known Pharmacotherapy review courses will guide you through a comprehensive review of the knowledge domains within each specialty. Each course consists of a series of case-based lectures presented by faculty who are nationally recognized content experts. Each lecture puts strong emphasis on the thought processes necessary to manage patient care problems in the specific therapeutic area.

Full meeting registration begins at \$495 for ACCP full and associate members. (Registration rates for ACCP student members begin at \$170, and ACCP resident and fellow member rates begin at \$330.) Full meeting registration provides access to the Ambulatory Care Pharmacy and Pharmacotherapy review course lectures, the available continuing pharmacy education credit, admission to complimentary continental networking breakfasts offered Saturday through Monday, and the course workbook of your choice (either the Ambulatory Care Pharmacy workbook OR the Pharmacotherapy workbook). The workbook contains extensive and detailed content outlines for each lecture, self-assessment questions for each therapeutic area, and a series of patient cases to reinforce and help you gauge your mastery of the content.

Registration is also now open for the ACCP Spring Academy Programming offered at the same time as ACCP's Updates in Therapeutics. With a separate registration, beginning at only \$235 for ACCP full and associate members (ACCP student, resident, and fellow member registration rates begin at the low price of only \$145), attend the ACCP Academy track of your choice. Registration includes all sessions within the ACCP Academy track of your choice (Clinical Practice Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning), available continuing pharmacy education credit, program handouts to the ACCP Academy track sessions you attend, and complimentary continental networking breakfasts Saturday through Monday.

The four tracks within the ACCP Spring Academy Program will present both required modules and elective courses, according to each program's curricular schedule. Each track will concentrate its programming over a 2-day period to enable Academy participants to minimize both

travel expense and time away from their practice. For a full programming schedule, consult the ACCP Web site at www.accp.com/ut.

To learn more about the registration and scheduling of ACCP's Updates in Therapeutics and ACCP's Spring Academy programming, please visit www.accp.com/ut.

Hartung Wins Best Paper Competition

Best Student and Resident/Fellow Poster Competitions Won by Norman and Shah

The winner of the Best Paper Award from the 2010 ACCP Annual Meeting was announced on Tuesday, October 19, 2010, during the Scientific Poster Presentation II. Best Paper finalists were required to give an 8- to 10-minute platform presentation and attend a question and answer session with the judging panel. The winner of the Best Student Poster Award was announced on Monday, October 18, 2010, and the winner of the Best Resident and Fellow Poster Awards was announced on Tuesday, October 19, 2010. In all, 365 abstracts were presented at the Annual Meeting. Of these, 220 were reports of original research, 59 described innovative clinical pharmacy services, 20 described original research in progress, and 45 were student submissions. In addition, several papers were encore presentations of work that had been presented in abstract form at other scientific meetings.

Johanna L. Norman from the University of Tennessee College of Pharmacy, Memphis, Tennessee, won the Best Student Poster Award for "The Incidence of Bleeding with Enoxaparin Bridging." Ms. Norman's coauthors on the poster were Maria Pham, Kelly C. Rogers, and Shannon W. Finks, also from the University of Tennessee College of Pharmacy. The first runner-up in this category was Risa Hiroshima from Mercer University College of Pharmacy Health Sciences, Atlanta, Georgia, for "In Vitro Activity of Cefazolin Alone and in Combination with Vancomycin Against Heteroresistance in Methicillin-Resistant and -Susceptible *Staphylococcus aureus* in an In Vitro Pharmacodynamic Model." Ms. Hiroshima's coauthors were Jessica F. Smith and Vanthida Huang, also from Mercer University College of Pharmacy Health Sciences. The second runner-up in this category was Sang Min Lee from Seoul National University, Seoul, South Korea, for "Population Pharmacokinetics and Pharmacogenomic Analysis of Tacrolimus in Korean Adult Kidney Transplant Recipients." Ms. Min Lee had five coauthors from Seoul National University and one coauthor from Seoul National University Hospital. Ms. Min Lee's coauthors from Seoul National University were Jin Yi Hong, Hwi Yeol Yoon, Yoo Jin Moon, Wan Gyoon Shin, and Jung Mi Oh, and Ms. Min Lee's coauthor from Seoul National University Hospital was Hye Suk Lee. The other finalists in this category were Chinelo Enwonwu from the Massachusetts College of Pharmacy and Health



Johanna Norman (left) accepts the Best Student Poster Award from ACCP President James Tisdale (right).

Sciences, Worcester, Massachusetts; Robert DeClue from Medical University of South Carolina, Charleston, South Carolina; Na Young Han from Seoul National University, Seoul, South Korea; and Adam Sieg from the Medical University of South Carolina, Charleston, South Carolina.

Dhara N. Shah from the University of Houston College of Pharmacy, Houston, Texas, won the Best Resident and Fellow Poster Award for “Utility of Fluconazole as De-escalation

Therapy in Patients with Fluconazole-Susceptible Candidemia.” Dr. Shah had one coauthor from the University of Houston College of Pharmacy and five coauthors from St. Luke’s Episcopal Hospital, Houston, Texas. Dr. Shah’s coauthor from the University of Houston College of Pharmacy was Kevin W. Garey, and her coauthors from St. Luke’s

Episcopal Hospital were Raymond W. Yau, Jay Weston, Todd Lasco, Miguel Salazar, and Hannah Palmer. The runner-up in the Best Resident and Fellow Poster Award category was Kelly A. Cochran from the University of Illinois at Chicago College of Pharmacy, Chicago, Illinois, for “Bleeding Incidence and Risk Evaluation with Concomitant Use of Antidepressants and Warfarin.” Dr. Cochran’s coauthors, all from the University of Illinois at Chicago, were Jeffrey R. Bishop, Larisa H. Cavallari, and Nancy L. Shapiro. The other finalists in this category were Jessica E. Wilhoite from St. Vincent Joshua Max Simon Primary Care Center, Indianapolis, Indiana; Maria Pham from the Memphis VA Medical Center, Memphis, Tennessee; and Marissa C. Salvo from the University of Connecticut School of Pharmacy, Storrs, Connecticut.

Daniel Hartung from Oregon State University, Portland, Oregon, won the Best Paper Award with the presentation titled “Impact of Generic Substitution of Lamotrigine in State Medicaid Population: A Retrospective Crossover Cohort Study.” Dr. Hartung’s coauthors, all from Oregon State University, were Leann Svoboda, Luke Middleton, and Jessina McGregor. The first runner-up in the Best Paper competition was Mary H.H. Ensom from the University of British Columbia, Children’s & Women’s Health Centre of British Columbia, Vancouver, British Columbia, with the presentation titled “Development and Validation of Limited Sampling Strategies for Tacrolimus and Mycophenolate in Steroid-

Free Renal Transplant Regimens.” Dr. Ensom’s coauthors, all from the University of British Columbia, were Erica D. Greany, Nilufar Partovi, Jean Shapiro, and Mai Al-Khatib.

The second runner-up in the Best Paper competition was Michael S. North from the University of New



Dhara Shah (left) accepts the Best Resident and Fellow Poster Award from ACCP President James Tisdale (right).



Daniel Hartung (left) accepts the Best Paper Award from ACCP President James Tisdale (right).

