

ACCP Report

Mary T. Roth, Pharm.D., M.H.S., FCCP; Editor
Michael S. Maddux, Pharm.D., FCCP; Executive Director

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St. Louis Selected as New Site for 2006 Annual Meeting

ACCP's 2006 Annual Meeting will be held October 26 through October 29 (Thursday-Sunday) at the America's Center in St. Louis, Missouri. Relocated from the originally scheduled location, New Orleans, this meeting has altered the traditional pattern of meeting days, but the usual high-quality educational programming and abundance of networking opportunities remain.

Premeeting symposia will be held Wednesday, October 25, and the Annual Meeting gets under way on Thursday. The meeting will provide a wide range of programming choices, including multiple curricular tracks, PRN focus sessions, satellite symposia, poster sessions, a chance to "meet the experts," and an opportunity to get a head start on your recruiting efforts at the expanded ACCP Recruitment Forum.

While in St. Louis, attendees will be able to visit the underground Museum of Westward Expansion below the famed Gateway Arch, journey along the riverfront trails, or check out the downtown renovations and new entertainment district. Home to baseball's Cardinals, football's Rams, and hockey's Blues, St. Louis plays offers a wide range of sights to explore. Hotel accommodations for the Annual Meeting will be at the new Renaissance Grand Hotel, located in the heart of downtown St. Louis and adjacent to the America's Center. For more information, please watch the ACCP Web site at www.accp.com. Full meeting details will be available in spring 2006.



Courtesy of the St. Louis Convention & Visitors Commission

Has Clinical Pharmacy Reached Critical Mass?

*C.A. (CAB) Bond, Pharm.D., FASHP, FCCP
Cynthia L. Raehl, Pharm.D., FASHP, FCCP*

Although we are experiencing an absolute increase in the number of pharmacists in the United States, little information is available to document the specific growth patterns for the varying types of pharmacists (administrative, distributive, clinical, etc.). Using the National Clinical Pharmacy Services databases¹⁻⁴ and the American Hospital Association (AHA) Guide to Healthcare,⁵ we analyzed the growth of pharmacists, pharmacy technicians, nursing personnel, and total hospital employees per 100 occupied beds from 1989 through 1998 in United States hospitals (see Table). Pharmacy staffing is further projected through 2004. Pharmacist staffing categories are subdivided into administrative, distributive, and clinical pharmacists/100 occupied beds. These staffing categories are based on FTE allocated to administration, distribution, and clinical pharmacy services. Clinical pharmacy FTE were based on the amount of time pharmacists time spent providing 14 specific clinical pharmacy services as defined in the National Clinical Pharmacy Services survey.¹⁻⁴ (See the table on page 2.)

Almost all of the growth from 1989-1998 in total pharmacist FTE was due to increased numbers of clinical pharmacists (0.39 ± 0.23 to 2.42 ± 1.81 FTE/100 occupied beds), a 520.51% increase. It is interesting to note that hospital pharmacy administrators and dispensing pharmacists increased only marginally during this time frame, and substantially lagged behind the growth rates for nursing and total hospital employees. While the reasons for these findings are unknown, these results may reflect improved health care outcomes as a result of expanding clinical pharmacy services. Additionally, the Joint Commission on Accreditation of Health Care Organizations (JACHO) developed their Indicator Measurement System® (IM System®)—an indicator-based performance monitoring system in 1988, and with their Agenda for Change, implemented this performance-based outcomes system for accrediting hospitals in the early 1990s. This had the effect of changing accreditation from a process-driven system to an outcomes-based system, which undoubtedly favored clinical pharmacy services development with its documented outcomes.

Using the growth patterns from 1989 through 1998 we projected pharmacist growth through 2004. Our projections are (continued on page 2)

Table. Pharmacy and Other Hospital Personnel Staffing

Year	1989	1992	1995	1998	% Change 1989-1998	Projected Pharmacy Staffing (FTE) per 100 Occupied Beds 2004 ^c
No. Hospitals NCPS^a	1146	1592	1084	950		
Pharmacy FTE Staff per 100 Occupied Beds (mean, SD)						
Registered Pharmacists	6.86 ± 3.54	7.44 ± 3.61	8.79 ± 5.22	9.77 ± 4.15	42.42	12.53
Pharmacy Administrators	2.22 ± 1.68	2.50 ± 1.37	2.13 ± 2.33	2.53 ± 5.33	13.96	2.74
Dispensing Pharmacists	4.25 ± 3.97	4.01 ± 3.29	5.02 ± 4.58	4.82 ± 4.05	13.41	5.25
Clinical Pharmacists	0.39 ± 0.23	0.93 ± 0.51	1.64 ± 1.99	2.42 ± 1.81	520.51	4.54
Pharmacy Technicians	5.33 ± 5.83	5.89 ± 3.98	6.66 ± 4.00	8.16 ± 5.26	53.1	11.05
Nursing Staff per 100 Occupied Beds (AHA)^b						
Registered Nurses	124.46 ± 92.24	130.48 ± 88.47	172.78 ± 119.07	196.57 ± 131.92	57.94	
Licensed Practical/ Vocational Nurses	43.34 ± 52.68	42.91 ± 49.00	48.99 ± 69.94	52.02 ± 70.31	20.03	
Hospital Employees (total) per 100 Occupied Beds (AHA)^b	567 ± 427	611 ± 436	770 ± 563	880 ± 932	55.20	

^aNational Clinical Pharmacy Services Surveys

^bAmerican Health-Care Association Guide to Healthcare

^cProjected based on past growth rates

(continued from page 1)

confirmed by a 2004 ASHP survey, which found there were 12.3 ± 0.6 pharmacists per 100 occupied beds (projected 12.53) and 11.6 ± 0.7 pharmacy technicians per 100 occupied beds (projected 11.05).⁶ These findings are almost exactly the same as our projections. Clinical pharmacists are rapidly approaching the largest category of pharmacists in our nation's hospitals.

