

ACCP Report

American College of Clinical Pharmacy

Mary T. Roth, Pharm.D., M.H.S., FCCP; Editor
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Curricular Programming Offered at 2008 Spring Forum

Explore the hottest topics in pharmacy at the 2008 Spring Practice and Research Forum and Updates in Therapeutics: The Pharmacotherapy Preparatory Course. Held April 5–9 in downtown Phoenix, Arizona, ACCP's Spring meeting agenda offers the best of both worlds—the acclaimed Pharmacotherapy Preparatory Course programs and the Spring Forum programs—for one economical registration fee.

The 2008 Spring Forum programming features four curricular tracks—each designed to delve deeply into its respective subject area. This year's curricular tracks are:

- Curricular Track 1—Transferring Evidence from Research into Practice.
- Curricular Track 2—Tools to Become More Effective in Scholarly Activity.
- Curricular Track 3—Hot Topics in Practice Management.
- Curricular Track 4—Engaging Students in Research and Advocacy.

Beginning Monday morning, Curricular Track 1 will examine the various facets of translational research. Included in the discussions will be genetic polymorphisms in general and also specific examples, such as warfarin and the VKOR1 and CYP2C9 story. Clinician-researchers continue to contribute to this area of research, bringing synergy between the bench and clinic, including how some drug interactions can now be predicted and prevented. Monday afternoon's session explores pharmacogenomics from the basics to how pharmacogenomics is contributing to changes in clinical medicine. Examples of research that is now being applied in clinical practice and new applications that will be developed in the near future will be discussed. On Tuesday afternoon, this curricular track ends with a workshop on the practical issues associated with pharmacogenomic research. A panel of pharmacogenomics research faculty will engage participants in discussions of this timely subject.

Curricular Track 2 offers attendees a practical focus on pursuing scholarship. Tuesday morning's faculty will present strategies for turning a poster or residency project into a publication and realistic timelines to help participants manage the publication process. Examples of recently published projects will be examined, as well as barriers associated with reaching publication. Components of successful case reports, review articles, editorials, and letters will also be discussed,

and potential journals to consider for submission of one's work will be identified. Tuesday afternoon's workshop on writing scientifically will include an introduction on medical writing style and interactive discussion groups on writing original research and review articles.

Curricular Track 3 begins Monday morning with a look at determining the value of clinical pharmacy interventions and services within various health care settings. Hospital faculty practicing in critical care and acute care, as well as faculty in managed care and ambulatory care settings, will present specific examples. Participants will learn a variety of pharmacist roles in achieving cost containment and cost avoidance and the overall value of the pharmacist in his/her respective practice setting. Tuesday morning's session examines another hot issue in pharmacy practice today—recruitment and retention. How do you get the message out and recruit the pharmacists you need? Effective recruiting methods will be presented, including how to communicate your message effectively, together with successful strategies for retaining staff once you have them on board.

Curricular Track 4 begins Monday afternoon with a session focused on involving students in pharmacotherapy research. Discussions will include how to mentor students and foster the incorporation of research into their future practices. Faculty will debate the pros and cons of establishing curricular requirements for student research and how pharmacy student research can be successfully integrated into clinical faculty practices. Monday afternoon's second session looks at involving students in the political advocacy process. Faculty will propose opportunities for pharmacists and pharmacy students to engage collaboratively in the legislative process, highlighting the potential professional benefits of getting involved in the advocacy process. Techniques for teaching political advocacy in the classroom and increasing student involvement through professional organizations will be discussed. In addition, examples of how student involvement can drive change in the profession will be shared.

These four curricular tracks are designed to offer attendees a breadth of topics and interactive sessions in which to participate. Take advantage of the entire Spring Forum/Preparatory Course programming and networking opportunities Saturday through Wednesday. Remember, both the Pharmacotherapy Preparatory Course sessions and premeeting symposia begin on Saturday this year. To view the detailed meeting schedule online, visit www.accp.com/meetings/sf08/meetingSchedule.php. Register by February 22 for maximum savings!

Remember the ACCP Research Institute in Your Holiday Giving!

Like most people, you probably receive a lot of requests

for support from charitable organizations during this time of year. Please include the Frontiers Fund and ACCP Research Institute in your 2007 plans.

Whether you use the outcomes of others' research as an evidence-based practitioner or are personally involved in conducting research, your investment in the Frontiers Fund translates directly into improved patient care and expanded pharmacy practice. By working together through the Frontiers Fund, ACCP members are able to support:

- health services research that assesses the impact of clinical pharmacy practice;
- clinical and translational research in areas of previously unmet needs; and
- the career development of clinical pharmacy investigators.

Your help is needed now, as the donations made in 2007 will support new initiatives to be funded in 2008. No gift is too small! Every gift is important every year—\$50, \$100, \$250, \$500, or more. It's easy to download a contribution card (accp.com/frontiers/payform.pdf) or donate online (accp.com/frontiers/donate.php). Please join your fellow ACCP members who have already provided their support to this critical initiative.

And remember! American Express® Cardmembers enrolled in the AMEX Membership Rewards program can earn double Membership Rewards points when they donate to the **ACCP Frontiers Fund** online by December 31 through the GivingExpressSM program from American Express (amex.justgive.org/nonprofits/donate.jsp?ein=43-1717075).

Terms and Conditions (per American Express)

This bonus point promotion is only available when you make a donation with your American Express Card on the American Express Donation Site, <http://americanexpress.com/give>, between October 1, 2007, and December 31, 2007. To be eligible to earn bonus points, you must be enrolled in the Membership Rewards program at the time of the donation and must charge your purchase on an eligible, enrolled American Express Card. Terms and conditions of the Membership Rewards program apply. For more information, visit <http://americanexpress.com/rewards> or call 1-800-AXP-EARN (297-3276). Donations of Membership Rewards points are not tax-deductible. Bonus points will be credited to your Membership Rewards account within 6–8 weeks after charges appear on your billing statement. The maximum number of points you can earn during this promotion is 25,000. Bonus ID 0731.

Please note: American Express will deduct a transaction fee of 2.25% from your donation to cover processing costs. The charities will receive your donation amount, minus the 2.25% American Express processing fee, from our partner JustGive. This transaction fee is similar to or less than the processing fee the charity would pay if you were to charge your donation with your American Express Card through any other means (i.e., over the telephone to the charity, through the charity's Web site, etc.). You will not be charged any additional fees for using the American Express Donation Site, and the full amount of your donation is 100% tax-deductible.

Nominations Invited for the Prestigious 2008 Parker Medal

Letters of nomination are invited for the 2008 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 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 the development of decentralized pharmacy services placing pharmacists in the hospital's clinical areas, as well as the 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.

Nominations should be submitted online via the ACCP Nominations Portal at www.accp.com/ClinNet/nomMenu.php. **All nominations must be submitted by February 15, 2008**, and must include the nominee's curriculum vitae, resumé, 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 must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Parker Award Committee, or ACCP staff are ineligible for nomination. More information describing the award and the selection criteria is available at www.accp.com/ClinNet/nomMenu.php.

ACCP Research Institute NEW Focused Investigator Training (F.I.T.) Program

Application Packet Now Available

The first annual *ACCP Focused Investigator Training (F.I.T.) Program*, hosted by the University of Utah College of Pharmacy, will be held July 12–18, 2008. Up to 25 investigators will be selected based on a draft grant proposal and the potential the proposal has for successfully securing extramural funding.