Mexico Health Sciences Center, Albuquerque, New Mexico, with the presentation titled “Relationship of Microbiological and Virulence Characteristics to Staphyloxanthin (STX) Production in Methicillin-Resistant *Staphylococcus aureus* (MRSA).” Dr. North had four coauthors from the University of New Mexico Health Sciences Center and one coauthor from the University of California–San Diego, La Jolla, California. Dr. North’s coauthors from the University of New Mexico Health Sciences Center were Brian Werth, Jora Sliwinski, Paulina Deming, and Renee Mercier. His coauthor from the University of California–San Diego was George Sakoulas. The other finalists in this category were Joseph P. Vande Griend from the University of Colorado Denver, Aurora, Colorado; Mate M. Soric from the Toledo Hospital Family Medicine Residency, Toledo, Ohio; Juman A. Dujali from Universiti Sains Malaysia, Minden, Malaysia; Natalie Boyd from the University of New Mexico Health Sciences Center, Albuquerque, New Mexico; and Amit S. Kulkarni from Novartis Pharmaceuticals Corporation, East Hanover, New Jersey.

Each winner received a plaque and \$250 to help offset travel expenses associated with attending the meeting. Serving as finalist judges for the three competitions in Austin were Susan Bruce, Juliana Chan, Sheryl Chow, David Foster, Michael Gonyeau, B. Joseph Guglielmo, Parmodini Kale-Pradhan, David Min, Tien M.H. Ng, Karen Petros, Toni Ripley, Charles Seifert, Douglas Slain Robert Talbert, and Dennis Williams.

The next abstract award competition will be held at the College’s 2011 Annual Meeting in Pittsburgh, Pennsylvania, October 16–19, 2011. The deadline to submit abstracts for the Annual Meeting is June 15, 2011, for the Original Research and Clinical Pharmacy Forum, and July 8, 2011, for the Student Submissions and the Resident and Fellow Research-in-Progress categories. ACCP will begin accepting abstracts for the 2011 Annual Meeting in March 2011 at www.accp.com.

BPS Establishes Eligibility Criteria for Ambulatory Care Specialty Certification



The Board of Pharmacy Specialties (BPS) has finalized the eligibility criteria for its new specialty certification examination in Ambulatory Care Pharmacy Practice. That examination will first be administered on October 1, 2011, together with the other BPS specialty certification examinations, at several locations worldwide. [Editor’s Note: See story above about ACCP’s April 2011 Preparatory Course for this examination.] Applicants for the Ambulatory Care examination will be required to fulfill all the criteria listed below to achieve board certification.

Ambulatory Care Specialty Board Certification Eligibility Requirements

The minimum requirements for this specialty certification are as follows:

1. Graduation from a pharmacy program accredited by the ACPE (Accreditation Council for Pharmacy Education) or a program outside the United States that qualifies the individual to practice in the jurisdiction

2. Current, active licensure to practice pharmacy in the United States or another jurisdiction
3. Completion of 4 years of practice experience with at least 50% of time spent in ambulatory care pharmacy activities (as defined by the BPS ambulatory care pharmacy content outline)

OR

Completion of any PGY1 residency* plus 1 additional year of practice with at least 50% of time spent in ambulatory care pharmacy activities (as defined by the BPS ambulatory care pharmacy content outline)

OR

Completion of a specialty (PGY2) residency* in ambulatory care pharmacy
 *Effective January 1, 2013, only residencies accredited by the American Society of Health-System Pharmacists or other BPS-recognized bodies are creditable for this purpose.

4. Achievement of a passing score on the Ambulatory Care Pharmacy Specialty certification examination

The BPS Candidate's Guide, online applications, and other materials specific to the 2011 BPS examination cycle will be available on the BPS Web site (www.bpsweb.org) in early 2011. Content outlines for all BPS specialties and other general information is currently posted at the BPS site.

Team Minnesota Is Clinical Pharmacy Challenge Champion

The student team from the University of Minnesota was the winner of ACCP's first annual Clinical Pharmacy Challenge. Team leader, Lacy Ternes, and team members, Camille Beauduy and Ramy Elshaboury, each received a \$500 cash prize and a commemorative plaque and had the honor of bringing the championship trophy home to their school of pharmacy.

Team Minnesota withstood challenges from 93 other student teams representing 74 schools and colleges of pharmacy in this first offering of ACCP's student competition. The two preliminary rounds of the quiz bowl-style competition were conducted virtually. Of the 48 teams that progressed to the second online round of the competition, the top four advanced to the semifinals, conducted live on Saturday, October 16, in Austin.



The University of Minnesota's winning Clinical Pharmacy Challenge team. From left to right: Ramy Elshaboury, Lacy Ternes, and Camille Beauduy.

In the semifinals, the University of Minnesota competed against Purdue University, and Nova Southeastern University—Puerto Rico campus competed against the University of California—San Diego. The University of Minnesota and the University of California—San Diego won the semifinals and advanced to the finals.

The two teams squared off in the final round of the competition on Sunday evening after ACCP's Annual Business Meeting and Town Hall. A large and enthusiastic crowd of supporters watched the finals, applauding spontaneously as the teams' respective scores grew close. ACCP's Past President, John Murphy, Pharm.D., FCCP, served as moderator for the finals of the competition, which was developed in concept during his presidency by the 2008–2009 ACCP National StuNet Advisory Committee. "The development of this new program was truly member inspired and member driven," he said.

Throughout each round of the competition, the student teams answered questions in three distinct categories. In the Trivia/Lightning category, students answered true/false and multiple-choice questions on pharmacology, pharmacokinetics/pharmacodynamics and/or pharmacogenomics, pharmacy history, federal pharmacy law and regulatory issues, and biostatistics. In the Clinical Case category, students reviewed a clinical case vignette and answered a series of related multiple-choice questions. In the Jeopardy-style category, students had a chance to answer questions of varying point values in predetermined categories of biostatistics, cardiovascular disorders, endocrinology, hematology/oncology, and infectious diseases.

Each member of the second-place team from the University of California—San Diego received a commemorative plaque and a \$250 cash prize. Team leader was Angel Lam; the other two team members were Timothy Bassell and Shaddy Javadinejad.

"The first annual ACCP Clinical Pharmacy Challenge was a tremendous success," Dr. Murphy said. "We had four outstanding teams on-site, and all the members represented their schools well."

Dr. Murphy thanked all the student teams who competed in this inaugural event. To accommodate a larger field of participants, ACCP plans to expand next year's competition to include additional online and live rounds. Information about ACCP's 2011 Challenge will be available in early 2011 at www.accp.com/stunet.

President's Column

*William A. Kehoe, Pharm.D., M.A.,
FCCP, BCPS*

Refocusing: A Look Back to the Future

[Editor's note. This column is based on the remarks delivered by Dr. Kehoe during his Incoming President's Address, October 17, 2010, in Austin, Texas, during the 2010 ACCP Annual Meeting.]

Being the president of ACCP is a really unexpected experience for me. When finishing my residency in 19... well, a long time ago, Betty Dong told me about a



new organization formed to meet the needs of clinical pharmacists. She thought the goals of this new organization called the American College of Clinical Pharmacy fit with my personal goals and views on the profession. As I looked into it, I found she was right. I was excited to see a group like ACCP getting started just as I was finishing my training and still enthusiastic about the direction pharmacy was taking. So I thought I'd give this group a try.

