

ACCP Report

American College of Clinical Pharmacy

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

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Timely Topics Offered in Educational Curricular Tracks This Spring

ACCP's Spring Practice and Research Forum has something for everyone! The core of the Spring Forum will consist of four educational curricular tracks. In addition, PRN-developed focus sessions and scientific poster presentations will provide the latest in a variety of therapeutic topics. For one registration fee, attendees will gain access to both the Spring Forum and the acclaimed Updates in Therapeutics: The Pharmacotherapy Preparatory Course. The 2010 meeting will be held April 23–27 in Charlotte, North Carolina.

The 2010 curricular tracks will span topics from pharmacogenomics at the bedside to contemporary vaccine controversies. Choose from the following four tracks:

- Research and Scholarship Curricular Track—Research and the Clinical Pharmacist in 2010
- Leadership and Management Curricular Track—Transitioning Through Your Career
- Teaching and Learning Curricular Track—Trends and Innovations in Pharmacy Student and Resident Education
- Clinical Practice Curricular Track—Hot Topics in Clinical Practice

Curricular track program one, “Research and the Clinical Pharmacist in 2010,” will open with a look at pharmacogenomics and applications in the real world. This session will familiarize attendees with the ways in which pharmacogenomics research is applied in clinical practice, including the use of such research in preemptive treatment. A panel of experts will present case-based applications of pharmacogenetics in oncology, anticoagulation therapy, HIV management, and cardiovascular therapy. Session 2 of this curricular track will provide participants with an overview of practical issues related to conducting pharmacogenomics research in a practice-based environment, such as a PBRN. Faculty will identify and discuss the statistical issues faced in conducting pharmacogenomics research in a practice-based environment, as well as the pros and cons of different study designs. Session 3 will address the unique challenges in conducting research on rare outcomes, particularly in studying adverse events associated with drug therapies. Faculty will discuss the use of large databases to study adverse drug events and provide case-based examples of pharmacoepidemiologic research projects that exemplify

these considerations. The curricular track will wrap up with discussions on the need for clinical scientists within the profession of pharmacy. Attendees will learn about research and training opportunities within the National Institutes of Health and receive guidance on developing a research portfolio. The program faculty will review different models of research in both academic and nonacademic clinical settings.

Curricular track program two, “Transitioning Through Your Career,” has been developed to provide successful strategies for transitioning into leadership or management roles. Session 1 of this curricular track will focus on common mistakes that can lead to problems when transitioning from the role of colleague to that of supervisor/administrator. Session 2 will examine how to effectively move into a senior employee role within an institutional/organizational department or college of pharmacy. The first part of this session will focus on developing management skills, especially for those without prior management training. The program speakers will then describe specific strategies for making a successful transition to a supervisory role, followed by a panel discussion with the audience. Session 3 will explore successful practice site transitions, including transitions for practitioners who have successfully transitioned from one practice site to another (academia to community or vice versa). This curricular track will conclude with presentations focusing on real-life experiences in administrative positions, including discussions of perspectives gained through the transition to a leadership or management role.



Curricular track program three, “Trends and Innovations in Pharmacy Student and Resident Education,” will provide participants updates in the latest teaching/learning styles and strategies for enhancing student engagement and learning. Session 1 of this curricular track will focus on classroom teaching and techniques that can enhance and diversify teaching methods used in the contemporary pharmacy classroom. Session 2 will explore interprofessional education, laying the foundation with information on the description and role of interdisciplinary education, including benefits and challenges. The program faculty will also provide tips and strategies for incorporating interprofessional learning into specific settings, including experiential rotations.

Session 3 will examine various models of pharmacy residency-training programs, including nontraditional pharmacy residency programs and those patterned after the medical model. Faculty will discuss the benefits and challenges encountered when developing new or expanded residency sites. Session 4 will focus on the development and implementation of pharmacy tracks in both student and resident education. Faculty will provide examples of such programs, with a focus on track development as well as strategies to avoid potential problems in this arena.