In 2000 there were 5060 general medical surgical and general medical surgical pediatric hospitals in the United States with a mean daily census of 108.75 ± 133.90 occupied beds.⁵ Based on the previous staffing projections for 2004, there were about 68,132 pharmacist FTEs in these types of hospitals with about 24,983 pharmacist FTEs providing clinical pharmacy services. These figures do not include ambulatory care pharmacists. These findings provide strong evidence for the expansion and acceptance of clinical pharmacy services in our nation's hospitals. It also appears that ACCP has benefited from this trend as ACCP membership has increased 281% from 1989 through 1998, and 639% from 1989 through 2004 (data provided by ACCP).

Not only is clinical pharmacy the fastest growing pharmacy element in organized health care settings, but it has also reached critical mass as a discipline. To borrow a statement from ACCP, "ACCP... Where Pharmacy is Going," clearly reflects staffing trends in our nation's hospitals. Given the advent of the entry level Pharm.D., the growth in the number of pharmacy graduates completing residency programs, and the growth of Board Certification, it is likely that there will be more full-time clinical pharmacists employed in the future.

The future appears bright for both clinical pharmacy and ACCP.

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- ³ Bond CA, Raehl CL, Pitterle ME. 1998 National clinical pharmacy services study. *Pharmacotherapy* 2000;20(4):436-460.
- ⁴ Raehl CL, Bond CA, Pitterle ME. 1995 National Clinical Pharmacy Services survey. *Pharmacotherapy.* 1998;18(2):282-304.
- ⁵ American Hospital Association. American Hospital Association Abridged Guide to the Healthcare Field on diskettes. 1989, 1992, 1995, 1998, 2000, Chicago, IL., American Hospital Association.
- ⁶ Pedersen CA, Schneider PJ, Scheckelhoff DJ. ASHP national survey of pharmacy practice in hospital settings: Prescribing and transcribing—2004. *Am J of Health-Syst Pharm,* 2005; 62(4):378-390.

Murphy Appointed to BPS Board

John E. Murphy, Pharm.D., FCCP has been appointed to a three-year term as a member of the Board of Pharmaceutical Specialties (BPS). Dr. Murphy, a longstanding member of the College, will serve as the ACCP liaison member of the Board. As such, he will help to ensure effective communication between BPS and the College on issues important to credentialing and specialty recognition. Dr. Murphy is Professor and Head, Department of Pharmacy Practice and Science, and Associate Dean for Professional Affairs at the University of Arizona College of Pharmacy in Tucson. He will officially begin his term on the BPS Board on January 1, 2006.

Nominations Invited for the Prestigious 2006 Parker Medal

Letters of nomination are invited for the 2006 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy. The Parker Medal recognizes an individual who has made outstanding and sustained contributions to improving or

(continued on page 3)

(continued from page 2)

expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members.

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

Letters of nomination should be sent to the Chair of the Parker Medal Selection Committee, 3101 Broadway, Suite 650, Kansas City MO 64111. **Nominations should be received by February 15, 2006.** Members of the 2006 selection committee are Jerry L. Bauman (Chair), John A. Bosso, George E. Dukes, Frederick M. Eckel, Janet P. Engle, William A. Miller, Milap C. Nahata, J. Robert Powell, Robert E. Smith, and Thomas R. Temple. All nominations must be accompanied by the nominee's curriculum vitae, resume, or biographical sketch as available; and at least three letters of support that describe the individual's accomplishments relative to the award criteria, at least one of which is from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Selection Committee, or ACCP staff are ineligible for nomination.

Washington Report

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

Medication Therapy Management: What's in A Name... and Who Decides?

Over the next several months, the form and functionality of the Medication Therapy Management (MTM) programs contained within the more than 2,100 Medicare Part D prescription drug plans (PDPs) throughout the United States should begin to be revealed. As 2005 draws to a close, obtaining information about the structure of these programs from the PDPs has, for the most part, been an exercise in frustration for beneficiaries, practitioners, and professional organizations such as ACCP. In some ways, these programs are like brightly wrapped presents under the Christmas tree—full of promise, exciting to contemplate, but also with the real potential of being not quite what we had put



on our wish list. We'll know for sure only as they are unwrapped, tried on for size, and measured against what we thought we, and our patients, were getting.

To be fair, the development and implementation of MTM programs by the PDPs are inevitably "works in progress" at this early stage of implementation of the Medicare Part D benefit. Given the regulatory framework established by the Centers for Medicare and Medicaid Services (CMS) for beneficiaries' eligibility for MTM services (i.e., multiple medications, multiple chronic diseases, and a projected annual expenditure of at least \$4,000), it will be several months into 2006 before it will be feasible to determine whether the programs are functional, let alone substantive enough to meet the quality objectives, and, most importantly, the health care needs of the Medicare patients the programs are meant to serve.