In 1984, I decided to attend an Annual Meeting, which was being held in San Diego. I was a little starstruck since many if not most of the people I had looked up to as a student were there. I attended the platform presentations for research, where I got a pretty good picture of the intensity that was possible at one of these meetings. A fellow was presenting his research. At the end during questions, he was taken to task by someone in the audience. Seriously taken to task. In a few moments, his mentor was standing up and engaging his detractor. It was intense, more intense than I would have wanted to endure. Finally, the moderator said the time was up and basically told these guys they could take it outside. I told my wife later, "This was a great meeting, but I'll never take any of my work to this shark tank." So maybe I lived to eat my words.

Our History Informs Our Future

Lately, I've been reading the books by Bob Elenbaas and Dennis Worthen and Harvey Whitney about the history of clinical pharmacy, which of course include the formation of ACCP. Some of the comments you see from early pioneers of the movement are informative. A reflection written by Drs. Jere Goyan and Bob Day said the following: "But most of all, the new breed of pharmacist was proud, alert, feisty, and confident in a way that the profession has never known before (1984)." In his reflections on being a member of the well-known "9th Floor Project," Dr. Richard DeLeon said,

Early on, anxiety dominated my emotions; fear of failure, fear of making a mistake and affecting a patient, fear of jeopardizing the Ninth Floor Pharmacy Project. However, I also recognized that I was happy being able to create and do something that others had not done; I was part of a team—the pharmacy team, the health care team. I knew I wasn't wasting my time or education.

So what can we take home from a look back at some of the early clinical pharmacists as ACCP develops a renewed focus on its strategic plan? It's clear that there was a sense of venturing into the unknown. The drive to do this was to improve the care patients got in terms of medication therapy. There was also the sense that clinical pharmacists had much to offer, even if not recognized by patients or other health care providers. And even though, as Dr. DeLeon pointed out, there was often a sense of angst in actually stepping out and committing to providing a new kind of service, it was more than offset by the "feisty" and "confident" manner in which they did it. These latter qualities probably moved the profession off the dime, so to speak. What we face today is not entirely different, and maybe these qualities could serve us well.

There Is Angst in Not Knowing What the Future Holds

We live in uncertain times as we think about health care reform. Given what's going on in Washington, DC, we can't be certain that true reform is happening. We also don't know what roles pharmacy will play in our system just a few years from now.

What we do have are vision statements from organizations like ACCP, JCPP (Future Vision of Pharmacy Practice), ASHP (Vision 2015), and others that indicate the roles we might play, and the preparation to provide clinical pharmacy services, will change. Here's the challenge for ACCP. We can't fix all the problems pharmacy has, nor can we meet every challenge in the future. So what is our contribution going to be? In what area of pharmacy practice, as we think it will be, can we have the most impact? We have to focus on what we do best. That is what I'd like to talk about for a few moments.

ACCP Needs its Membership to Get the Job Done

Before I mention specifics, I'd like to say something to every member of the College. In my view, it's "showtime." We're still on the ground floor of health care reform, and it's going to take a concerted effort from our members to make sure we're on the elevator. My being the incoming president is testimony to the fact that every member has the opportunity to serve the College. I spent my share of time in the background remaining unknown. But with the encouragement of friends who were involved (actually pushing), I began to serve in various capacities. And now you know the rest of the story. And I even presented some of my work here! I want to encourage you to get involved. But I'll come back to this point.

We Have a Renewed Focus

For a little more than a year now, ACCP has looked at its strategic plan to sharpen its focus on top priorities. As I've already said, the central question was, Where in pharmacy practice can we have the most impact? The membership was engaged, and it gave us good feedback. From this process came three principal priorities: develop clinical pharmacists, advance clinical pharmacists, and position clinical pharmacists. ACCP is positioned to make significant contributions in each of these areas. So how do we approach them?

It's About the Patients We Serve

The first step is to realize that it's not about us, but rather the patients we serve. It's not about the advancement or survival of a profession per se. Instead, it's about looking at the opportunities clinical pharmacists have to improve medication use and avoiding the many well-recognized problems patients experience. In other words, will the services clinical pharmacists are able to provide be valued in the health care system of the future? I'm preaching to the choir here, but I'm betting that everyone in ACCP believes clinical pharmacists are up to the task. ACCP is committed to patient care. So how do we do this?

I was recently looking at a picture of a clinical pharmacist at the bedside of a young woman. It struck me that if I thought about that young lady in the bed as my daughter, I had very high expectations of that clinical pharmacist. Who would I want helping to take care of her? What training and credentials would I expect? Maybe that's how we should frame discussions of the training of future clinical pharmacists.

Opportunities Exist

The new ACCP strategic plan states, "**ACCP will position clinical pharmacists.**" Recognition of and demand for clinical pharmacy services remain critical factors for the

advancement of the discipline if it is to flourish in the future. Without demand for our services, not much else matters. This has been one of the most difficult hurdles for us since the beginning. It's easy to become discouraged by the slow pace of recognition and payment for clinical pharmacy services as essential components of our health care system. Yet if one scans the health care environment, there are many opportunities we should grasp. For example, the concept of "medical homes" is gaining ground. Groups like the Patient-Centered Primary Care Collaborative include pharmacists and advocate for them as essential members of the team. We are actively engaged with this group. The concept of "team" is catching on among purchasers of health care. Indeed, one of the common themes we hear during conversations about health care reform is the team approach. The ACCP priority of "positioning clinical pharmacists" is about bringing recognition to the *value* of our services. We all know that failure to optimize drug therapy and medication misadventures are national problems. But where problems exist, opportunities to show our stuff also exist. As Dr. Ed Webb put it in an e-mail to me, "what are we waiting for – a formal invitation to be change agents?" ACCP is firmly committed to positioning clinical pharmacy and clinical pharmacists to meet these challenges and demonstrate its value in our health care system.

So how are we going to address this priority? First, we have a very effective staff in our Washington, DC, office that keeps us not only informed but also involved with various other stakeholder groups to advance clinical pharmacy. We have also charged several committees with work that will focus on this priority. For instance, the discipline is going to need process indicators as defined by external agencies, accrediting bodies, or others involved in ensuring quality performance so that constituents know what to expect of us. The Public and Professional Relations Committee has been charged with developing a set of process indicators that mean something to external constituents for clinical pharmacy services during transitions of care. One of the problems we have faced is a lack of recognition of what clinical pharmacists actually do for patients. The Residency Advisory Committee has been charged to develop a set of talking points directed at external constituents describing what we do and to look at the feasibility of developing a "care report" that patients can be given after an encounter with a clinical pharmacist. Our Presidential Task Force has been asked to develop a report providing recommendations on how ACCP can facilitate the appointment of qualified members to national treatment guideline panels and committees.

Wisdom from the Past Applies Today

Another part of this priority speaks to our need to work collaboratively with groups inside and outside of the profession to advance clinical pharmacy. I am reminded of something Harvey Whitney said in an editorial written in 1979 as ACCP came into being. He said,

It will be important for the ACCP to work in harmony with the organizations that represent the various facets of pharmacy and medicine. In this way, the ACCP can foster the clinical pharmacy movement, and promote the clinical pharmacist as a professional with an important position in the decision-making process of drug therapy.