Curricular track program four, “Hot Topics in Clinical Practice,” will showcase several current controversies in clinical pharmacy. Faculty in session 1 will provide an update of recently approved anticonvulsants and discuss their potential roles in therapy. The controversies associated with the generic substitution of anticonvulsants will also be discussed. Session 2 will explore the controversies of adult and pediatric vaccine schedules. Faculty will debate the pros and cons of the vaccine schedules and the possible consequences of the vaccines themselves. Session 3 will debate another hot topic—the controversies of blood glucose management in the acute care setting. Faculty will discuss the pros and cons and provide direction with respect to when pharmacotherapy should be administered and how treatment should be adjusted through the continuum of care. This curricular track will conclude with session 4, focusing on the prevention of stress-related mucosal bleeding in critically ill patients. Faculty will define the populations at risk of stress-related mucosal bleeding, the extent of the risk, and the outcomes to be sought in relevant studies. Participants will receive an update on the effectiveness of the treatment options and on the potential for overuse of pharmacotherapy in the prevention of stress-related mucosal bleeding.

For more information on the curricular track programs, including faculty listings and learning objectives, keep an eye on the ACCP Web site, www.accp.com. Online meeting registration will open in December.

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

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

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

- **Deeply discounted rates for the 2010 Spring Practice and Research Forum and Updates in Therapeutics: The Pharmacotherapy Preparatory Course in Charlotte, North Carolina, April 23–27:** Considering BCPS certification? Want to learn from nationally recognized experts and network with clinical pharmacists from around the world? Take advantage of special member registration rates.
- **Reduced rates on pharmacotherapy board certification preparatory materials for home study:** Prepare for your specialty board examination with electronic or print study materials available to you at discounted rates.

- **Member discounts on any book in the *Pharmacotherapy Self-Assessment Program (PSAP) series:*** The PSAP series has been approved by the Board of Pharmaceutical Specialties for use in BCPS recertification and is available in both electronic and print format.
- **Free 1-year membership in an ACCP Practice and Research Network (PRN).** Join one of ACCP’s 22 PRNs and network with specialists in your focused area of interest.
- **Complimentary subscription to *Pharmacotherapy*:** All resident and fellow members receive an electronic subscription to this essential reference for the clinical pharmacist.
- **Special member registration rates for the 2010 Oncology Pharmacy Preparatory Review Course, May 20–22, in San Diego, California.** Take advantage of this highly rated course designed for those pursuing a specialty career in oncology.
- **Discounted registration rates for the 2010 ACCP Annual Meeting in Austin, Texas, October 17–20.** Update and expand your therapeutic knowledge base while networking with colleagues in your professional interest areas.

To take advantage of this special one-time offer, apply online at www.accp.com/membership/join.aspx. Please be sure to use promotional code RF09 to receive this discounted membership. Alternatively, download a specially marked membership application at www.accp.com/rf09promo and mail or fax it to ACCP.

This offer is only valid for first-time ACCP resident or fellow members, including previous student members of ACCP who are now renewing as either resident or fellow members. Applications must be received by December 31, 2009, to receive the discounted membership rate.

Attention Residents and Fellows: Apply Online Today for an ACCP Spring Forum Travel Award

Have you thought about attending the upcoming ACCP Spring Forum and Pharmacotherapy Preparatory Course in Charlotte, but have limited financial resources to cover travel and registration costs? ACCP wants to assist! Resident/Fellow Travel Awards help defray the costs associated with attending an ACCP national meeting by offering travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the ACCP spring meeting in Charlotte, North Carolina, April 23–27, 2010.

How to Apply

To qualify, applicants must be current resident or fellow members of ACCP who are enrolled in a residency or fellowship program at the time of the meeting. Applicants must submit a curriculum vitae, an essay of no more than 250 words detailing the applicant’s objectives for attending an ACCP meeting, and a personal reference from the residency or fellowship program director or his or her designee. All materials should be submitted online at <http://www.accp.com/membership/resfelAward.aspx>.