For more information on the F.I.T. Program, please visit the ACCP Research Institute's Web site at <http://www.accp.com/ri/fit/index.php>. Download program materials and an application packet today! Applications will be accepted electronically beginning January 1, 2008.

Washington Report

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



“Behind-the-Counter” Medications: Initial Comments and the Need for Much More Discussion

The relatively “low-profile” announcements in March 2007 by U.S. Food and Drug Administration (FDA) administrator Andrew Von Eschenbach and other senior FDA staff that the agency would begin to explore “behind-the-counter availability” in pharmacies of some prescription-only medications became reality on November 14, with a public meeting convened by the agency in Washington, DC. More than 30 groups and individuals, including ACCP, presented oral testimony before key members of the agency’s senior policy staff. FDA had identified a range of policy and other issues about which it had questions in the October 4 *Federal Register* notice announcing the public meeting (<http://www.fda.gov/OHRMS/DOCKETS/98fr/07n-0356-nm00001.pdf>).

ACCP’s comments to the agency, which follow, were developed by the ACCP staff and approved by the Board of Regents after discussion at its October meeting in Denver. The comments are based on general principles derived from the core values and major advocacy objectives of the College. This approach was taken because of the short time frame for developing comments and because the College does not currently have an official position statement on the issue of a “third class,” “transition class,” or “behind-the-counter class” of medications. As can be seen from the range of questions

raised in the *Federal Register* notice, issues of policy, health economics, practice regulation, and patient safety are among the more obvious factors that will need to be addressed should the concept of authorizing the availability of certain prescription medications through pharmacists without a prescription order from a prescriber become reality. ACCP noted that the initial public hearing would likely be just the start of an extended policy dialogue on this topic, because of both its complexity and political sensitivity.

Other, less obvious issues also arise as the concept is more deeply explored. For example, to what extent would such a system present or appear to present a conflict of interest for pharmacists who would be in position both to “prescribe” and “dispense” this category of medications? How, if at all, might this differ from the situation of pharmacists recommending non-prescription medications? How, if at all, might this differ from pharmacy’s historical opposition to the physicians’ dispensing/sales of medications in their practice settings? Can/should economic firewalls be created to address such conflicts? What are the practice implications for clinical pharmacists who practice in settings other than pharmacies where such medications would likely not be available?

The ACCP Board of Regents and staff members will be continuing the discussion of the issues surrounding this challenging policy question at the Board of Regents’ February 2008 meeting and the Board is very interested in the views and concerns of ACCP members as the development of a formal position statement on the issue is contemplated. **Members are encouraged to send their comments to Ed Webb, ACCP’s Director of Government and Professional Affairs (ewebb@accp.com) no later than January 25, 2008.**

The following is the text of ACCP’s letter to the FDA:

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November 14, 2007

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Docket Reference: 2007N-0356 – Behind the Counter Availability of Certain Drugs

Dear Sir or Madam:

The American College of Clinical Pharmacy (ACCP) supports the availability of certain medications without a prescription following consultation with and appropriate patient assessment and education by a pharmacist.

ACCP appreciates the opportunity to comment on several of the issues relevant to the topic of “behind-the-counter (BTC) availability” of certain medications as outlined by the Food and Drug Administration (FDA) in its October 4, 2007, request for comments. We believe that improvements in both overall public health and enhanced patient-specific

medication use outcomes and quality of life would result from the greater availability of appropriate medications through the establishment of a system of availability without a prescription **when linked with the clinical care and supervision of a pharmacist.**

ACCP is a national professional and scientific society representing almost 10,000 clinical pharmacist practitioners, researchers, and educators. Our members have been among the profession's leaders for almost three decades in developing and providing clinical pharmacy services, consultation, cutting-edge clinical research, and educational programs that improve the quality of medication use in the broad range of health care settings in which they practice.

ACCP commends the FDA for exploring this issue as a means to improve public health and facilitate greater access to medications that can improve patients' health and quality of life. Studies in both community and institutional settings have demonstrated that pharmacists can positively influence safe and effective medication use and outcomes when they are actively involved in direct patient care¹.

One of the most successful and frequently cited examples in the U.S. is commonly known as the "Asheville Project"². In this community-based program, which has been ongoing for almost a decade, pharmacists' clinical services and interventions, in collaboration with other health care providers, substantially improved clinical, economic, and humanistic outcomes in patients with diabetes, asthma, and lipid disorders.

We believe it is obvious, but nevertheless quite important to emphasize, that the benefit to patients and the health care system of implementing such an approach will derive not from the segregation of the medication within a facility ("behind the counter") nor from a minimalist expectation of the pharmacist as the 'gatekeeper' of products, as seen with the recent approaches at both the federal and state levels with emergency contraception and pseudoephedrine access restrictions. Rather, the value will be achieved from an expectation of and policy support for active patient-centered interaction between pharmacists and consumers to enhance their understanding and use of such medications. Evidence from other countries that utilize "pharmacist-only" systems for access to certain medications suggests that these benefits are substantial and are valued by consumers.³

Therefore ACCP urges the FDA in subsequent notices and rule-making activities to use the term "**pharmacist-supervised medications**" or similar terminology to describe the framework being considered by the agency. We believe this terminology would also encourage patients and consumers to seek the clinical guidance and expertise of pharmacists for other health, wellness, and disease prevention needs.

Of the 25 issues and questions raised in the October 4 notice, ACCP is specifically addressing four key areas at this time. Because we anticipate the policy discussion on this important topic to continue to unfold in the months ahead, we will continue to provide our perspective and positions as that discussion proceeds on the full range of issues that have been identified and that likely still remain to be identified as a result of the initial public hearing.

These key areas are:

- Criteria for medication availability
- Documentation and medication record issues
- Professional services and payment
- Patient safety and pharmacovigilance

Criteria for Medication Availability

The criteria that should be utilized to identify medications available as "pharmacist-supervised medications" should strike a logical and appropriate balance between the existing criteria that guide the categorization of either prescription-only or non-prescription medications in the existing regulatory framework. A key element of that balance is that the medication can be more appropriately and safely used by patients or consumers with the active involvement, support, and services of a pharmacist than without. Such a determination should be based on sound clinical evidence and information, and supported by the input of health professionals, consumers, policy analysts, and pharmaceutical companies. Existing methods to identify such medications, such as a citizen's petition, may also be appropriate to consider.

ACCP supports what it interprets to be the perspective of FDA, based on introductory comments in the October 4 notice, that these medications would usually be medications that require a prescription but which could be made available

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1. Schumock, G.T., et. al. Evidence of the economic value of clinical pharmacy services. *Pharmacotherapy* 2003; 23(1):113-132.
 2. The Asheville Project: Long-Term Clinical, Humanistic, and Economic Outcomes of a Community-Based Medication Therapy Management Program for Asthma. http://www.aphafoundation.org/searchable_files/filemanager/JAPhA%5FAsthma%20Article.pdf.
 3. Gilbert, A. et.al. A review of pharmaceutical scheduling processes in six countries and the effect on consumer access to medicines. *International Journal of Pharmacy Practice* 2006; 14:95-104.

without a prescription with the appropriate intervention and services of a pharmacist. In addition, ACCP recommends that the following criteria be considered in the determination of availability under the supervision of a pharmacist:

- The medication is used for the treatment of a disease or condition that can be accurately detected and monitored by the patient, caregiver, pharmacist, or other care providers;
- The medication has a demonstrated and highly positive benefit to risk profile;
- The medication has undergone appropriate clinical testing and sufficient post-marketing surveillance as a prescription medication to have identified the true rate of occurrence of serious adverse effects;
- Evidence of effectiveness (or ineffectiveness) of the treatment should be able to be assessed by the patient and/or pharmacist during monitoring and follow up of therapy;
- Any laboratory or other tests needed to effectively monitor the patient's disease and/or therapeutic response should be available to or able to be performed by the pharmacist;
- Evidence exists to demonstrate that availability of the medication only by prescription unnecessarily restricts access to the medication due to economic or sociologic barriers.