This wisdom is still valid today. An old proverb says, "in an abundance of counselors there is victory." ACCP

will work with other organizations to bring the strengths of each to bear on the challenges we face. Because ACCP is a member-driven organization, its leadership assertively advocates for the priorities you, the membership, tell us to. These will be central to our activities. At the same time, we will strive to work collaboratively with other stakeholders to advance the discipline. Successful advocacy requires a balance between "feisty" assertiveness and humility. We will try to strike that balance.

Who Will Be in a Position to Provide Solutions?

Another strategic direction included in the 2010 ACCP strategic plan is, "**ACCP will advance clinical pharmacists.**" This priority is about getting clinical pharmacists in places of opportunity. How do we gain recognition of clinical pharmacists as the most qualified health care professionals to solve our system's medication-related problems? As I've already said, ACCP believes that credentialing and privileging of clinical pharmacists will be important as future roles develop. Consumers, other members of the health care team, and payers expect some way of documenting qualifications. It is standard in other health care disciplines. As it stands today in pharmacy, credentialing may be through a pharmacy degree and licensure, postgraduate training, and certification. Some may be recognized experts because of several years of practice. But how will clinical pharmacy specialists be recognized in the future? There remain widely divergent views within the profession about the process and roles certification should play. But it is reasonable to assume that in the future, consumers and payers will expect a system that documents expertise in a recognizable way. ACCP and the Board of Pharmacy Specialties both value certification as a means to bring this about. What we need to do now is find ways to work collaboratively to increase certification opportunities, increase recognition of what certification brings to the care of patients, and continue to document the value of services provided by appropriately credentialed clinical pharmacists.

This year, we'll be addressing this priority in several ways. The Certification Affairs Committee will be developing an editorial for the College that discusses the training and credentials of clinical pharmacists that warrant recognition by care providers and that discusses the value of credentialing to the public. Clinical Practice Affairs will be asked to describe best practices for the delivery of clinical pharmacy care to areas where these services are not routinely available or where there are no clinical pharmacists. They will be looking for example models that can be made available to target audiences. The Research Institute is concluding the first project of the Practice-Based Research Network related to medication errors and the impact of clinical pharmacists.

"**ACCP will promote the development of clinical pharmacists as practitioners, educators, and researchers**" is also one of the three primary directions of the new ACCP strategic plan. Many pharmacy organizations including ACCP have vision statements that describe what we think practice will be like in the future. A common thread is a patient-oriented, rather than product-oriented, approach. This transition is occurring at a frustratingly slow pace. Nevertheless, we need to consider what it will take to prepare clinical pharmacists to fill the roles many are predicting. ACCP is firmly committed to advancing practitioner, educator, and researcher development. We also

strongly support and advocate for increased opportunities for specialist certification. And although postgraduate training is not our primary focus, it is obviously important to us. ACCP stands ready to work with other stakeholders to enhance the quantity and quality of these experiences. In fact, in February 2011, representatives of ACCP and other stakeholder organizations will join in a summit hosted by ASHP to consider how to increase residency capacity.

Several of our 2010–2011 committees and task forces will be working in the area of clinical pharmacist development. Our program committees continue to focus on quality educational programs to assist clinical pharmacists in developing and maintaining competencies. Our Academies continue to provide ongoing, in-depth training opportunities for members. The Member Relations Committee has been asked to recommend new products and services that assist in professional development. The Publications Committee will develop “ACCP Paper Packets” that provide summaries of important papers and publications of interest to our members with an executive summary of each area covered. And finally, the Task Force on Residencies has been charged with the development of a white paper looking at current PGY2 residency standards and providing recommendations for review and improvement. The Educational Affairs Committee will develop an ACCP Guide for Health Professionals titled “Educating Patients About Pharmacogenomics and Genetic Testing” to assist clinical pharmacists and other providers in caring for patients. The Organizational Affairs Committee has been asked to investigate and develop a report describing how ACCP might play a key role in the development and use of clinical decision support systems. The Research Institute will again offer the Focused Investigator Training Program to assist clinical pharmacists in obtaining significant federal funding. All of these are intended to assist clinical pharmacists in improving and expanding their skills.

ACCP Needs Your Involvement and Feedback

So now, we come to the roles that you, the members of ACCP, need to play in this process. The challenge ahead

of us is daunting. Creating change is never easy. Inertia is a formidable foe. But ACCP members remain feisty, committed, and visionary. The College needs your input and involvement. We appoint as many members to committees and task forces as possible. We also encourage you to be involved in other capacities such as serving as an author or reviewer of ACCP publications or submissions, giving presentations at meetings, and serving in PRNs as officers or committee members. We also need your continued input through the annual survey or through other communications with the leadership. The Research Institute has developed the PBRN and will be asking members to be involved in research that is vital for the promotion and advancement of clinical pharmacy. So I encourage you to stay engaged.

We Can Change the Future by Mentoring/Motivating Students

I'd like to close with one more suggestion on how our members can effect change. All of us can probably look back and point to preceptors or faculty members who influenced us to become clinical pharmacists rather than follow other paths open to us. Most people in ACCP are involved with students in one way or another. We need to challenge and mentor them in the provision of clinical pharmacy care. But beyond that, we need to encourage them to become change agents. Consider the growth of ACCP. Thirty-one years ago, there were less than 50 members. Now, there are more than 11,000. Many of us became involved because one of our preceptors or teachers told us about the College. Student involvement in ACCP has grown significantly in the past few years. Each member can affect the future of one student at a time. At a time when there is increased pressure from more and more IPPE and APPE students, it is tempting for preceptors to pull back. I encourage you to remain committed to training future clinical pharmacists. They truly are the future of our profession.

Thank you for giving me this opportunity to serve the College. I am truly looking forward to getting to know and work with as many of you as possible.

Call for Nominations

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

PLEASE NOTE:

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

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

2011 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in

practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, or the Credentials: FCCP Committee are ineligible for consideration.

Nomination deadline: February 15, 2011.

2012 Officers and Regents: President-Elect, Treasurer, Regents, and Research Institute Trustees. Nominees must be Full Members of ACCP and should have (1) achieved excellence in clinical pharmacy practice, research, or education; (2) demonstrated leadership capabilities; and (3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Please note that any qualifying Full Member may nominate himself/herself for office. **Nomination deadline: November 30, 2010.**

2011 Education Award: Recognizes an ACCP member who has shown excellence in the classroom or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to clinical pharmacist continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

2011 Clinical Practice Award: Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

2011 Russell R. Miller Award: Recognizes an ACCP member who has made substantial contributions to the literature of clinical pharmacy, either in the form of a single, especially noteworthy contribution or sustained contributions over time. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

2012 Therapeutic Frontiers Lecture: Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members. All nominations

must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

Robert M. Elenbaas Service Award: Given only when a particularly noteworthy candidate is identified in recognition of outstanding contributions to the vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or material goods. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2010.**

2011 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, financial, technological, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter to the Chair of the Selection Committee detailing the nominee's qualifications for this award and his/her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2011.**

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

Calling All Clinical Pharmacists: The MEDAP Study Needs Your Support



Although more than 600 ACCP colleagues have joined the ACCP PBRN, only a handful of ACCP associates are participating in the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study, launched on August 5, 2010. It is not too late to make a difference by joining the MEDAP Study.

What is the purpose of the MEDAP Study?

The MEDAP Study was formed with the intent of gathering information regarding the interventions made by clinical pharmacists across the country that are related to medication error detection, amelioration, and prevention.

What will I be asked to do in the MEDAP Study?