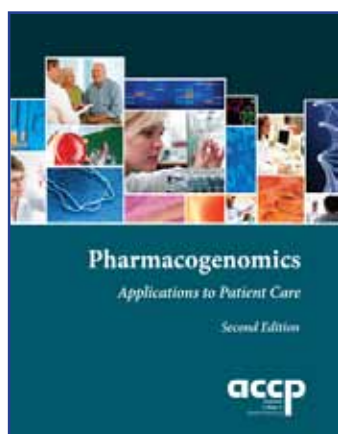
The number of travel awards available is limited, so be sure to submit your application early! Applications will be accepted until Monday, February 22, 2010, and recipients will be notified in early March. If you have any questions, contact Jon Poynter, ACCP Membership Project Manager, at jpoynter@accp.com.



There's Still Time to Do Your Holiday Shopping at the ACCP Bookstore!

ACCP offers the perfect gift for a current or future clinical pharmacist: *Clinical Pharmacy in the United States: Transformation of a Profession*. This four-color coffee-table book will please the clinical pharmacist, student, resident, or fellow on your holiday gift list.

This historical analysis of the profession of clinical pharmacy, written by Drs. Robert M. Elenbaas and Dennis B. Worthen, provides an annotated timeline outlining the development of clinical pharmacy, together with lively personal reflections from key leaders in the profession's history. These stories are presented in the context of the principal social, cultural, political, economic, and scientific events from the past century. This book, which will educate and enlighten readers, is a must-read for anyone with an interest in the clinical pharmacy profession. [Click here \(http://www.accp.com/bookstore/la_01cpus.aspx\)](http://www.accp.com/bookstore/la_01cpus.aspx) to order your copy of *Clinical Pharmacy in the United States: Transformation of a Profession*, available to ACCP members for just \$39.95 and to nonmembers for \$59.95.



Also new at the Bookstore is ACCP's second edition of *Pharmacogenomics: Applications to Patient Care*. Written by experts from diverse practice areas, disciplines, and research environments, *Pharmacogenomics* is a valuable tool for practitioners wishing to integrate pharmacogenomics into their daily clinical practice.

The field of pharmacogenomics offers clinicians the opportunity to dramatically improve the health outcomes of millions of patients receiving drug therapy. However, this opportunity is tempered by the challenge of learning the seemingly limitless amount of genetic information assembled during the past decades, with new knowledge developing daily. ACCP developed *Pharmacogenomics*, the text, to assist clinicians in meeting this challenge.

This text combines the basics of pharmacogenomics with disease-specific applications. Now available in the ACCP online bookstore (http://www.accp.com/bookstore/th_02pg.aspx), *Pharmacogenomics: Applications to Patient Care*, second edition, is of value to students and practitioners alike. At only \$119.95 for ACCP members and \$159.95 (bulk discounts available) for nonmembers, be sure to order your copy today!

Rhonda Cooper-DeHoff Awarded PPD Bioanalytical Fluid and Tissue Grant Award



Dr. Rhonda Cooper-DeHoff was awarded the second PPD Bioanalytical Fluid and Tissue Grant Award for her proposal titled, "Metabolic Effects of Antihypertensive Drugs."

The specific hypothesis of her project predicts that blockade of the renin-angiotensin-aldosterone system (RAAS) with an angiotensin-converting enzyme (ACE) inhibitor will diminish or reverse the glucose intolerance observed during treatment with a thiazide diuretic.

Dr. Cooper-DeHoff is an associate professor, Pharmacotherapy and Translational Research, University of Florida, College of Pharmacy. She will travel to a state-of-the-art PPD facility in Richmond, Virginia, in spring 2010 to work and learn from on-site scientists within PPD. At the site, Dr. Cooper-DeHoff will perform hydrochlorothiazide, TNF α , high-sensitivity IL-6, and renin analyses. When asked how this grant would help in her professional development, Dr. Cooper-DeHoff stated that it would give her an opportunity to go to a laboratory where the samples are actually being analyzed and to learn and participate in the process. "My goal is to continue to pursue additional independent research funding ... and this grant will provide me with the new knowledge required to build my own laboratory."