However, even at this stage of development, it is clear that the great number and diversity of drug plans that have chosen to offer the Part D benefit are presenting a tremendous challenge to the concept of consistent and uniform provision of MTM services as defined in the consensus definition and program criteria document developed and endorsed by the national professional organizations in pharmacy in 2004.¹ Although some of the information presented at recent national symposia has been encouraging with regard to the scope of MTM services being developed by some PDPs, too many programs, quite frankly, bear little resemblance to the definition that pharmacy has developed and that CMS incorporated into the preamble of its final rule published earlier this year. It will be imperative for the profession and individual pharmacists to forcefully challenge such programs directly as their flaws are revealed.

We need to be very clear. Medication Therapy Management Services are what the profession of pharmacy says they are... not what the PDPs think they are or would like to reduce them to. Medication Therapy Management is what pharmacists do by virtue of their education, expertise, and scope of practice... not what computers, algorithms, treatment guidelines, automated telephone systems, or "client services representatives" do. If we fail as a profession to hold the health care system's feet to the fire on this issue—if we, through acquiescence, or complicity, or inaction, allow Medication Therapy Management to be offered or promoted as anything less than pharmacist-delivered, patient-focused health care services as outlined in the consensus definition—our efforts in achieving that consensus will have been wasted. This would be particularly unfortunate in view of recent and important successes, such as the approval of CPT codes for pharmacists' MTM services and the inclusion of pharmacists in the national system for identification of health care providers.

Similarly, the stated expectation of CMS that MTM programs will become a "cornerstone" of the drug benefit cannot possibly be realized without ensuring, by regulation if necessary, that complete information about drug plans' MTM programs is widely and easily accessible to beneficiaries and practitioners as they consider which drug plan to choose or recommend. MTM program descriptions, eligibility criteria, and provider availability information are just as essential for effective beneficiary decision making about a Part D drug plan as is information on the premiums, co-payments, pharmacy network information, and formulary for the drug product component of

(continued on page 4)

¹http://www.accp.com/position/pos032_200407.pdf

(continued from page 3)

the benefit. At this point, the Web-based “Medicare Plan Finder” being promoted by CMS provides no information about the MTM programs of the various plans. This deficit must be corrected as quickly as possible, both to better serve beneficiaries and to demonstrate objectively that MTM services are an integral part of the benefit for the most vulnerable and at-risk patients receiving care under the plans.

The College, individually and in partnership with the member organizations of the Pharmacist Provider Coalition, will be working directly and aggressively with CMS in 2006 and beyond. We will collaborate with other interested groups, such as the state-based quality improvement organizations (QIOs), to ensure that PDP MTM programs deliver substantive, patient-centered, quality-focused services that are fully consistent with the spirit and letter of the MTM consensus definition and that reflect the high standards of practice of ACCP’s members. That’s a New Year’s resolution we’ll have no trouble keeping.

Hudson, Neudeck, Shord Receive ACCP Research Awards

Following a special, midyear call for proposals, the ACCP Research Institute Board of Trustees has announced the following additional 2005 Investigator Development Research Awards:

Amgen Nephrology Research Award

Stacy Shifflett Shord, Pharm.D., BCOP
University of Illinois
“Cisplatin Nephrotoxicity Associated with γ -Glutamyl Transpeptidase”

TAP Pharmaceuticals Gastrointestinal Research Award

Brien L. Neudeck, Pharm.D.
University of Tennessee
“p-Glycoprotein Regulation by Toll-like Receptor 4”

Watson Anemia Research Award

Joanna Q. Hudson, Pharm.D., BCPS
University of Tennessee
“Effect of IV Iron and α -Lipoic Acid on Oxidative Markers”

These Investigator Development Research Awards provide \$17,500 to support specific research projects by new or developing investigators. A list of all 2005 Investigator Development, Career Development, and Frontiers Research Award recipients can be found at <http://www.accp.com/05award.php>.

The 2005 awards mark an important milestone in the growth of clinical pharmacy research and researcher development supported by the ACCP Research Institute. For the first time, the Institute will provide more than a half million dollars of research grant support in a single year—with nearly half this amount made possible by the contributions of ACCP members and others to the College’s Frontiers Fund.

The ACCP Research Institute’s 2006 call for proposals will be issued later this month. Watch your e-mail or visit the ACCP Web site at <http://www.accp.com/frontiers/ricall.php> for the latest information.

Pharmacotherapy Pearls

Pharmacotherapy Impact Factor Keeps Climbing

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

The Institute for Scientific Information (ISI) impact factor (IF) is one measure used by researchers, authors, and libraries to judge the overall quality of a journal. Journals with higher IFs are held to be more prestigious and of higher impact than those with lower IFs. Indeed, tenure and promotion committees frequently assess not only a candidate’s number of publications but also the IF of the journals in which the candidate has published.