For the MEDAP Study, the ACCP PBRN pharmacist is the study *subject*. As a participating pharmacist, you will be asked to collect data about any intervention made pertaining to medication errors during a consecutive 14-day period. For each intervention related to a medication error detection, prevention, or amelioration during these 14 days, you will be asked a series of questions. For example, data will be collected about the type of error (or prevented error), the intervention(s) made, the medication(s) involved, and the patient outcome(s), if known. However, only de-identified patient information will be collected.

Is the MEDAP Study IRB approved?

Yes, the AAFP (American Academy of Family Physicians) IRB has reviewed and approved the study. All IRB-related documents are available on the *PBRNConnect*.

How do I join the MEDAP Study?

First, you must join the ACCP PBRN. Go to accpri.org to join by answering questions pertaining to you, your practice site, and the clinical services you provide. You can complete the registry tool from within the *PBRNConnect* (www.accpri.org/pbrnconnect).

I've joined the ACCP PBRN. What else do I need to do?

Once you join the registry, you need to complete a portfolio with the *PBRNConnect* that will make you eligible to participate in any PBRN project (www.accpri.org/pbrnconnect).

What is the PBRNConnect?

The *PBRNConnect* is the name given to the one-stop resource created for all PBRN-related materials. Located at www.accpri.org/pbrnconnect, this resource allows ACCP PBRN members to view, print, and download all research and PBRN-related documents. In addition, the *PBRNConnect* will serve as a repository for all PBRN-related training. Each ACCP PBRN member will need to upload his/her own portfolio documents within the secure *PBRNConnect* site to participate in ACCP PBRN studies. ACCP PBRN members will access this site using their usual *ACCP.com* log-in.

How do I get my MEDAP Study log-in and password?

All eligible ACCP PBRN members who have completed all required steps within *PBRNConnect* will receive a unique Discovere user name and password through e-mail.

What are the anticipated study dates for the MEDAP Study?

MEDAP Study Dates

Open	Anticipated Study Close
August 5, 2010	December 31, 2010

How will I be trained to do ACCP PBRN-related projects?

Pharmacists may access all training materials online on the *PBRNConnect*. Before entering any study data, you will be asked to watch the two new training videos located at www.accpri.org/pbrnconnect. There, you will find the brief *Module 3: Introduction to Discovere*, and under step 4, you will find *MEDAP Study Training Module*. You can also print the new *MEDAP PocketGuide* to help you with data collection at your clinical practice site.

I have more questions. Where can I send them?

Contact us at pbrn@accp.com with any questions. Thank you for your interest in the ACCP PBRN MEDAP Study.

Volunteer Recognition

The following individuals have made significant contributions to ACCP during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization.

Cardiology Practice and Research Network

Robert L. Page II, Pharm.D., MSPH, FCCP, FAHA, FASHP, BCPS, CGP, Associate Professor of Clinical Pharmacy and Physical Medicine, Clinical Specialist, Division of Cardiology, University of Colorado, School of Pharmacy and Medicine, Aurora, CO.

Sarah Spinler, Pharm.D., FCCP, FAHA, FASHP, BCPS, Professor of Clinical Pharmacy, Residency Programs Coordinator, Philadelphia College of Pharmacy, University of the Sciences in Philadelphia, Philadelphia, PA.

Barbara Wiggins, Pharm.D., FCCP, FAHA, FNLA, CLS, Senior Pharmacy Leader, Spotsylvania Regional Medical Center, Department of Pharmacy, Fredericksburg, PA.

Robert Talbert, Pharm.D., FCCP, FAHA, BCPS, Professor, College of Pharmacy, University of Texas at Austin, Pharmacotherapy Division, Professor, School of Medicine, University of Texas Health Science Center at San Antonio, Pharmacotherapy Education & Research Center (PERC), San Antonio, TX.

Samuel Johnson, Pharm.D., BCPS, Clinical Pharmacy Specialist - Cardiology/Heart Failure, Department of Cardiology, Kaiser Permanente Colorado, Denver, CO.

Rhonda Cooper-DeHoff, Pharm.D., M.S., FAHA, FACC, Associate Professor, Department of Pharmacotherapy and Translational Research and Division of Cardiovascular Medicine, Colleges of Pharmacy and Medicine, University of Florida, Gainesville, FL.

Nephrology Practice and Research Network

Thomas C. Dowling, Pharm.D., Ph.D., FCCP, Associate Professor and Vice Chair, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy, Baltimore, MD.

Mark Mills, Pharm.D., BCPS, Clinical Pharmacist, Nephrology, St. John Medical Center, Tulsa, OK.

Chai L. Low, Pharm.D., BCPS, Clinical Nephrology Pharmacist, PGY2 Nephrology Pharmacy Residency Director, VA San Diego Healthcare System, San Diego, CA.

Rolee Pathak, Pharm.D., BCPS, Clinical Assistant Professor/Clinical Coordinator, Ernest Mario School of Pharmacy/Englewood Hospital and Medical Center, Englewood, NJ.

Lori Wazny, BSc (Pharm), Pharm.D., Pharmaceutical Care Coordinator, Manitoba Renal Program, Winnipeg Health Sciences Centre Department of Pharmaceutical Services, Winnipeg, Manitoba, Canada.

Meri Hix, Pharm.D., BCPS, CGP, Associate Professor of Pharmacy Practice, Clinical Pharmacist - Internal Medicine, Midwestern University Chicago College of Pharmacy, Downers Grove, IL.

Gary R. Matzke, Pharm.D., FCP, FCCP, FASN, FNAP, Professor and Associate Dean for Clinical Research and Public Policy, Director ACCP/ASHP/VCU Congressional Health Care Policy Fellow Program, School of Pharmacy, Virginia Commonwealth University-MCV Campus, Richmond, VA.

Bruce A. Mueller, Pharm.D., FCCP, FASN, Professor and Department Chair, Department of Clinical, Social, and Administrative Sciences, College of Pharmacy, University of Michigan, Ann Arbor, MI.

Thomas D. Nolin, Pharm.D., Ph.D., Assistant Professor, Department of Pharmacy and Therapeutics, Center for Clinical Pharmaceutical Sciences, School of Pharmacy, University of Pittsburgh, Pittsburgh, PA.

Wendy L. St. Peter, Pharm.D., FCCP, FASN, BCPS, Professor, College of Pharmacy, University of Minnesota and Investigator, United States Renal Data System & Chronic Disease Research Group, Minneapolis, MN.

Deborah A. Pasko, Pharm.D., Project Manager/Clinical Pharmacist, University of Michigan Health System, Children's and Women's Project, Mott Administration, Ann Arbor, MI.

Darren W. Grabe, Pharm.D., Associate Professor of Pharmacy Practice, Albany College of Pharmacy and Health Sciences, Member, Albany Nephrology Pharmacy Group

(ANephRx), Adjunct Assistant Professor of Medicine, Albany Medical College, Albany, NY.

Geriatrics Practice and Research Network

Lisa C. Hutchison, Pharm.D., MPH, FCCP, BCPS, Associate Professor, College of Pharmacy, University of Arkansas for Medical Sciences, Little Rock, AR.