Through this investigator development award, PPD grant award winners are reimbursed for their transportation and housing costs while working at the facility, and PPD covers the costs associated with the actual analysis. The Research Institute is pleased to announce the continued availability of funding opportunities for both full and associate ACCP members in 2010. Applications will remain open until 2010 funding is depleted. Download an application from www.accpri.org and apply today.

Final Award and FCCP Nominations Period Closes February 15

Nominations for the awards and honors listed below are **due February 15, 2010**. Additional information on award criteria may be obtained from ACCP headquarters. All nomination materials, including letters, vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award or honor. This portal is available at <http://www.accp.com/membership/nominations.aspx>.

2010 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents and the Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2010.**

2010 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, financial, technological, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter to the Chair of the Selection Committee detailing the nominee's qualifications for this award and his/her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2010.**

2011 New Clinical Practitioner Award: This award is scheduled to be given during ACCP's 2011 Spring Meeting in Columbus, Ohio. 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, 2010.**

2011 New Educator Award: This award is scheduled to be given during ACCP's 2011 Spring Meeting in Columbus, Ohio. 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 also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2010.**

2011 New Investigator Award: This award is scheduled to be given during ACCP's 2011 Spring Meeting in Columbus, Ohio. Its purpose is to highlight the research program of an ACCP member who has made a major impact in an aspect of clinical pharmaceutical science. Nominees must have been members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "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, 2010.**



Washington Report

C. Edwin Webb
Associate Executive Director

Issues in Health Care Reform

Holiday Wish Lists: You May Not Always Get What You Want, but You May Get What You Need

As the calendar winds down in 2009, we can begin to reasonably reflect on a year that will surely stand out as a main turning point for the nation's health care system. Will patients, health care professionals, and the nation's overall health status, both clinical and financial, soon begin to reap the anticipated benefits of efforts to deliver on the long "wish list" of improvements to our health care system? Will this wish list, discussed and sought after for almost three decades but stymied repeatedly by the sheer magnitude of the necessary changes and an insufficient national political will, finally be delivered?

Most of us have had the personal experience, particularly when we were younger, of putting together our holiday wish list. Then, on the big day, we realize that we either did not get a key wished-for item or perhaps unwrapped something similar to what we had put on our list but did not quite meet our expectations. Often, however, usually with use and experience, the gift turned out to provide both the pleasure and the benefit we had hoped for. **We may not always get what we want, but we often end up getting what we need.** That may prove to be one of the principal lessons learned from this round of health care reform. Moreover, it is a certainty that the current effort will not accomplish all that it should to improve the availability, quality, and cost-effectiveness of needed health care services, including those provided by clinical pharmacists.

As this column goes to press, the U.S. Senate remains in session to meld the work of the committees on Finance and Health, Education, Labor, and Pensions into a single piece of legislation for a vote by the full Senate before adjourning for the holidays. Although many differences exist between the two measures, the final bill will undoubtedly result in changes that will bring the following outcomes. (1) Expand access to both needed care and insurance coverage for millions of currently uninsured and underinsured Americans. (2) Require substantial reforms in the private health insurance industry's approach to preexisting condition exclusions and coverage cancellations, among other reforms. (3) Promote and support innovations in health care systems delivery and care processes, particularly with respect to primary care and team-based care delivery. (4) Bring reform to payment policies and coverage within the Medicare and Medicaid programs. Still unresolved is whether some form of "public option" for insurance coverage that would compete with private health insurance plans will be an element of the final Senate language.

The House of Representatives passed similarly sweeping reform legislation on November 7 by a vote of 220-215. The Affordable Health Care for America Act (H.R. 3962) expands coverage to 36 million Americans. This additional coverage creates an insurance exchange that offers private plans as well as a public insurance option, provides premium subsidies to help individuals and families purchase coverage, broadens the Medicaid program, and implements a series of

insurance market reforms such as a ban on discrimination based on preexisting conditions. The Congressional Budget Office estimates the price to be \$1.05 trillion in the first 10 years of implementation.