With time and experience, additional criteria that address pharmaco-economic and pharmaco-epidemiologic issues could be developed to enhance the effectiveness and efficiency of such an approach.

Documentation and Medication Record Issues

The successful implementation of a system of “pharmacist-supervised medications” must include a requirement for consistent and accurate documentation of both the pharmacist-patient clinical encounter and a record of the dispensing of the medication to the patient. In that regard, the documentation procedures for dispensing of a “pharmacist-supervised medication” should generally be of the same order of rigor as a prescription-only medication. Adaptation of existing medication profile systems to include documentation of the dispensed medication itself should be relatively straightforward, requiring only minor adaptation of a few selected data elements (e.g., the authorized prescriber, the numbering or tracking system, etc.) to accurately document the transfer of the medication to the patient.

Documentation of the clinical encounter should generally meet established standards for health care provider services. For example, concise notations in the patient's medication record that document the subjective and objective data, the assessment of the patient, and suggested plan of care (i.e., SOAP notes) relative to the “pharmacist-supervised medication” should be consistently recorded and retrievable to facilitate follow-up and or referral activities that may be required.

Such an approach is essential to adequately serve patients and to derive maximum benefit from such a system of expanded access. The procedures currently employed for the very limited number of existing products that are sometimes characterized as “behind the counter”, such as emergency contraception and pseudoephedrine, require only proof of age from a government-issued photo ID. ACCP believes this technique is clearly insufficient for a system of “pharmacist-supervised medications.”

As experience is gained, efforts should be directed toward the development of a standardized electronic system that is effectively integrated with the patient's prescription medication profile and that is available to other health care providers whom the patient wishes to grant access. Such a system could also facilitate more effective medication reconciliation processes as patients move from one setting of care to another, and can more readily support the detection of adverse reactions, interactions, and over- or under-utilization of medications at both the patient and population level.

Professional Services and Payment

The professional services of pharmacists that should accompany the provision of a “pharmacist-supervised medication” would generally include all of the activities described in the October 4 notice, including patient assessment and interview, laboratory test review and/or performance, patient counseling and education concerning the medication and any associated devices necessary for its proper use, monitoring and follow up activities to determine therapeutic success, and, when appropriate, communication with the patient's other primary care providers. The nature and intensity of the services required by patients will inevitably vary based on their overall health status, age, and utilization of other medications, to name only three variables. Service intensity also may vary because of the particular medication being considered for use.

ACCP believes that the professional services that would accompany the provision of a “pharmacist-supervised medication” are just that – professional services. What we envision, and what the health care system should expect with this approach, is a pharmacist-patient clinical encounter rather than a “policed” commercial transaction.

Therefore, these services are clearly appropriate for payment by patients and public and private payers of health care services. The recent approval of permanent Category I Current Procedural Terminology (CPT) codes by the AMA CPT Editorial Panel for pharmacists' face-to-face medication therapy management services (CPT codes 99605, 99606, and 99607) provide a standardized and HIPAA-compliant framework for billing and documentation of these services.

Patient Safety and Pharmacovigilance

Any decision to develop and implement a system of "pharmacist-supervised medications" must have as a central tenet a firm commitment to patient safety and enhanced and targeted pharmacovigilance activities that support examination of both the positive and negative clinical outcomes associated with the use of these medications.

In order to effectively monitor, research, evaluate, and document the nature and extent of adverse drug reactions associated with such medications, the MedWatch program, the FDA's Safety Information and Adverse Event Reporting Program, should be both expanded and adapted to support more structured pharmacovigilance of medications that might be available through such a system. ACCP urges the utilization of this mechanism not only for voluntary reporting of adverse drug reactions but also as a valuable source of data and information to investigate the association between exposure and clinical outcomes from the use of such medications in patients. Through this mechanism, better data and understanding of the true safety and efficacy of a system of "pharmacist-supervised medications" could be more readily demonstrated.

Finally, pharmacists should be fully and actively involved in regulatory and advisory panels that may direct the development, implementation and ongoing operation of a system of "pharmacist-supervised medications." Their knowledge, perspective, and experience as the providers most affected by such a system will be essential to its success.

In summary, ACCP believes that the creation of a system of "pharmacist-supervised medications" can result in enhanced access to medications and can promote better patient care and improved medication use outcomes for the American public. Pharmacists are uniquely educated health professionals, possessing the clinical skills and competencies necessary to assist patients in the more effective use of all types of medications. Key issues that should be addressed include the following:

- The term "pharmacist-supervised medications" or similar terminology should be used to more accurately describe the approach being contemplated and to demonstrate the expectation that the system supports effective pharmacist-patient interaction and clinical services to enhance safer and more effective medication use;
- Appropriate criteria for identification of medications to be included in a system of pharmacist-supervised medications must be utilized;
- Accurate and complete documentation of the professional services and intervention provided by the pharmacist, together with a dispensing record that is integrated with the other prescription medication records of the patient, must be assured;
- The scope of professional services should be appropriate to the needs of the patient receiving care, and payment for those services should be an expectation of patients and third party payers;
- A system of "pharmacist-supervised medications" must have as a basic premise a firm commitment to patient safety and enhanced pharmacovigilance activities.

ACCP and its members are committed to working closely with FDA and other stakeholders to examine the feasibility, structure, processes, and desired outcomes of a system of "pharmacist-supervised medications." We believe that such a system holds great promise for enhanced access to and improved outcomes from the use of medications.

Sincerely,



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



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

**The Ohio State University
College of Pharmacy
Latiolais Leadership Program**

*ACCP members receive reduced registration rates!
Register by December 31st. Classes begin February 1, 2008.*

Health-System Pharmacy Leadership Gap

ACCP is partnering with The Ohio State University College of Pharmacy Latiolais Leadership Program to focus on the leadership gap that is facing health-system pharmacy. Many health-system leaders and pharmacy organizations have warned of a current and increasing leadership gap.

In her 2006 Harvey A. K. Whitney Lecture, Sara J. White said:

“Recent survey data indicate that in the next decade, we will need 4000–5000 new directors of pharmacy and middle managers, primarily because current leaders will be retiring. These numbers do not take into account the expected expansion of health care needs as the baby boomers age. These same survey data indicate that only 44% of the pharmacy directors who will be leaving their position have a staff member they would recommend to replace their position when they leave.”