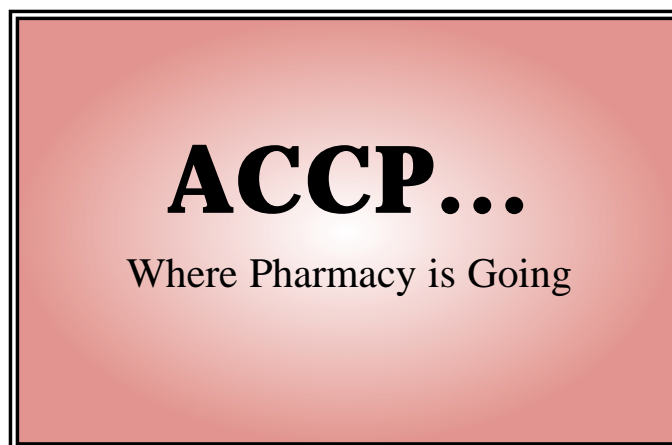
The IF is a measure of the frequency with which the “average article” in a journal has been cited in a particular year. The IF is basically a ratio between citations and recent citable articles published. The IF reported each year reflects data from the previous 2 years. For example, the most current IF data available in 2005 are for the 2004 IF. The 2004 IF is calculated as follows:

$$\frac{\text{Number of cites in 2002 to articles published in 2002 and 2003}}{\text{Number of articles published in 2002 and 2003}}$$

Ranking in the pharmacy and pharmacology journal category is by “x/N,” where “x” is the rank and “N” is the number of journals within this category. For example, the journal with the highest IF in this category would be ranked number 1. Comparative data with other journals in this category are shown below:

Year	PPI	DICP	AJHP
2002			
IF	1.924	1.796	1.305
x/188	69	77	109
2003			
IF	2.002	1.822	1.440
x/184	73	90	105
2004			
IF	2.277	1.739	1.213
x/186	63	98	128

PPI = *Pharmacotherapy*; DICP = *Annals of Pharmacotherapy*; AJHP = *American Journal of Health-System Pharmacy*.



Minisabbatical Opportunities

Cardiology
Central Nervous System
Hematology/Oncology
Infectious Diseases
Nephrology
Pain and Palliative Care

Take advantage of these minisabbatical programs offered by the respective Practice and Research Networks to enhance your practice or research skills. Learn from a recognized expert who will help you develop new clinical services or expand your research capabilities.

The **application deadline is March 1.**

For more information and to download application materials, visit <http://www.accp.com/ClinNet/research.php> or contact:

Cathy Englund
ACCP Research Institute
Phone: (816) 531-2177
E-Mail: cenglund@accp.com

Leadership Development: People Don't Resist Change

(Ed. Note: This is the fifth in a series of columns adapted from management and leadership articles written by LeaderPoint's Jon Hope. LeaderPoint is the organization with which ACCP partners to provide the Leadership Experience. Previous columns are available in the August–November issues of the ACCP Report. You needn't have "manager" as part of your formal title to benefit from this series or from the concepts developed in the Leadership Experience. We hope you are enjoying and benefiting from these columns.)*

Have you ever heard the idea that people resist change at work? I have, and I don't believe it. People seem to love change. They have different colors and styles of clothes, they frequent a variety of restaurants, and they buy diverse makes and models of cars. People go on vacation to experience distinctive climates, attractions, and cultures. So why do we keep hearing that employees resist change?

It's a case of misdiagnosis. It's not change that people fear; it's incompetence. When managers make changes, they often inadvertently cause incompetence, which people naturally resist.

To be certain, the labor environment will continue to demand change, and it's the role of management to adjust to meet those altered expectations. It is often necessary to modify skills and jobs to achieve new outcomes. However, when management makes a necessary change, there is a period of time when those who must perform the new tasks feel suddenly incompetent and uncomfortable.

I often hear managers complain about the poor attitudes of their employees, and I wonder whether they actually believe that their workers get up in the morning with the single thought of "how can I sabotage the company today?" I don't believe this. Most employees have a vested interest in the success of

their company. The vast majority of workers want to do their job right.

Incompetence has a cost. Some consequences are employees' frustration at having to learn new skills, the time wasted redoing work, and humiliation at failing. So what can a manager do to reduce these negative effects of change? Here are some suggestions:

Give them a reason to adjust. If people are going to expend the effort to become competent at a new job, they certainly deserve to know why. Far too many managers, who should know and communicate that information, don't bother to explain why something needs to be changed.

Give them the tools to adjust. Becoming competent is a learning process. Build training and practice into the schedule by providing on-the-job instructing and coaching.

Give them time to adjust. Many efforts at change are thwarted because managers don't allow sufficient time for learning. Some managers think that employees who are sent away to a brief training course will come back ready to succeed. It doesn't work that way. People need time to adjust.

Give them recognition. Tell them how much you appreciate their efforts and celebrate their victories appropriately. (See <http://www.accp.com/report/rpt1005/art06.php>.)

Give them timely feedback. During times of change, it is especially critical that employees know results in an effective and timely manner. Before initiating any change, design a way to deliver accurate information about results.

Give employees adequate reasons, tools, time, recognition, and feedback—and they will respond. People won't resist change when it's done the right way.

Jon W. Hope
Director of Programs
LeaderPoint
www.leaderpoint.biz

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

Please Help the ACCP Frontiers Fund with your 2005 Gift

Like most people, you probably receive a lot of requests

for support from charitable organizations during this time of year. Please seriously consider including the Frontiers Fund and ACCP Research Institute in your 2005 plans.

You can easily download a contribution card from <http://www.accp.com/frontiers/payform.pdf> or, you can donate online by visiting <http://www.accp.com/frontiers/donate.php>.

The ambitious goal is to increase Frontiers Fund support for critical ACCP member-driven health services and clinical research to at least \$300,000 in 2006. Your help is needed now as the donations made in 2005 will support the research to be funded in 2006.