Despite its prodding and urging of the Congress, the Obama administration is likely to see its goal of signing health care reform legislation into law before the end of 2009 deferred to the early part of 2010. Even with the Senate's anticipated passage of a final bill before the holiday recess, the work of resolving the differences between the House and Senate versions of the mammoth legislation in a conference committee, followed by final votes in both chambers on the conference committee report, will move the process several weeks into 2010. Even the president of the United States cannot always get what he wants ... but he will probably get what he needs as an important first step in his administration's agenda to achieve comprehensive health care reform as a centerpiece of his presidential and political legacy.

Parallels exist in clinical pharmacy's health care reform wish list. For the past decade, ACCP's advocacy efforts have focused directly and strategically on recognition of and payment for pharmacists' clinical services within Medicare and other insurance programs, particularly efforts to cover such services under the traditional fee-for-service payment model that has been the hallmark of the Medicare Part B program covering physicians' and other providers' professional services. Through periods of limited progress early in the decade as well as subsequent strategic "detours" created by the establishment of the Part D outpatient drug benefit with its very basic medication therapy management services requirement, the advocacy efforts of ACCP have remained at the top of clinical pharmacy's wish list. So far, we have not been very successful in getting either what we want *or* what we need.

But 2009 and the expansive, multi-stakeholder discussions around the needed changes in the nation's health care delivery system have opened many doors for dialogue, and ACCP has actively walked through many of those doors throughout the year. These discussions include ACCP's active involvement in the Patient-Centered Primary Care Collaborative advocacy for the patient-centered medical home model (and the inclusion of team-based medication management involving pharmacists in that model). As well, the Institute of Medicine's Best Practices Innovation Collaborative, focused on improvements in chronic care management and coordination, is included in these discussions, as is the unified message from the full spectrum of the pharmacy profession with respect to key principles for health care reform related to professional services, payment reform, infrastructure support, and health information technology.

Through these collaborations and discussions, we have gained a much better appreciation for the health reform wish lists and concerns of most other key stakeholders in the process—patients, other providers, employers who are purchasing health benefits and services, insurers, and, of course, government. In fact, there may be many more concerns in common among us all than we have realized. A prime example is the growing recognition across a wide spectrum of interests, particularly among the primary care medical community but also among purchasers and employers, that the dominant model of payment for professional services that relies exclusively on a fee-for-service framework to practitioners must undergo reform. Indeed, the predominant payment model for such

professionals working within their isolated silos must be substantially reformed (if not abandoned entirely) if the goals of patient-centeredness, enhanced quality based on evidence-based practice, and continuous, coordinated care are to be achieved. Evidence that care provided by interprofessional teams of providers enhances clinical outcomes, patient satisfaction, and cost-effectiveness has been generated despite the misalignment of most current payment methodologies that do essentially nothing to support the delivery of interprofessional care.

The good news is that key provisions of both the House and Senate bills support the expansion of the patient-centered medical home practice model and call for the inclusion of pharmacists and comprehensive medication management services as essential components of grant programs to support the development and maturation of this and similar models of care. The bills recognize the critical importance of quality medication management services, particularly for patients with multiple chronic diseases, patients with multiple care providers, and patients who undergo transitions from one care setting to another. Enhanced support for interprofessional health professions education programs is also contained in both the House and Senate measures. These concepts have received strong bipartisan support throughout the committees' work and the floor debates, despite substantial disagreement over the few highly charged political issues that have drawn much of the media's coverage of health care reform. However, many challenges remain to be addressed, especially with respect to how payment policy and procedures can be changed to support the actual flow of dollars to practices that provide the services of a truly integrated and interprofessional team of providers, particularly in conjunction with smaller medical practices, smaller communities, and rural areas.

Nevertheless, these developments offer substantial promise for ACCP and its members. The theme of Dr. John Murphy's just-concluded tenure as ACCP President has proved to be particularly enlightened—and valuable—throughout this year of health care reform discussions: "No Silos, No Boundaries." We have used that message to substantial beneficial effect as we have expanded our engagement with colleagues in medicine, nursing, and other disciplines to provide our perspective, our ideas—and yes, our wish list—for integrating the patient care services of clinical pharmacists into the clinical and economic fabric of a reformed health care system. We are finding a consistently receptive audience for this message when we speak not of what we want, but of what patients and the health care system need that clinical pharmacists can provide within the framework of that interprofessional team.