Roadblocks to aspiring leaders

- Lack of leadership classes in undergraduate and professional programs
- Lack of necessary mentorship
- Lack of time and resources required to earn a Master’s degree
- Lack of succession planning in many pharmacy departments
- Need to give up clinical practice
- Lack of a national leadership program that is readily available to all practitioners

Advantages to a distance-learning program

- Less time commitment than campus-based programs
- Class work can be scheduled around personal and professional commitments
- Readily available to all practitioners
- Geographic flexibility
- Access to outstanding faculty

The Ohio State University College of Pharmacy Latiolais Leadership Distance Learning Program

The Latiolais Leadership Program is a 6-month, distance-learning, certificate/CE program offered through The Ohio State University College of Pharmacy and the Fisher College of Business. Students learn through a combination of self-assessment, assigned self-study, interactive discussion, asynchronous discussion including questions and assignments/projects, and final examination to measure competencies. The faculty is composed of College of Business professors and graduates of The Ohio State University combined MS/residency in hospital pharmacy.

The **Essence of Leadership** course consists of six classes, each of which is to be completed over a 1-month period.

- **Becoming a Leader**
- **Leadership Communications and Self-Leadership**
- **Leading Change**
- **Using Networks, Power, and Influence as a Leader**
- **Developing Leaders**
- **Pharmaceutical Leadership: The Latiolais Leadership Legacy**

The goals of the program are to:

- Provide a distance-learning program for the professional development of pharmacy leaders to address the leadership gap.
- Equip future pharmacy leaders with the knowledge, attitudes, and skills required for successful leadership, especially leaders in health-system pharmacy.

Participants will demonstrate improvement in pharmacy leadership skills, communication skills, time management and organization, change management, negotiation skills, organizational politics and networking, mentorship, conflict management, and use of innovation and a belief in excellence to improve the medication use process.

Comments from the First Class who enrolled in the Essence of Leadership distance-learning course

Would you recommend this class to a colleague?

- Absolutely! The concepts are easy to learn and are crucial to the outside world.
- I am already recommending this program to my colleagues.
- Yes, especially to someone new to management.
- Yes. This module, like the last, provides practical lessons to improve one's course through life.
- Absolutely. I applied what I was learning and immediately saw positive results.
- Yes! The technology is easy to use and the discussions are great.
- Yes. I wish that some of my staff could further develop the skills taught in this class as well.
- Yes, it provides a different perspective.
- Yes—varied perspectives from other students across the U.S. and the pharmacy demographic.
- Yes, it will facilitate needed reflection now instead of later.
- Yes, it gave me the chance to look at my leadership style in a new way.
- Yes. I think that this course is teaching me the “intangibles” of management. It's a great time for evaluation and reflection, and most of us don't make enough time for that!
- I would recommend this program to a professional colleague who has no training in management (MBA, business background, etc.).

The Ohio State University College of Pharmacy Online Certificate Program is approved by the Accreditation Council for Pharmacy Education. Additional program details can be found at: <http://www.latiolais.org>

The next course is scheduled to start February 1, 2008. The deadline for registration is December 31, 2007. ACCP members receive reduced registration rates! For more information, contact:

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Apply Online Now for a 2008 Spring Forum Student Travel Award

Have you thought about attending an ACCP meeting, but have limited financial resources available to cover your travel and registration costs? ACCP and its members want to help!

The Student Travel Award enables students to attend ACCP meetings by awarding travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the Spring Practice and Research Forum in Phoenix, April 5–9, 2008.

How to Apply

Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for the awards. Applicants are asked to submit a completed application, a curriculum vitae or resumé, two letters of reference, and a one-page essay. All application materials should be submitted online to the ACCP StuNet Awards Portal at <http://www.accp.com/stunet/stuMenu.php>.

What Students Can Expect at the Meeting

In addition to experiencing the sights and southwestern culture/cuisine of Phoenix, student attendees of the 2008

ACCP Spring Practice and Research Forum and Updates in Therapeutics: The Pharmacotherapy Preparatory Course can look forward to a special premeeting symposium entitled “The Professional and Personal Rewards Associated with Research: Why It's Worth a Closer Look.”

An ACCP national meeting is the ultimate clinical pharmacy networking forum. Meet with fellow student pharmacists at the Newcomers Reception. Interact with leaders in a variety of clinical pharmacy specialties at the ACCP Practice and Research Networks' (PRNs) Focus Sessions and Networking Forums.

Learn directly from pharmacotherapy experts in their fields, and take home information you can use on your clinical rotations by attending the acclaimed Updates in Therapeutics: The Pharmacotherapy Preparatory Course. Be sure to attend the poster sessions that feature a broad scope of pharmacotherapy research, including submissions by fellow student members.

For more information on the Student Travel Award, contact Jon Poynter at jpoynter@accp.com or (913) 492-3311, ext. 21.

Research Institute Welcomes Fagan as Board of Trustees Chair

New Trustees Cleary and Dowling Also Join Board

Susan C. Fagan, Pharm.D., FCCP, BCPS, of the University of Georgia, was recently elected Chair of the Board of Trustees (BOT). Dr. Fagan assumes the Chair position on January 1, 2008, replacing 2006–2007 Chair Michael D. Reed, Pharm.D., FCCP, whose term on the Board ends December 31. Other BOT members completing their terms are Fred Eshelman, Pharm.D., and Jane Osterhaus, M.S., Ph.D., FCCP.

Joining the BOT this January 2008 are John Cleary, Pharm.D., FCCP, BCPS, and Thomas Dowling, Pharm.D., Ph.D. Drs. Cleary and Dowling will each serve through 2010.

Dr. Fagan stated, “Clinical pharmacy practice is built on a foundation of research, and the mission of ACCP has always included a major emphasis on the science basis of practice.” Dr. Fagan and other Board of Trustee members are committed to meeting the research and scholarship needs of ACCP members. In a recent communication, Dr. Fagan wrote, “In a strategic planning initiative, we heard from members that more structured training and mentoring are needed to help them grow as researchers. The Research Institute has responded by creating two new programs for 2008: the Research and Scholarship Development ACCP Academy Certificate Program and the Focused Investigator Training (F.I.T.) Program. We look forward to continuing to meet our members’ needs and promoting clinical pharmacy science through innovative and effective programs.”



Call for FCCP, Parker Award, and Spring Award Nominations:

Submit by February 15

Nominations for the 2008 Parker Medal, 2008 ACCP Fellows (FCCP), and 2009 Spring Awards (New Investigator, New Educator, and New Clinical Practitioner) are due soon. All nomination materials, including letters, vitae or resumés, and other supporting documents, should be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award. This portal is available at <http://www.accp.com/ClinNet/nomMenu.php>.

The nomination deadline for each of the awards below is February 15, 2008; additional information regarding award criteria may be obtained from ACCP headquarters.

2008 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 may be nominated by any two Full Members, other than the nominee, or by any Fellow. Current members of the Board of Regents

and the Credentials: FCCP Committee are ineligible for consideration.

2008 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 include the nominee’s curriculum vitae, resumé, 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 letter of support must be from an individual outside the nominee’s current practice locale. Current members of the Board of Regents, Selection Committee, or ACCP staff are ineligible.