(continued on page 6)



(continued from page 5)

Whether you use the outcomes of others' research as an evidence-based practitioner or lead your own research program, please join your ACCP colleagues in their personal support of the Frontiers Fund. Your investment translates directly into improved drug therapy outcomes for patients and enhanced, expanded pharmacy practice by making possible vitally important clinical and health services research that could not otherwise be conducted. A summary of the research being supported by the Frontiers Fund was published in the November issue of the ACCP Report and can be found at <http://www.accp.com/report/rpt1105/art07.php>.

Whether it's \$50, \$100, \$250, \$500, or more, every gift is important every year. Thank you for considering how your gift will help to expand pharmacy's frontiers through ACCP member-driven research (<http://www.accp.com/frontiers/>).

The ACCP Leadership Experience

February 27 – March 2, 2006
San Antonio, TX

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

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

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

"This experience provides a different perspective ... from what I have been taught before. This has been a wonderful experience."

"This is by far the most valuable experience of my career."

"I really feel that I will be much more effective than I was before."

"The combination of the simulation with the clear concise discussions of the issues being experienced ... made this session a once-in-a-lifetime experience."

"This has also made me think critically about the management issues and methods that occur within institutions."

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

Awards, Promotions, Grants, etc.

William Fant, Pharm.D., has been appointed as Associate Dean, Academic Affairs at the University of Cincinnati College of Pharmacy....**Tudy Hodgman**, Pharm.D., BCPS, was recently inducted as a Fellow in the Society of Critical Care Medicine.... **Michael Malloy**, Pharm.D., has been named Dean of the Worcester and Manchester campuses of the Massachusetts College of Pharmacy and Health Sciences....**Amie McCord**, Pharm.D., BCPS, Assistant Professor of Pharmacy Practice at Midwestern University Chicago College of Pharmacy, was recently recognized as co-recipient of a 2005 ASHP Best Practice Award

Carrie Sincak, Pharm.D., BCPS, Assistant Professor of Pharmacy Practice at Midwestern University Chicago College of Pharmacy, received the Illinois Council of Health System Pharmacists 2005 New Practitioner Award**Avery Spunt**, M.S., has been appointed Assistant Dean and Director, Experiential Education, at Midwestern University Chicago College of Pharmacy**R. Pete Vanderveen**, M.S., Ph.D., BCPP, has been named Dean of the University of Southern California School of Pharmacy.

New Members

Sybil Abraham
Adeshola Adefioye
Melissa Aguero
Rania Al Lababidi
Angie Alcorn
David Allen
Cecily Allmon
Haya Ascher-Svanum
Sumer Ashker
Jennifer Ashley
Talat Ashraf
Alain Astier
Patricia Aubert
Lisa Barrett
Jan Bassali
Django Belote
Richard Berchou
David Berger
Annick Biat
Clayton Boothe
Pierre Bou
Lyndsey Bowman
Natalie Boyd
Filomena Braga
Yali Brennan
Diana Brixner
Jorge Brochado
Wendy Brown
Daniel Brown
Margaret Browne
Larry Buie
Cheryl Cadotte
Eden Mae Camarines
Ana Sofia Capacho
Jocelyn Chan
Victoria Chan

James Chan
Matthew Chandler
Bhavna Chandwani
Cindy Chau
Adeline Chau
Benjamin Chavez
Christian Cheatham
Fangting Chen
Christopher Chin
Agatha Ching
Ah-Young Choi
Metha Chonlahan
Evelyn Chu
Colleen Clark
Delanie Collins
R. Matthew Conley
Craig Conoscenti
Gisela Costa
Maria Crespi
Ellis Crimmins
Steven Crosby
Robert Cutter
Cathyyen Dang
Laura De La Garza
Jenny Debenito
Kathy Del Pino
Sandrine Demars
Thennarasu Dharmalingam
Marisa Dolan
Kyle Downey
Amanda Droske
Mark Dunn
Lan Duong
Kelly Earhart
Nancy Egerton

(continued on page 7)

(continued from page 6)

Stanek Eric
Wahiba Estergard
Brenda Evans
Tina Fong
Natalia Fragakis
Olga Freitas
Chris Friis
Anne Fulton
Katrina Gabriel
Ann Gallagher
Rebecca Gallt
Sarah Gao
Laine Geis
Ekaterina Gibiansky
Paulo Gloria
Na Young Goh
Lindsey Goldsmith
James Gow
Laura Gratacos
Erica Greanya
Scott Greenwell
Tracy Greenwell
Lisa Grillone
Vicki Groo
Nathan Grossman
Marie Guevara
Heidi Gunderson
Samuel Gurevitz
Marta Gutierrez
Arthur Hackett
Heather Halama
Karen Hall
Laura Hall
John Han
Peggy Han
Lori Hancock
Alma Hanevy
Alison Harber
Janet Harkness
Stefanie Harris
Stanley Hill
Simon Hill
Jeffrey Hille
Sumio Hirata
Mylinh Ho
Charles Ho
Y Hoang
Kevin Hoehn
Kelly Hollenack
Michelle Holt-Macey
Kevin Horbowicz
John Houston
Alice Hsiao
Rong Huang
John Huh
Timothy Hunt
Rebecca Huntze
Peter Hurd
Odete Isabel
Christel Johanson