Todd P. Semla, Pharm.D., M.S., FCCP, BCPS, AGSF, Clinical Pharmacy Specialist, Pharmacy Benefits Management Services, U.S. Department of Veterans Affairs, Hines, IL, and Associate Professor, Clinical, Departments of Medicine and Psychiatry & Behavior Sciences, The Feinberg School of Medicine, Northwestern University, Evanston, IL.

Visit the following link <http://www.accp.com/membership/vrp.aspx> to view the current listing of volunteers recognized and their specific contributions to the College.

Limited Time Offer

Donate to the Frontiers Fund and Receive a Gift



For a limited time, while supplies last, the ACCP Research Institute is offering a 1-gigabyte flash drive on a lanyard—to those willing to make a donation of \$100 or more. Your tax-deductible donation will...

- Develop researchers;
- Build a research network called the ACCP Practice-Based Research Network (ACCP PBRN); and
- Generate evidence

... to further document the value of clinical pharmacy services and advance pharmacy research. Donate online at www.accpri.org. Thank you for your support!

Frontiers Fund Partners with Pharmacy Students for Fundraising Phone Drive

The St. Louis College of Pharmacy hosted a telephone fundraising campaign in early October. Our special thanks go to Dean Wendy Duncan for the invitation to host the event on-campus. Spearheaded by Zachary Stacy, ACCP Liaison, and Terry Seaton, Board of Regents, the event had more than 20 student participants. The student group of ACCP students, led by Kyle Amelung and Paras Vakharia, created a training slideshow for the students. The event lasted 6 hours, during which several thousand dollars in new donations were received. In exchange for its efforts, the St. Louis College of Pharmacy received a small portion of the donations to be earmarked for student ACCP-related activities.



The students involved in the phone drive were as follows: Kyle Amelung, Paras Vakharia, Puja Patel, John

Miller, Kristin Hagan, Candace Dunn, Alexis Bylina, Jennie George, Yervand Simonyan, Jessica Drury, Stuart Greaser, Micah Howell, Kayley Will, Lauren Dillman, Kelli Fitterling, Kathleen Tran, Jincy Philip, Bethany Heckert, Zaneta Thomas, Megan Van Berkel, Allison High, Eric McLain, and Joshua Boudeman.

According to Stuart Haines, chair of the Frontiers Fund Committee,

It's terrific to see so many pharmacy students getting involved and supporting ACCP's research mission! Whether or not you received a call from a student asking for a donation, I hope we can count on your annual gift to the Frontiers Fund to support the important work of the Research Institute.

Thanks to all who made this event a real success.

End-of-Year Special: Residents and Fellows Can Join ACCP for Half Price!

Attention residents and fellows: From now through December 31, first-time resident or fellow members of ACCP can join for just \$37.50—half off the regular resident and fellow member rate!

ACCP resident and fellow members have access to several important membership benefits, including:

- **Deeply discounted rates to register for ACCP's Updates in Therapeutics: The Pharmacotherapy Preparatory Review Course and the new Ambulatory Care Pharmacy Preparatory Review Course in Columbus, Ohio, April 8–12:** Considering specialty certification in either Pharmacotherapy or Ambulatory Care Pharmacy? Take advantage of special member rates—register by February 25, 2011, for maximum savings!
- **Reduced rates on board certification preparatory materials for home study:** Prepare for your specialty board examination with electronic or print study materials available to you at discounted rates.
- **Member discounts on any module in the Pharmacotherapy Self-Assessment Program (PSAP) module:** The PSAP series has been approved by the Board of Pharmacy Specialties for use in BCPS recertification, and it is available in electronic and print formats.
- **Free 1-year membership in an ACCP Practice and Research Network (PRN):** Join one of ACCP's 22 PRNs and network with specialists in your focused area of interest.
- **Complimentary subscription to *Pharmacotherapy*:** Resident and fellow members receive an electronic subscription to this essential reference for the clinical pharmacist.
- **Special member registration rates for the 2011 Oncology Pharmacy Preparatory Review Course, April 28–30, in San Antonio, Texas:** Take advantage of this highly acclaimed course for those pursuing a specialty career in oncology.
- **Discounted registration rates for the 2011 ACCP Annual Meeting in Pittsburgh, Pennsylvania, October 16–19:** Update your clinical skills and network with colleagues nationwide.

To take advantage of this special one-time offer, you can join or renew your ACCP membership online at www.accp.com/membership/join.aspx. Alternatively, you can download a specially marked membership application at www.accp.com/rf10promo. Complete the application and mail or fax it back to our office.

This offer is only valid for first-time ACCP resident or fellow members, including previous student members of ACCP renewing either as a resident or fellow member. Applications must be received by December 31, 2010, to receive the discounted membership rate.

Opportunity for ACCP Members to Support ClotCare.org

ClotCare.org, an award-winning interactive information service for clinicians and patients, is seeking individual support from clinicians across disciplines to help the organization continue its work. This online information service (<http://clotcare.org/index.aspx>) is a 501(c)3 charitable organization whose Web-based services are growing at a rate of more than 40% annually. ClotCare.org currently provides information to more than 1,500 individuals daily and receives more than 500,000 visitors per month. However, these services can be sustained only through outside contributions.

A 2009 survey of over 800 respondents revealed that more than 90% considered ClotCare.org one of the top five resources they turn to for information on prevention and/or treatment of blood clot-related conditions (such as stroke, heart attack, deep vein thrombosis, and pulmonary embolism). In addition, almost 90% of respondents could identify specific therapeutic management changes they had made as a result of information obtained through this service. See the ClotCare Progress Report (http://www.accp.com/docs/clotcare/ClotCare_Progress_Report.doc) and Action Plan (http://www.accp.com/docs/clotcare/Action_Plan_2010-11.doc) for more information on the activities and impact of ClotCare.org.

If you would like to support ClotCare.org so that it can continue to provide these important services, please consider:

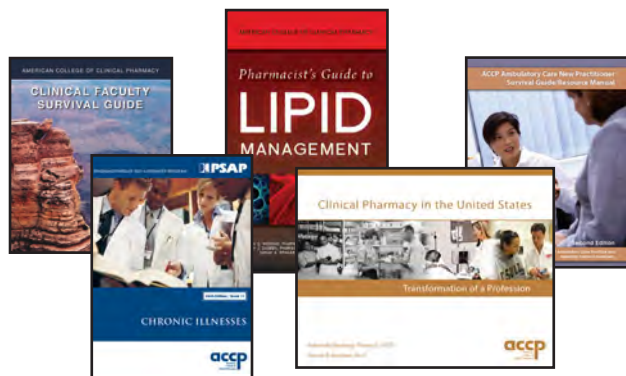
- Making a tax-deductible donation online at <http://clotcare.org/clotcaredonations.aspx> or by mail to ClotCare, 19260 Stone Oak Parkway, Suite 101, San Antonio, Texas 78258. All donations are acknowledged on Clotcare.org and may be made in honor or in memory of a friend or loved one. Donors receive a receipt for their tax-deductible donations.
- Forwarding this request to friends, colleagues, and others whom you think should be interested in supporting this service.
- Contacting ClotCare at webmaster@clotcare.com if you are aware of funding opportunities that may be of interest to a group, corporation, or institution that you think would be a potential supporter of the organization's activities.
- Holding a public awareness fundraiser. Contact webmaster@clotcare.com if you are interested in coordinating or participating in such an activity.

Learn more about some of the ACCP members who are participating in ClotCare.org by viewing the organization's editorial board at <http://clotcare.org/eb.aspx>.