2009 New Clinical Practitioner Award: This award will be given at the 2009 International Congress on Clinical Pharmacy, April 2009, in Orlando, FL. Its purpose is to recognize and honor a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCP”) are not eligible. All nominations must include a letter of nomination detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2008.**

2009 New Educator Award: This award will be given at the 2009 International Congress on Clinical Pharmacy, April 2009, in Orlando, FL. Its purpose is to recognize and honor a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCP”) are not eligible. 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 may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2008.**

2009 New Investigator Award: This award will be given at the 2009 International Congress on Clinical Pharmacy, April 2009, in Orlando, FL. Its purpose is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science.

Nominees must have been members of ACCP for more than 3 years; must have completed their terminal training or degree, whichever is most recent less than 6 years earlier; and must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication. Fellows of ACCP (i.e., "FCCP") are not eligible. 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 may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2008.**

Pharmacotherapy Pearls

Annual Acknowledgment of Academic Reviewers

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

The peer review process is, indeed, the cornerstone of all quality scientific literature. We deeply respect and appreciate the amount of time and expertise that is required to perform a high-quality review. Each year in the December issue of *Pharmacotherapy*, it is our sincere pleasure to acknowledge the significant contribution of time and expertise of our academic reviewers.

The editors and editorial board of *Pharmacotherapy* wish to extend their sincere thanks to the following professionals who have served in the invaluable capacity as academic reviewers of manuscripts whose reviews were completed between October 1, 2006, and October 1, 2007:

Sergio Abanades	Kevin Anger
Jackob Abarca	Christina L. Aquilante
Stacey Abby	Tami R. Argo
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Ed Acosta	Lori Arnold
Christopher D. Adams	Susan Arnold
Jeffrey R. Aeschlimann	Paul Arpino
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D. Elaine Albright	James Backes
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George P. Allen	Albert Bajjoka
Lisa Allen	Iman Bajjoka
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Rita Alloway	Gary Baker
Yousef Alomi	William Baker
Pedro Amariles	Sandra Baldinger
Mary Amato	Amanda Ball
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Jarrett R. Amsden	Gerard Barber
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Marianne Billeter	Mariann Churchwell
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Barry E. Bleske	Patrick G. Clay
KarenBeth Bohan	John D. Cleary
Steven C. Boike	Timothy Clifford
John Bon	Adam Cochrane
CAB Bond	Craig I. Coleman
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Bradley Boucher	Mark Cox
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John Carson	Paul Dobesh
Herve Caspard	Christine Domoncske
Jacintha Cauffield	Betty Dong
Michael Cawley	Murali Doraiswamy
Robert J. Cersosimo	Heather Draper
Raymond Cha	Sue Drea
Betty J. Chaffee	Linda Dresser

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Shareen El-Ibiary
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Patrick Finley
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Stephen M. Ford
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Maya Garala
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Laura N. Gerard
Tobias Gerhard
Anthony T. Gerlach
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Justin Geurink
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Patrick P. Gleason
Mark Glover
Debra Goff
Mark Gold
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Michael J. Gonyeau
Jessica L. Goren
Cheryl Grandinetti
Michelle Gravlin-Twitty
Niesha Griffith
Tina M. Grof
David R. P. Guay
Paul O. Gubbins
Jodie L. Guest
B. Joseph Guglielmo
Alexander B. Guirguis
Karen Gunning
Jeff J. Guo
Sally K. Guthrie
Curtis E. Haas

Krystal Haase
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Robert Haight
Stuart T. Haines
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Thomas G. Hall
Edward Hampton
Laura Hansen
Richard Hansen
Jennifer Hardman
Helen Hardy
Robert Hariman
Patty Havard
Dawn Havrda
Mary S. Hayney
Daniel Healy
Karen Heim-Duthoy
Leslie Hendeles
Charley Hepfinger
Jo Layne Herbel-Wyeth
Evelyn Hermes-DeSantis
Mary M. Hess
Gerald M. Higa
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Julie Hixson-Wallace
David S. Hoff
James M. Hoffman
Mark J. Hogan
Mark Holdsworth
Dorie Hoody
Alan Hopefl
Erica Horinek
Niambi Horton
Angela Hoth
Vanthida Huang
Joanna Hudson
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April Hurdle
Rob Hutchison
Lauren Hynicka
Brian Irons
Matthew K. Ito
Timothy Ives
Cynthia Jackevicius
Judith Jacobi
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Jeffrey Johnson
Melissa D. Johnson
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Shaun P. Keegan
Donald J. Kellerman
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Kim Kelly
Kristi Kelley
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Teresa B. Klepser
Olga Klibanov
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John Koerber
Pamela Koerner
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Jill Kolesar
Brian Kopp
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Suma Krishnan
Michael W. Kruse
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John Lavelle
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Gordon S. Sacks
Wendy St. Peter
Cynthia Sanoski
Michael Saracino
Joseph Saseen
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Jerry Schentag
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Kendra Schnelle
Lori L. Schoonover
Walter S. Schroeder
Amy H. Schwartz
Mike Schwartz
Terry Schwinghammer
James Scott
Charity D. Scripture
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Jack L. Segal
Marisel Segarra-Newnham
Charles Seifert
Timothy H. Self
Bill Semchuk
Catherine M. Sesing
Amy Seybert
Nancy L. Shapiro
Jeffrey T. Sherer
Michael Shetzline
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Marintha Short
Sarah Shrader
Scot Simpson
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Evan Sisson
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William J. Spruill
Nicole M. Stack
Zachary Stacy
Debra L. Stevens
James Stevenson
Natasa Stevkovic
Glen L. Stimmel
Gary Stoehr

Julie A. Stoner
Steven Stoner
Robert J. Straka
Jeffrey Stroup
Deborah Sturpe
Kimberly Summers
Mathew J. Summers
Joseph M. Swanson
Lynne Sylvia
Chris Tagliente
Robert L. Talbert
Vincent Tam
Maria Tanzi
Leigh Taylor
William Terneus
Chris M. Terpening
Christian J. Teter
Colby Thomas
Keith B. Thomasset
John F. Thompson
Leila M. Tibi
James E. Tisdale
Lynn Tonkovich-Quaranta
Kyle Townsend
Renee M. Trewyn
Curtis Triplitt
Jennifer Trofe
William G. Troutman
Jennifer Trujillo
Suzanne J. Tschida
Brian Tsuji
Michael Ujhelyi
Conte Umberto
Peter Underwood
David L. Van Brunt
Jason Vanlandingham
John Vetrano
Will Vincent
Olga Vlassova
Stacy A. Voils
David P. Volles
Sheryl F. Vondracek
Manoli Vourvahis
William Wade
Christine Walko
Suzanne Walton
Lily Wang
Ceressa T. Ward
Amelia Warner
Kristin Watson
Kathryn Weber
William Webster
Daniel P. Wermeling
Eric Whitaker
C. Michael White
Julie Whitehurst
Nathan Wiederhold
Barbara S. Wiggins
Patricia Wilkinson
Dennis M. Williams
Paul J. Williams
David Williamson
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Jerry Wilson

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Ann Wittkowsky
William Wolowich
Annie Wong-Beringer
Christopher Wood
Gary Yee
Rosa Yeh
Nina Yen
Benjamin Young
Victor Yu
Nancy S. Yunker
Margie Zak
Peter Zed
Christopher Zimmerman
Issam Zineh
Steve Zlotnick

**Healthcare Policy Fellow Position
Medical College of Virginia/Virginia Commonwealth University
American College of Clinical Pharmacy
American Society of Health-System Pharmacists**

Position Description — Postdoctoral Fellow Program:

Applications are now being accepted for the Pharmacy Healthcare Policy Fellow Program, an innovative collaboration of the School of Pharmacy at the Medical College of Virginia/Virginia Commonwealth University (MCV/VCU), the American College of Clinical Pharmacy, and the American Society of Health-System Pharmacists. This year-long Washington, DC-based program, which is described in detail at <http://www.pharmacy.vcu.edu/sub/prog/publicpolicy.aspx>, provides a unique health care policy learning experience that allows the Fellow to make practical contributions to the effective use of scientific and pharmaceutical knowledge in government decision making. The Fellow will be actively mentored during his/her development of legislative evaluation and policy development skills. He/she will also develop research and writing skills while integrating practical policy experience with theory. The Fellow will be expected to undertake a wide variety of responsibilities in a Congressional office, including researching and writing briefs on health care issues; assisting with policy decisions; drafting memoranda; and planning, organizing, and contributing to the management objectives of the office.