John Johnson
Holly Johnson
William Jones
Dean Juge
Yaman Kaakeh
Laticia Kadrlik
Sabine Kaestner
John Kanell
Aziz Karim
Yehuda Kariv
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Anna Kim
Andy Kim
Juliette Kim
Shawna King
Robert Klein
Bruce Koch
Michael Koronkowski
Jason Kotskoi
Daria Kusior
Kathleen LaBranche
Sally Lam
Paul Lata
Robert Lauritsen
Kelly Le
Cam-Thi Le
Sang Eun Lee
Janny Lee
Cynthia Lee
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Joyce Martin
Helena Martins
Jean-Claude Maupetit
J. Russell May
Sarah McCabe
Elin McCann
Gordon McCarter
Natalie McLeish
Monica Mehta
Tonja Merz

Roxanne Meyer
Daniel Michel
Gladys Mitani
Ellen Moore
Troy Moore
Toni Morrison
Noella Moua
Roungtiva Muenpa
Steve Mullenix
Donald Murphy
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Rita Oliveira
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Theresa Pettit
Gisia Pisegna
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Chanuttha Ploylearmsang
Maria Pompili
William Pong
Richard Preston
Jennifer Quade
Allen Quan
Tara Rapp
Tananan Ratanachodpanich
Julia Rauch
Kristen Reaume
Lisa Rene
Earle Reome
Mark Resnick
James Rhodes
Daniel Riche
Jane Rippe
Jonathan Ritter
Hilary Roberts
Laura Robinson
Zoe Rosalinas
Maryam Roshankar
Michael Rouse
Connie Rowley
Dale Rublee
Katina Rue
Sherone Ruggs
Antonella Rupa

Yelizaveta Russ
Pedro Sa
Nasser Saad
Robert Sanchez
Patricia Saunders
Daryl Schiller
Michael Serra
Ada Seto
Rupa Shah
Sachin Shah
Larry Shapiro
Heayoung Shin
Chrissie Shirley
Marcia Silva
Suzanne Singh
Tristan Sissung
Elizabeth Skelton
Kara Smith
Tara Smith
Maria Conceicao Sobral
Phayom Sookaneknun
Bernard Sorofman
Dolors Soy
Garth Splinter
Neil Stanley
Michael Steenken
Sasko Stojanovski
Misa Stroker
Xiaoli Sun
Jessica Sutly
Freddy Tadros
Chinglin Tai
Jennifer Tam
Simon Tang
Allison Tauman
Manuel Teixeira
Laura Telepun
William Terneus
Ann Tham
Christina Thanawiwat
Hilary Tice
Alice Tien
Lillian Ting
Kimindra Tiwana
Elizabeth Tran
David Trang
Trang Truong
Chiung-Hui Tseng
Kayla Turnbow
Patricia Vetter
Erica Viegas
Nu Vuong
June Wang
Ruomei Wang
Douglas Warner
Karen Weise
Jaime Weres
Melissa Wheeler
Karen Williams
Heidemarie Windham

(continued on page 8)

(continued from page 7)

Christie Woolard
Desai Wu
Brian Wu
Gina Xu
Ruedeerat Yamvinij
Lloyd Young
Iris Young
Pamela Young
Kristen Young
Cheng Der Yu
Anne Zemke
Marya Zilberberg

The following individuals recently advanced from Associate to Full Member:

Julie Adkison
Matthew Baker
Kimberly Hollar
Kerry LaPlante
Ann Marie Nye

New Member Recruiters

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

Jill Burkiewicz
Wendy Cantrell
Jody Carswell
Nina Cohen
Benjamin Epstein
Stephen Fuller
Christa George

Gloria Grice
Raymond Hammond
Kristi Hofer
Rami Ibrahim
Peter Lao
Andrew Meyer
Michalets
Jean Nappi
Cindy O'Bryant
Neelima Patil
Amy Rosenberg
Anna Schmidt
Teresa Seo

**Holiday Greetings
and Best Wishes for a
Happy and Healthy New Year**

FROM THE ACCP FAMILY

**ACCP
Pharmacotherapy
The ACCP Research Institute**

Position Openings

Oregon State University College of Pharmacy Department of Pharmacy Practice

Assistant Professor or Associate Professor (12-month, 1.00 FTE, Tenure Track)

Pharmacoepidemiology/Epidemiology (Search #010-215). To view the position announcement, screening criteria, and information on how to apply, go to <http://oregonstate.edu/admin/hr/jobs/ANumber.html>. For full consideration, send a letter of application outlining research and teaching interests, a curriculum vitae, and three reference letters that address your ability to perform in this position by December 31, 2005, to: **David Bearden, Pharm.D., Chair, Search Committee (#010-215), OSU College of Pharmacy, Portland Campus, Oregon Health & Science University, Mail Code: GH212, 3181 SW Sam Jackson Park Road, Portland OR 97239-2985.**

Assistant Professor or Associate Professor (12-month, 1.00 FTE, Clinical Track) Innovative

Community/Ambulatory Pharmacy Practice (Search #010-216). To view the position announcement, screening criteria, and information on how to apply, go to <http://oregonstate.edu/admin/hr/jobs/ANumber.html>. For full consideration, send a letter of application outlining research and teaching interests, a curriculum vitae, and three reference letters that address your ability to perform in this position by December 31, 2005, to: **Ann Zweber, R.Ph., Chair, Search Committee (#010-216), OSU College of Pharmacy, 203 Pharmacy Building, Corvallis OR 97331-3507.**