A Special Offer from ACCP Publications Enhance Your Library with Year-end Savings at the ACCP Bookstore

Order \$100 or more from the Online Bookstore and get free or reduced shipping until the end of the year on ACCP Publications. Shipping is free to the continental United States and reduced by up to 75% on orders to other addresses.*

Take advantage of this opportunity to add bestsellers from the 2010 Annual Meeting to your library:



[Clinical Faculty Survival Guide](#)

[PSAP-VI Full Series](#)

[Re-visioning Professional Education](#)

[Pharmacist's Guide to Lipid Management](#)

[Clinical Pharmacy in the United States](#)

[ACCP Ambulatory Care New Practitioner Survival Guide/Resource Manual](#)

[Johns Hopkins ABX Guide](#)

[Antibiotic Basics for Clinicians](#)

[Drug Information Handbook](#)

[Pocket Guide to Critical Care Pharmacotherapy](#)

[The Top 100 Drug Interactions](#)

[Classroom Assessment Techniques](#)

Learn more about these popular products at www.accp.com/bookstore—together with many more titles in [Therapeutics](#), [Research and Outcomes Assessment](#), [Teaching and Learning](#), [Practice Development](#), and [Leadership and Administration](#).

Order now to receive the best deal on shipping!

*PSAP-VII full series is excluded from this offer.

Member Interest Requested in Forming Possible "Legal Support" PRN

ACCP members are asked to read the letter at <http://www.accp.com/docs/prns/LegalPRNCallforInterest.doc> to help determine the level of interest in forming a new "Legal Support" PRN that could fill a perceived gap among current ACCP PRNs. Members are asked to respond to this call for interest by December 15, 2010.

Call for Notification of Awards, Promotions, Grants, Etc.

Have you or a colleague recently been honored with an important award? Have you or a colleague received a major grant or key promotion? ACCP periodically publishes a feature in the *ACCP Report* citing such member accomplishments. To gather a "critical mass" of such honors that warrant publishing such a feature, even on an irregular basis, we need to hear from *you*. So, please forward this information to us at accp@accp.com, and we will seek to include it in a forthcoming issue of the *ACCP Report*.

Application Fee Waived for Fellowship Program Peer Review



ACCP is pleased to announce that it will waive the application fee for any ACCP member who wishes to submit his/her research fellowship program for peer review by December 31, 2010. In addition, a rolling application review process will be employed during this period. It is expected that all qualifying applicants will complete the review and approval process within 6 weeks of submitting their application. Both new programs and programs due for re-review are invited to submit a no-fee application. For more information, and to download a peer-review application form, visit <http://www.accp.com/docs/resandfel/FellowshpPeerRevApplic10.doc>.

In Memoriam



**Thomas Scott Foster
(1947–2010)**

The ACCP family was deeply saddened by the death of founding member Tom Foster on October 14, 2010. Dr. Foster was a past member of the Board of Regents and an ACCP Fellow. At the time of his death, he was professor of pharmacy and anesthesiology in the Colleges of Pharmacy and Medicine and professor in the College of Public Health at the University of Kentucky Medical Center. Many longtime ACCP members are aware of the countless contributions made by Dr. Foster to the pharmacy profession and to the University of Kentucky. He is survived by his wife, Marijo; children Megan and Grant; and six grandchildren.

Contributions in Dr. Foster's name can be directed to The Lexington School, 1050 Lane Allen Rd., Lexington, KY 40504; or to the University of Kentucky College of Pharmacy, 789 S. Limestone St., Lexington, KY 40536.

Checks should bear a notation with Dr. Foster's name and be drawn payable to the Lexington School or the University of Kentucky.

New Members

Mohamed Al-Arifi	Lori Dunn
Maha Alayouny	Sarah Eckman
Michelle Albin	Susan Edwards
Shazia Ali	Joshua Eklund
Minal Amin	Lorie Ellis
Mehdi Amiri	Katelyn Enderle
Elizabeth Ashcraft	Clayton English
Casey Baker	Karly Erickson
Gina Banks	Steve Erickson
Kylie Barnes	P. Erwin
Elizabeth Barthelemy	Tanya Fabian
Chris Bartlett	Emmanuel Fadiran
Sharmeen Bashey	Oyejoke Fasoranti
Fiona Begley	Amy Fegenbush
Ralph Bellocco	Andrew Feld
Lainie Bendiner-Valk	Leah Fields
Ronay Bjerke	Joseph Flynn
Hernan Black	Jessica Follmer
Alan Blau	Kierstyn Fornoff
Toya Bowles	Linda Fred
Daniel Brackin	Christopher Fuchs
Betsy Brinson	Jessica Garcia
Stacy Brown	Krista Gaston
Mason Bucklin	Dena Gaw
Alexis Bylina	Steven Geiger
Chris Campbell	Kathy Giammona
Michelle Campbell	BoYoung Goh
Bethanne Carpenter	Stacey Gordon
Amanda Carter	Shauna Graham
Heather Cave	John Greathouse
David Cequeira	Lanh Green
Amrita Chabria	Paul Green
Yi-Chieh Chen	Veronica Guerra
Soo An Choi	Michael Guillen
Jessica Christian	Elizabeth Gurski
Russell Christie	Heeyoung Ham
Jana Church	Steven Hammond
Dennis Churchill	Hsien Hwei Hannah Han
Kristen Clancy	NaYoung Han
Shirmil Clark	William Harris
Morgan Comee	Bethany Heckert
Jennifer Copple	Jessica Henggeler
Margaret Croom	Amanda Hetland
Ashley Crowl	Patrick Ho
Lauren Croy	Anna Holguin
Thomas Cubbin	Michael Holt
Daniel Dailey	Jeannie Hong
Adwoa Darkwa	Christina Hsu
Krista DeLissio	Vicky Huang
Deepa Desai	Xing-Yue Huang
Suraj Devasthali	Heidy Hwang
Lacey DeVreese	Kook Hwang
Zenobia Dotiwala	Michael Innes
Elizabeth Dow	Jaison Issac
Tanya Draucker	Gwen Itomitsu
Belinda Duncan	Amanda Jacques
Karsten Duncan	Tiffany Jagel
Brianne Dunn	Shanna James

Ryan Janeway
 Christopher Jankowski
 John Jemison
 Meredith Jernigan
 Monica Jimenez
 Lulu Jin
 Anna Johnson
 Ashley Johnson
 Bruce Jones
 Adrianna Jordan
 Jaison Joseph
 Aditi Kadakia
 K. Joy Kainer
 Bethany Kalich
 Jitesh Kawedia
 Zachary Keene
 Kimberly Keeth
 Marwa Khamis
 Gihun Kim
 Kevin Kim
 Miluska Kizur
 Katie Knapp
 Arkadios Kofidis
 Natalie Kolehmainen
 Kimberly Kosloski
 Abigail Kurtz
 Sherry Ruth Laguardia
 Angela Lam
 Ladonna Landmesser
 Tracey Lasak-Myall
 Jasmine Law
 Brian LeBaron
 Dong Eun Lee
 Sang-Min Lee
 Maria Das Graças Leopardi
 Gonçalves
 Sarah Lindauer
 Angela Link
 Sarah Lipphardt
 Elaine Lo
 Ryan Long
 Stephen Lozano
 Eid Lumang
 Brenda Lumpkin
 Josephine Luong
 Suzanne Maahs
 Livia Mackley
 Thomas Majka
 Gerwyn Makai
 Brian Malecek
 Jessica Marin
 Kendra Masson
 Somashaker Masuram
 Reenu Mathew
 Arun Mattappallil
 Alicia Mattson
 Blair Maxwell
 Amber Mayo
 Talia Mazidi
 Madalyn McCarthy
 Linda McCormick
 Micah McCuiston
 Ashley McKinley
 Eric McLain
 Brittany McLaughlin