Practice or research specialty/focus of the position:

Health services policy development and research.

Required or desired credentials or experience of applicants: Candidates must hold a Pharm.D. degree and have completed at least 1 year of residency training or equivalent postdoctoral experience; or hold a Master's or Ph.D. degree in the health sciences. Preference will be given to individuals with demonstrated awareness/activities regarding political and social issues.

Stipend and support:

Stipend support will be \$50,000 for the 1-year experience; an allowance for moving expenses of up to \$2,000; an allowance for professional travel of \$1,500; and health insurance coverage provided through the MCV/VCU School of Pharmacy.

Application Process:

Online applications will be accepted until January 15, 2008. Guidelines for submission of applications are available at <http://www.pharmacy.vcu.edu/sub/prog/guidelines.aspx>. All letters of reference, together with a Candidate Statement and Conflict of Interest Disclosure Statement, must be received by January 31, 2008. Finalists will be interviewed in Washington, DC, in February 2008, and the successful candidate will be announced in March. Further information or questions should be addressed to:

**Gary R. Matzke, Pharm.D., FCCP, FCP
Program Director
Professor and Associate Dean for Clinical Research and Public Policy
MCV/VCU School of Pharmacy
Telephone: (804) 828-1388
E-mail: gmatzke@vcu.edu**

Research Institute Silent Auction and ACCP PRN Talent Show a Success!

The 2007 Annual Research Institute Silent and online auction held during the recent ACCP Annual Meeting in Denver was again a very successful event. For the first time, the auction offered an online opportunity for members to submit absentee ballots and to purchase items outright.

The event, hosted by Brad Boucher, Pharm.D., FCCP, featured the talents of many ACCP members. The evening included a piano and vocal duet from Gretchen Brummel and Krystal Haase. Lillian Ting and Mary Ensom combined efforts for a piano and violin duet, and Chuck Siefert and Mike Klepser entertained auction goers with vocal selections. ACCP's own Ed Webb played a piano solo. John Noviasky led a group of PRN members in a vocal rendition. At one point, Brad Boucher could be spotted two-steppin' with another



former ACCP President, Mary Beth O'Connell, as they danced to a trombone solo by Jeannette Altavela. Other auction goers were enlisted onstage for a

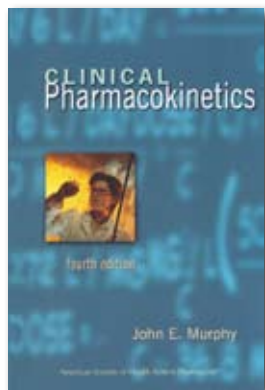
spontaneous line dancing event. Fun was had by all!

All proceeds from the Annual ACCP Silent Auction go to support the Research Institute's Frontiers Fund. Special thanks to all who donated to the auction, volunteered as event staff, and purchased auction items.

New Edition of *Clinical Pharmacokinetics* Added to ACCP Bookstore

When an understanding of a patient's probable or actual drug concentrations is required to achieve medication effectiveness and safety, many pharmacists reach for *Clinical Pharmacokinetics* by John E. Murphy, Pharm.D., FCCP, FASHP. This popular resource is a clinical reference on the key principles of pharmacokinetics and their applications in drug therapy.

The latest edition of *Clinical Pharmacokinetics*, 4th Edition, was released on December 1.



Expanded and updated by a team of authors representing a broad range of pharmacy practice, this new edition features:

- A listing of commonly used pharmacokinetic equations.
- Dosing for pediatric and geriatric patients, overweight and obese patients, and considerations for neonates.
- Creatinine clearance estimation and dosing concepts in renal dysfunction.
- Tables on international and traditional units for drug and laboratory tests.
- Specific chapters on anti-infectives, neurologic agents, cardiovascular drugs, and anticoagulants.

Individual chapter topics include the rational use of drug concentration measurements, aminoglycosides, antidepressants, newer antiepileptic drugs, antirejection agents, carbamazepine, digoxin, ethosuximide, unfractionated and low-molecular-weight heparins, lidocaine, lithium, phenobarbital, phenytoin and fosphenytoin, procainamide, quinidine, theophylline, valproic acid, vancomycin, and warfarin.

Clinical Pharmacokinetics is priced at \$49.95 for members and \$56.95 for non-members. To order, visit the ACCP Bookstore Web site at

<http://www.accp.com/strthera.php>.

Bookstore code: TH_04CP

ISBN: 978-1-58528-167-1

2008; 500 pages; softcover

Awards, Promotions, Grants, etc.

Marie Chisholm-Burns, Pharm.D., FCCP, received the AACP Rufus A. Lyman Award for the Most Outstanding 2007 Publication in the *American Journal of Pharmaceutical Education*. ...**Stefanie Ferreri**, Pharm.D., has been elected Chair of the Clinical/Pharmacotherapeutic Practice Section of the APhA Academy of Pharmacy Practice and Management. ...**Roy Guharoy**, Pharm.D., M.B.A., FCCP, was recently appointed Chief Pharmacy Officer and Professor of Medicine at the University of Massachusetts Medical Center in Worcester. ...**Brian Neudeck**, Pharm.D., associate professor at the University of Tennessee College of Pharmacy, recently received \$219,000 from the NIH to support a grant titled, "Role of ATP Binding Cassette

Transporters in Innate Intestinal Defense"....**Alice Pau**, Pharm.D., Clinical Pharmacy Specialist at the NIH, has received the 2007 HIV Clinical Education Award from the HIV Medicine Association of the Infectious Diseases Society of America....**Jack Reynolds**, Pharm.D., was recently appointed Dean of the Northeastern University School of Pharmacy....**Nathaniel Rickles**, Pharm.D., BCPP, assistant professor at the Northeastern University School of Pharmacy, has been named recipient of an AACP/AFPE New Investigators Program grant for his project titled, "The Impact of Training Preceptors in Assessing and Evaluating Student Communication Skills on Student Counseling Skills and Attitudes."