Assistant Professor or Associate Professor (12-month, 1.00 FTE, Tenure Track)

Innovative Community Pharmacy Practice (Search #010-217). To view the position announcement, screening criteria, and information on how to apply, go to <http://oregonstate.edu/admin/hr/jobs/ANumber.html>. For full consideration, send a letter of application outlining research and teaching interests, a curriculum vitae, and three reference letters that address your ability to perform in this position by December 31, 2005, to: **Theresa M. Bianco, Pharm.D., Chair, Search Committee (#010-217), OSU College of Pharmacy, Portland Campus at OHSU, Mail Code: GH212, 3181 SW Sam Jackson Park Road, Portland OR 97239-3098.**

Assistant Professor or Associate Professor (12-month, 1.00 FTE, Clinical Track)

Adult Medicine and Specialties (Search #010-218). To view the position announcement, screening criteria, and information on how to apply, go to <http://oregonstate.edu/admin/hr/jobs/ANumber.html>. For full consideration, send a letter of application outlining research and teaching interests, a curriculum vitae, and three reference letters that address your ability to perform in this position by December 31, 2005, to: **Harleen Singh, Pharm.D., Chair, Search Committee (#010-218), OSU College of Pharmacy, Portland Campus, Oregon Health & Science University, Mail Code: GH212, 3181 SW Sam Jackson Park Road, Portland OR 97239-2985.**

Assistant Professor or Associate Professor (12-month, 1.00 FTE, Tenure Track) Pharmacoeconomics and/or Outcomes Research (Search #010-219).

To view the position announcement, screening criteria, and information on how to apply, go to <http://oregonstate.edu/admin/hr/jobs/ANumber.html>. For full consideration, send a letter of application outlining research and teaching interests, a curriculum vitae, and three reference letters that address your ability to perform in this position by December 31, 2005, to: **Dale Kraemer, Ph.D., Chair, Search Committee (#010-218), OSU College of Pharmacy, Portland Campus, Oregon Health & Science University, Mail Code: GH212, 3181 SW Sam Jackson Park Road, Portland OR 97239-2985.**

Assistant Professor or Associate Professor (12-month, 1.00 FTE, Tenure Track) Pharmacy Practice in Cardiology (Search #010-220).

To view the position announcement, screening criteria, and information on how to apply, go to <http://oregonstate.edu/admin/hr/jobs/ANumber.html>. For full consideration, send a letter of application outlining research and teaching interests, a curriculum vitae, and three reference letters that address your ability to perform in this position by December 31, 2005, to: **Matthew K. Ito, Pharm.D., FCCP, BCPS, Chair, Search Committee (#010-220), OSU College of Pharmacy, Portland Campus, Oregon Health & Science University, Mail Code: GH212, 3181 SW Sam Jackson Park Road, Portland OR 97239-2985.**

General information about the College of Pharmacy and Oregon State University is available at:

<http://pharmacy.oregonstate.edu>. General information about Oregon Health & Science University is available at: <http://www.ohsu.edu>. OSU is an AA/EO.

University of Rhode Island

Assistant Professor of Pharmacy Tenure Track Position

The University of Rhode Island College of Pharmacy has available a calendar year, tenure-track faculty position at the level of assistant professor.

The primary duties and responsibilities of this position include the development of an exemplary program of clinical- and/or laboratory-based research in the faculty member's area of expertise; the establishment of a clinical practice to support experiential education; and the provision of didactic instruction in required and elective courses.

A Pharm.D. degree and completion of a fellowship, specialty residency with a significant research component, clinical Ph.D. degree, or equivalent experience, is required. Greatest preference will be given to those individuals with expertise in the area of hematology/oncology. Preference will also be given to individuals with a record of scholarship through extramural funding or peer-reviewed research publications. Prior teaching experience is also preferred. The selected candidate must be licensed, or eligible for pharmacy licensure, in the state of Rhode Island.

The salary is competitive, and the benefits are outstanding. The appointment will begin July 9, 2006. The University of Rhode Island is an AA/EEO employer and values diversity. URI is also an NSF ADVANCE institutional transformation university, working to advance the careers of women faculty, especially in the science and engineering disciplines.

Applications will be reviewed beginning January 9, 2006, and the process will continue until the position is filled. If interested, please submit (no e-mails or faxes, please) a letter of application, curriculum vitae, and three letters of reference to:

Marilyn M. Barbour, PharmD
Professor of Pharmacy and
Chair, Search Committee
(Req#ACCP011248)
Box G
University of Rhode Island
Kingston RI 02881
Telephone: (401) 874-2734
E-mail: MbarbourRI@aol.com

Chair, Department of Pharmacy Practice

Chair, Department of Pharmaceutical Sciences Doctor of Pharmacy Program Northeastern Ohio Universities College of Medicine

Applications are invited for the positions of Chair, Department of Pharmacy Practice, and Chair, Department of Pharmaceutical Sciences, for the planned doctor of pharmacy program at Northeastern Ohio Universities College of Medicine (NEOUCOM). The Chairs will provide leadership for their respective departments with a direct reporting line to the dean. Applicants must have a strong commitment to interdisciplinary education. The new college presents unique opportunities for developing the interprofessional education of future pharmacists and physicians and plans to enroll its first pharmacy class in fall 2007.