Philip Medon
 Shivani Mhatre
 Michele Michaels
 John Miller
 Tim Miller
 Albert Moon
 Jason Mordino
 Jeremy Moretz
 Jonethan Morris
 Amy Moss
 Ramzy Moubarak
 Paul Muncy
 Jordan Murdoch
 Patrick Murphy
 Ivy Muteithia
 Hazim Nasr
 Annelise Nelson
 Stephanie Newman
 My-Linh Nguyen
 Truong Nguyen
 Xuan Nguyen
 Rodney Nicolas
 Beena Ninan
 Katie Oja
 Rob Ono
 Laura Palombi
 Julia Pate
 Jalpa Patel
 Ketan Patel
 Manish Patel
 Puja Patel
 Sajel Patel
 Cynthia Perez
 Sebastian Perez
 Anthony Perissinotti
 Megan Perkins
 Elizabeth Perry
 Julie Anne Petitleerc
 Olivia Phung
 Kassy Picou
 Dennise Pina
 Bee Yen Poh
 Samaneh Pourali
 Cheryl Powell
 John Powers
 Xinhua Qu
 Marco Ragins
 Laine Rapp
 Derek Ray
 Matthew Rim
 Teresa Roane
 Michelle Rychalsky
 Drilon Saliu
 Dominick Salvatore
 Mohammad Samiei
 Lisa Sanchez Trask
 Matthew Schaecher
 Bruce Schechter
 Nicole Schenk
 Clarence Schiltz
 Kevin Schutz
 LaKia Scoggins
 Phillip Scott
 Hardy Sebastien
 Ankit Shah

Juhi Shah
Parwana Shah
Rob Shapiro
Bruce Sill
Anthony Sindel
Sebrin Siraj
Meghan Sluka
Jake Smith
Teshia Sorensen
Ashley Stull
Leila Taherkhani
Ammara Tanweer
Michelle Taylor
Shamim Tejani
Hui Terrana
Aditya Thacker
Sarah Thiry
Allison Thompson
Jennifer Tobison
Amber Tomer
Minh Tran
Kimberly Trobaugh
Katherine Tromp
Sara Twillmann
Jonathan Unwer
Valerie Van Beusekom
Teng Vang
Karen Wagner
Rachel Walker
Jeana Walton-Day
Emily Wang
Heidi Wang
Irene Wang
Ryan Wargo
Sara Weaver
Claire Weishar
Jera Wilburn
Rebecca Williams
Lauren Wilson
Daniel Wolverton
Pamela Wong
Renee Woo
Lynell Wright
Marie Wright
Hongjuan Xie
Mina Yacoub
Kiranmai Yarlagadda
Julie Yoon
Maria Zakova

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

Heidi Calvin
Carol Crawford
Lindsey Eick
Jo Ann Gibbs
Mani Kammula
Sean Mirk
Janin Monterrey
Kate Oltrogge
Akta Patel

New Member Recruiters

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

Ragini Bhakta
Andrea Carr
Lingtak-Neander Chan
Rebecca Cofsky
Jane Dateshidze
Matthew Eckley
Diane Erdman
Alicia Forinash
Jennifer Goldman-Levine
Keith Hecht
Ashley Jones
Alan Kaul
Brittany Marshall
Nicholas Norgard
Deborah Raithel
Glen Schumock
Terry Seaton
Mary Beth Shirk
Michael Thomas
J. Maria Whitmore

FINDLAY

THE UNIVERSITY OF FINDLAY

Faculty Positions in the College of Pharmacy

The University of Findlay invites applications for two full-time faculty positions in the university's College of Pharmacy. Candidates will be expected to participate in teaching and scholarly activity in a curriculum devoted to promoting the collaborative practice of pharmacy. Continued practice in the field of pharmacy is both encouraged and expected. A doctoral degree and eligibility for pharmacy licensure in Ohio are required. A residency or fellowship and prior college teaching experience are preferred. Rank and salary are commensurate with qualifications. Candidates must be committed to innovative practice and student-centered education as well as professional development and scholarship.

One **full-time, tenure-track 12-month position** is available. Responsibilities include teaching pathophysiology, pharmacology, and therapeutics, as well as research and scholarly activity. Expertise in neurology/psychiatric disease, palliative care, pediatrics, or hematology/oncology will be favored.

Candidates for a **full-time, nontenure-track 12-month position** will be expected to supervise experiential education for Pharm.D. students. Scholarly activity, service responsibilities, and classroom teaching are also expected.

The University of Findlay is a Carnegie Master's/L institution and is the largest private university in northwest Ohio. The College of Pharmacy is the newest professional school at the university and enrolls around 375 students in a 6-year program leading to the Pharm.D. degree. Related professional programs at the university include physician assistant, physical therapy, athletic training, occupational therapy, health informatics, and nuclear medicine technology, as well as environmental, safety, and occupational health management. The city of Findlay, population 39,000, is recognized as one of the best micropolitan communities in Ohio, with a strong business base and friendly atmosphere.

Applications should be sent to:

Dr. Don Stansloski
Dean, College of Pharmacy
The University of Findlay
1000 North Main Street
Findlay, OH 45840
E-mail: stansloski@findlay.edu

Applications should include a letter of application, a curriculum vitae, a one-page description of teaching philosophy and research interests, and three letters of reference. Review of applications will begin immediately and continue until the positions are filled. For more information on The University of Findlay, visit <http://www.findlay.edu>.

The University of Findlay is an equal opportunity employer and educator.





Providence is calling a Clinical Pharmacist Coordinator.

This is a newly developed role to assist the manager in making a positive impact on overall pharmacy operations in a growing community and department. The clinical coordinator will be empowered to improve and develop department operations. The coordinator assists the pharmacy manager in the provision of pharmacy services. These activities include staff development, formulary management, drug information, medication use evaluation, medication safety initiatives, Joint Commission readiness, adverse drug event reporting, coordination of drug therapy guidelines and protocols, and quality improvement data collection at the facility. The coordinator will also develop a residency program for pharmacy students and develop and coordinate a preceptor program for pharmacy intern and clerkship students.

Position Specifics:

Location: Providence Medford Medical Center in Medford, Oregon
FULL-TIME position – Rotating/Variable Shift

Southern Oregon offers a wide variety of outdoor activities as well as world-class theater, music venues, dining, wineries, and shopping. The rain associated with the Pacific Northwest bypasses Medford, making it drier and sunnier than the Willamette Valley.

Requirements:

Education: Pharm.D. degree with residency.

Licenses/Certifications: Current registration and licensure by the Oregon State Board of Pharmacy.

Experience: Minimum 2 years' experience as a clinical coordinator. Minimum 2 years' experience in a hospital setting.

Answer the call. Providenceiscalling.org

When applying online, please reference job number 70008.

Apply Online:

<http://www.jobclub.com>