New Members

Fateema Almana
Mohamed Aw-Dahir
Ludmila Bakhireva
Andrea Balog
Pamela Barr
Laura Bequette
Nina Berkovich
Megan Bertolino
Sylvia Best
Matthew Bird
Steven Blanner
Jakub Borek
Alaina Borries
Brittany Brand
Kelly Branham
Justin Breck
Erin Brewer
Jenna Brinkman
Eileen Brooks
Matthew Casciano
Travis Dick
Nicole DiSabato
Monica Dorobisz
Neha Doshi
Lyuba Dragilev
Yanina Dubrovskaya
Ross Fishman
Megan Flowers
Katherine Foster
Jose Freitas Pinto
Katherine Froning
Michael Green
Brittany Hanselin
Kayla Hatt
Amy Henneman
Michael Herman
Virginia Hollingsworth
Fleming
Rebecca Holt
Nicholas Hummel
Cathy Hwang
Susie Im
Vivian Istafanos
Melissa Johnson
Michael Johnson
Maheen Kalota
Henry Kao

Jessica Kay
Jennifer Kelly
Robin Koffarnus
Magda Krawiec
Amanda Lamer
Brian LaPlant
Elizabeth Le
Christine Lee
Jessica Leonard
Eugenia Levi
Adam Mansour
Jennifer Marsters
Brittany Martin
Kelly Martin
Tara McCabe
Andrew Miesner
Jennifer Mitchell
Nadia Mustafa
Karina Muzykovsky
Elizabeth Neparadny
Khanh Nguyen
Thuy Nguyen
Vivian Nguyen
Jian Ni
Melanie Nicol
Beth Nochowitz
Christine O'Leary
Niti Patel
Vinay Patel
Katie Petzold
Rachel Pfeifer
Sharrel Pinto
Theresa Pisoni
Sabrina Randazzo
Kristyn Rother
Lucas Sargent
Jared Savage
Valerie Schafermeyer
Eric Schmidt
Erin Schwartz
Stephanie Seaton
Janet Seung
Kasey Shaffer
Amanda Shea
Julie Smith
Sarah Soboh
Azeem Syed
Kayly Ta
Kristin Tuiskula

Sonali Vakharia
Diana Vinh
Joshua Williams
Janice Wong
Jenell Wood
Amy Yoo

**The Following Members
Recently Advanced
from Associate to
Full Member**

Marcia Brackbill
Krista Dale
Kellie Fortier
Marcy Glisczinski
Daniel Hartung
Peter Herout
Shary Jones
Brandi Kelly
Melissa Latocha
Danielle Mackey
Lisa Pisenti
Brian Strang

**New Member
Recruiters**

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

Lisa Biondo
Jennifer Bird
Bradley Boucher
Kristen Bova Campbell
Jill Burkiewicz
Jack Chen
Timothy Chen
Sheryl Chow
Henry Cohen
Christina DeRemer
Amy Dill
Thien-Ly Doan
Stephanie Gibson
Laura Hansen
Natasha Harrigan
Mark Holdsworth
Abir Kanaan
Kelly Lee
Bob Lobo
Filomena Marques
Steven Martin
Daniel Riche
Lori Schirmer
Kristin Schmidt
Nancy Shapiro
Vimala Sivapragasam
Zachary Stacy

Faculty Positions
Department of Pharmacy Practice
College of Pharmacy and Health Sciences
Mercer University
Atlanta, GA

The Mercer University Department of Pharmacy Practice invites applications for three faculty positions:

1. Tenure- or Nontenure-Track Assistant/Associate/Professor of Psychiatry
2. Nontenure Track Clinical Assistant Professor of Experiential Education
3. Tenure-Track Assistant Professor of Outcomes Research and Epidemiology

The College of Pharmacy and Health Sciences is located on Mercer University's Cecil B. Day Campus in Atlanta. The campus' 335 wooded acres create a serene and secluded atmosphere despite its close proximity to downtown Atlanta. The Department of Pharmacy Practice consists of 22 full-time faculty and 4 postdoctoral residents. Atlanta provides an ideal environment for cultural and intellectual development. The College of Pharmacy and Health Sciences is dedicated to fostering personal and professional growth for each faculty member.

The applicant must possess a Pharm.D. degree from an accredited school of pharmacy and be eligible for Georgia pharmacist licensure. Specialized residency training is required for the clinical assistant professor position. Fellowship training is preferred for the tenure-track positions. For the rank of associate professor or professor, the candidate should have a proven track record of peer-reviewed research and extramural support. Laboratory and start-up funding is available. Interested applicants must apply online at <https://www.mercerjobs.com>.

Mercer University is an Affirmative Action/Equal Opportunity/Americans with Disabilities Act Employer.

**Clinical Pharmacy
Leslie Dan Faculty of Pharmacy
University of Toronto**

The Division of Pharmacy Practice in the Leslie Dan Faculty of Pharmacy invites applications for a full-time tenure-stream position at the level of assistant or associate professor for an individual with demonstrated research expertise in clinical pharmacy.

The successful candidate must develop an independent clinical research program and will teach at the graduate and undergraduate levels. The candidate's research should focus on medication use in relation to patient outcomes. The clinical focus of the candidate's work may include a specific therapeutic area or may be related to broader areas such as medication reconciliation or patient education. The candidate must hold either a Pharm.D. degree and a postdoctoral research fellowship or equivalent research experience or a Ph.D. with postdoctoral experience.

The University of Toronto and its affiliated hospitals constitute one of the largest centers for health care provision and training in North America. The scope of the programs offered and the strong affiliations with local teaching hospitals and health care facilities provide an excellent environment of collaboration in teaching, clinical practice, and research.

Applicants must submit a current curriculum vitae, an outline of a proposed research plan, and a statement of teaching philosophy and must arrange to have three letters of reference sent to:

**Chair, Search Committee
Leslie Dan Faculty of Pharmacy
University of Toronto
144 College Street
Toronto, Ontario, Canada M5S 3M2**

Applications by e-mail are strongly encouraged. Address e-mails to phmsearch@utoronto.ca; please use Microsoft Word (.doc) or Adobe Acrobat (.pdf) format. We will begin to consider applications on December 10, 2007.

The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from visible minority group members, women, aboriginal persons, persons with disabilities, members of sexual minority groups, and others who may contribute to further diversification of ideas. We offer opportunities to work in many collaborative programs, including Aboriginal, Canadian, environmental, ethnocultural, sexual diversity, gender, and women's studies. The University of Toronto offers the opportunity to teach, conduct research and live in one of the most diverse cities in the world.

All qualified candidates are encouraged to apply; however, the applications of Canadians and permanent residents will be given priority.



**Virginia Commonwealth University (VCU) School of Pharmacy
Department of Pharmacy**

The VCU School of Pharmacy is initiating a search for six full-time faculty positions in the Department of Pharmacy. Salary will be commensurate with rank and experience. The successful candidates will join an established department with an evolving and dynamic new curriculum, an expanding graduate program, and an ambitious new research agenda. All successful candidates will participate in the instruction and mentoring of both professional and graduate students and will collaborate with the department's faculty members to contribute to the development of a nationally recognized research program. These positions are available immediately, and applications will be accepted until each position is filled. VCU is a doctoral-granting, research-intensive university with an enrollment of more than 30,000 students. Interprofessional programs on the Medical College of Virginia (MCV) campus include the schools of pharmacy, medicine, nursing, allied health, dentistry, and public health. The MCV campus of VCU is situated in historic Richmond. Richmond is noteworthy for its quality of life, temperate climate, cultural opportunities, and historical features; its proximity to Washington D.C., the Blue-Ridge Mountains, the Atlantic Coast, and the Chesapeake Bay; and its phenomenal outdoor recreational opportunities.