The College seeks candidates with track records of successful scholarship, teaching, and service. Previous administrative experience is preferred, but not required. Department chairs will work with pharmacy leadership to develop an innovative doctor of pharmacy program in close collaboration with medicine colleagues, consortium universities, and clinical sites. The successful candidates will hold a Pharm.D. degree and/or a Ph.D. degree in the pharmaceutical sciences. Candidates will be expected to have a background in pharmacy education and research with preference given to those who have experience developing innovative and interdisciplinary education. Excellent communication skills as well as a passion for pharmacy education are critical attributes.

The pharmacy practice chair will lead a department that will have 17 faculty members. The chair will work with the administrative team to implement a pharmacy practice plan, establish and develop experiential education sites, and provide mentoring to foster growth and development of departmental faculty. The chair will work with affiliate experiential sites for creative solutions in meeting practice needs of department faculty while supporting the patient care initiatives of the health-system or community pharmacy. The chair will work collaboratively with basic science and clinical departments to facilitate scholarship and interdisciplinary interactions. A competitive start-up package will be made available to the chair and also for departmental faculty.

The pharmaceutical sciences chair will lead a department that will have 12 faculty members. The chair will work with the administrative team, including the vice-president for research, to facilitate scholarship among departmental faculty. Additionally, the chair will work with the Director of Graduate Studies to recruit pharmaceutical sciences students for the graduate program, which is administered in association with Kent State University or the University of Akron. Mentoring departmental faculty to facilitate their growth and development will be a key aspect of the position, as well as working with other basic science and clinical departments to facilitate scholarship and interdisciplinary relations. Laboratory space and a competitive start-up package are available to the chair and departmental faculty.

Review of applications will begin immediately. Applications received by January 15, 2006, will be fully considered. The positions will be available July 1, 2006. Candidates should submit a letter of application, a current curriculum vitae, and a list of at least five references to:

David D. Allen, R.Ph., Ph.D., FASHP
Professor and Dean
c/o Maria Pizer
Assistant to the Dean
Northeastern Ohio Universities College of Medicine,
4209 State Route 44
P.O. Box 95
Rootstown OH 44272-0095
or by E-mail to: mpizer@neoucom.edu

The College's dedication to excellence is complemented by its profound commitment to building and sustaining a culturally diverse academic community. Individuals from historically underrepresented groups are encouraged to apply. NEOUCOM is an equal opportunity employer and educator.

Executive Associate Dean

Doctor of Pharmacy Program Northeastern Ohio Universities College of Medicine

Applications are invited for the position of Executive Associate Dean of the planned doctor of pharmacy program at Northeastern Ohio Universities College of Medicine (NEOUCOM). The Executive Associate Dean will provide leadership in the areas of academic and professional affairs for the doctor of pharmacy program with a direct reporting line to the dean. The Executive Associate Dean must have a strong commitment to interdisciplinary education. The new college presents unique opportunities for developing the interprofessional education of future pharmacists and physicians and plans to enroll its first pharmacy class in fall 2007.

The College seeks candidates with a track record of successful administrative experience to work with pharmacy leadership to develop an innovative doctor of pharmacy program in close collaboration with medicine colleagues, consortium universities, and clinical sites. The successful candidate should hold a Pharm.D. degree or a Ph.D. degree in the pharmaceutical sciences. The candidate should also have a strong record of scholarship, teaching, and service. Candidates will be expected to have a background in pharmacy education and research, with preference given to those who have experience developing innovative and interdisciplinary education. Excellent communication skills as well as a passion for pharmacy education are critical attributes.

NEOUCOM is a community-based, public medical school offering a combined B.S./M.D. program with its consortium partners, the University of Akron, Kent State University, and Youngstown State University, as well as participating in graduate science education with Kent State University and Masters of Public Health education through the Consortium of Eastern Ohio Universities. With its basic science research infrastructure and community health science campus in Rootstown, Ohio, NEOUCOM partners with eight major teaching hospitals and two health departments for clinical education. These relationships are expected to provide a significant foundation for components of the new interdisciplinary program in pharmacy.

Northeastern Ohio is considered an outstanding place in which to live and offers a wide variety of amenities. The region is known for stellar health care, beautiful areas of recreation, a strong commitment to cultural activities, superb educational opportunities, and a rich history. The College is located in a scenic rural setting on 55 wooded acres in Rootstown, but offers the opportunity to live in this rural area, the major metropolitan city of Cleveland (the suburbs of which are only 30 minutes away), or the mid-sized cities of Akron or Canton (15 or 35 minutes away, respectively). In addition, professional sports teams, the Rock and Roll Hall of Fame, Lake Erie, and myriad cultural, entertainment and intellectual offerings all complement this tremendous family environment.

Review of applications will begin immediately. Applications received by December 15, 2005, will be fully considered. Candidates should submit a letter of application, including a statement of administrative philosophy, a current curriculum vitae, and a list of at least five references to:

David D. Allen, R.Ph., Ph.D., FASHP
Professor and Dean
c/o Maria Pizer
Assistant to the Dean
Northeastern Ohio Universities College of Pharmacy
4209 State Route 44
P.O. Box 95
Rootstown OH 44272-0095
or by E-mail to: mpizer@neuocom.edu

The College's dedication to excellence is complemented by its profound commitment to building and sustaining a culturally diverse academic community. Individuals from historically underrepresented groups are encouraged to apply. NEOUCOM is an equal opportunity employer and educator.