Chair, Division of Pharmacy Administration: We are looking for a senior health services researcher who has demonstrated ability to design, analyze, and secure funding for investigations that include clinical, economic, and humanistic outcomes associated with drug therapy. The chair will be responsible for faculty development, oversight and evaluation of divisional research initiatives, participation in the governance of the department and school, and establishment of collaborative research initiatives with other academic components of the university. The appointment will be a tenure-eligible position at the rank of associate or full professor.

Vice-Chair for Clinical Programs: The vice-chair will be responsible for administrative oversight for the clinical faculty members of the school at affiliated sites, including inpatient acute care, primary care, and off-campus sites. The vice-chair will provide leadership by developing mentoring programs for new faculty members, assisting and guiding faculty members in their scholarship, working with the director of experiential programs to identify clinical teaching needs, serving as a liaison between the school and experiential sites where faculty members practice, and providing an assessment of clinical faculty service and teaching. The successful candidate must have demonstrated leadership skills, evidence of substantial scholarship, and a record of significant contributions to the advancement of clinical practice and education in his/her area of interest. The appointment will be a tenure-eligible position at the rank of associate or full professor.

Clinical/Translational Research Faculty (two positions): The department is seeking two individuals with training and experience in clinical and translational research. Applicants will have a Pharm.D. degree with fellowship or Pharm.D./Ph.D. training and experience in the application of pharmacogenomic and other "omic" approaches to clinical and translational research using appropriate biomarkers in areas such as oncology, neurology/psychiatry, and cardiology. The successful candidates will work with existing faculty members in the Center for Biomarker Research and Personalized Medicine. The appointment will be a tenure-eligible position at the rank of assistant or associate professor.

Pharmacoepidemiology and Outcomes Research Faculty: Applications are invited from individuals with training and experience in pharmacoepidemiology/pharmacovigilance and health outcomes research. Demonstrated expertise in the investigation of clinical outcomes associated with drug therapy in large patient populations, including the analysis of drug use from electronic medical records, and the application of this information to develop strategies for improving drug use and safety in humans is highly desirable. The appointment will be a tenure-eligible position at the rank of assistant or associate professor.

Pharmacy and Health Care Informatics: Applications are invited for a faculty appointment in pharmacy/health informatics. The successful candidate will have a Pharm.D. degree and advanced education (M.S./M.P.H./M.S.I.S. or Ph.D.) and will have training and experience in health care informatics, electronic medical records, decision support software, and computerized order entry systems. The successful candidate's research should be translational with a focus on medication use management in health care systems. The appointment will be a tenure-eligible position at the rank of assistant professor. Applicants should send a letter of interest, curriculum vitae, and names/contact information for three references in the relevant areas described above to:

Ron E. Polk, Pharm.D.
Chair, Department of Pharmacy
VCU/MCV School of Pharmacy
P.O. Box 980533
Richmond, VA 23298-0533
Telephone: (804) 828-8317
E-mail: rpolk@hsc.vcu.edu

Virginia Commonwealth University is an Equal Opportunity/Affirmative Action Employer. Women, minorities, and persons with disabilities are encouraged to apply.



**Faculty Position
Emergency Department Clinician/Educator
Department of Pharmacy
Virginia Commonwealth University (VCU)
Medical College of Virginia Campus**

The VCU School of Pharmacy is seeking a qualified individual for a full-time nontenure-track faculty position at the rank of assistant or associate professor in emergency department practice. The position is jointly funded by VCU and Sentara Norfolk General Hospital. Applicants should possess a Pharm.D. degree with advanced training in emergency department care, critical care, or ambulatory care or should possess equivalent practice experience. Excellent communication and patient care skills and a commitment to scholarship and teaching are essential. Candidates must be eligible for pharmacy licensure in the Commonwealth of Virginia. The successful candidate will work as a member of an interprofessional team to establish an exemplary practice in the emergency department at the Sentara Norfolk General Hospital. Responsibilities include the development and evaluation of a pharmacy emergency department practice model in collaboration with medical and nursing practitioners. In addition, the successful applicant will be involved in classroom and experiential instruction of Pharm.D. students, mentoring of pharmacy and medical residents, and scholarly activities in collaboration with other clinicians and faculty members. Service to the hospital, the department, the school of pharmacy, and the profession is also expected. Salary will be based on qualifications and experience. All applications will be reviewed until the position is filled.

VCU is a doctoral research-intensive university with an enrollment of more than 30,000 students. Sentara Norfolk General Hospital, a 569-bed tertiary care facility, is home to the area's only Level I Trauma Center and burn trauma unit. The hospital is located in Norfolk, Virginia, a city that offers eclectic dining, high-end shopping, a burgeoning arts scene, beaches, and year-round special events.

Applicants should send a letter of interest, a curriculum vitae, and names and addresses of three professional references to:

Jeffrey C. Delafuente, M.S., FCCP, FASCP
Associate Dean and Professor
Virginia Commonwealth University School of Pharmacy
P.O. Box 980581; 410 N. 12th Street, Suite 155
Richmond, VA 23298-0581
Telephone: (804) 828-7831
E-mail: jeff.delafuente@vcu.edu

Virginia Commonwealth University is an Equal Opportunity/Affirmative Action Employer. Women, minorities, and persons with disabilities are encouraged to apply.

**Director of Pharmacy Practice Experience Programs
Oregon State University
College of Pharmacy
Posting 0001621**

Oregon State University has an opportunity for a dynamic and creative individual to fill the position of Director of Pharmacy Practice Experience Programs. This individual will lead the introductory and advanced experiential program team, which consists of a 1.0 FTE early experiential/regional coordinator, a 0.2 FTE community program coordinator, and a 1.5 FTE staff located on two campuses. Responsibilities include recruitment, development, and maintenance of strong relationships with preceptors and practice sites; oversight of placement and supervision of students in advanced pharmacy practice experiences; and assurance of program quality through ongoing assessment. The college is making the transition to the Education Management System Software program for student placement, student progress tracking, portfolio development, and preceptor assessment. Depending on the qualifications of the applicant, the position can be a tenure-track, clinical-track, or professional faculty appointment. This is a 12-month, state-funded faculty position at the college of pharmacy's campus at the Oregon Health & Science University in Portland. Teaching responsibilities, in addition to the orientation and coordination of advanced experiential students, are as assigned by the department chair. All faculty members have an expectation for scholarship, which is determined by the type of appointment. The successful applicant must possess a Pharm.D., Ph.D., or other advanced degree, plus clinical training or equivalent experience; have previous pharmacy student precepting experience or significant patient care experience; and be committed to pharmacist-delivered patient care. Preference will be given to applicants with experience in pharmacy education. A commitment to cultural diversity and eligibility for licensure in Oregon as a registered pharmacist are required. Individuals who share a vision for experiential education that builds on strong fundamentals to address future patient care needs in Oregon are encouraged to apply. For full consideration, apply by February 15, 2008.

To view position requirements and/or apply, visit <http://oregonstate.edu/jobs>. See Posting number 0001621. For additional information, contact:

**Dean Haxby
Chair, Search Committee
Telephone: (503) 494-1590
E-mail: haxbyd@ohsu.edu**

OSU is an Affirmative Action/Equal Opportunity Employer and has a policy of being responsive to the needs of dual-career couples.