It is possible that as the health care reform movement continues into 2010 and beyond, ACCP members, and the College itself, will not get precisely what we have had on our wish list for the past decade. Perhaps, instead, we will get something closer to what we need to be successful as true "providers" of care—a reformed delivery system that is both philosophically and functionally patient-centered and that supports collaborative and team-based care through education, practice model innovation, and payment policy reform. This could be an outcome that, when we look back years from now, proves to be a wonderful gift.

From the staff of the Washington office of ACCP, our best wishes to you and yours for the upcoming holiday season.

Donate to Frontiers Fund and Receive a Gift

The holidays are upon us, and little time remains to make your 2009 tax-deductible donation to the Frontiers Fund. A donation to the ACCP Research Institute gives you the opportunity to advance clinical pharmacy through investigator development programs and the work of the new ACCP PBRN. And

**"GET PLUGGED IN"
FOR THE HOLIDAYS!**



now is an especially great time to donate. You will receive a special "Get Plugged In" USB "hub man" gift simply for making a \$100 donation to the Frontiers Fund. This red four-port USB hub, embossed with the ACCP Research Institute logo, can support four of your favorite USB devices at once. It makes a great gift for colleagues or a unique stocking stuffer!

This offer is being extended, while supplies last, for donations of \$100 or more received before December 31, 2009. Please go to www.accpri.org to donate today. Thank you for your support. Happy Holidays from the Research Institute!

Congratulations to Nancy Shapiro, Winner of the Research Institute's "Get Plugged In" iPod Drawing!

At the 2009 ACCP Annual Meeting, we at the ACCP Research Institute brought forward many reasons to donate to the Frontiers Fund. First—and foremost—was the opportunity to further the goals of the Research Institute in providing quality research conducted by clinical pharmacists and supporting research initiatives that benefit clinical pharmacy as a whole. The Research Institute also gave a little something back in the form of its "Hub-Dude" gifts for all donations of \$100 or more. Finally, the Research Institute held a drawing for all donors and Research Institute event attendees at the 2009 Annual Meeting for an iPod touch. We are very happy to announce that the winner was Nancy Shapiro, Director of the Ambulatory Care Residency Program at the University of Illinois at Chicago College of Pharmacy.

When asked why donating to the Research Institute was so important to her, Dr. Shapiro said,

I support the Frontiers Fund because I believe we need to support clinical pharmacy research. I think that the FIT Program has shown great success so far, teaching researchers how to be successful with their research endeavors. I also think the PBRN is a great way to go to get collaboration among clinical pharmacists and researchers all around the country. It is a very worthwhile cause.

The staff at the Research Institute hopes that Dr. Shapiro enjoys staying "Plugged In" to music on her new iPod touch! We also want to thank all of our generous donors for their contributions. If you would like to donate to the Frontiers Fund, you can do so online at www.accpri.org or by calling (913) 492-3311.

Pharmacotherapy Pearls

Pharmacotherapy's Scientific Editors: New Appointment and Changes in Journal Policies

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

Pharmacotherapy's Scientific Editor concept, initiated in January 1992, has been a resounding success. Jerry Bauman, Pharm.D., FCCP, Gil Burckart, Pharm.D., FCCP, Barry Carter, Pharm.D., FCCP, Julie Johnson, Pharm.D., FCCP, and Mike Rybak, Pharm.D., MPH, FCCP, have all worked tirelessly in their roles as current Scientific Editors to increase the quality and quantity of the articles published in *Pharmacotherapy*. The Scientific Editors have assumed full editorial control (i.e., they select reviewers, assess reviewers' comments, and make the accept/reject judgment) of papers in their areas of expertise. Furthermore, they have direct input to *Pharmacotherapy's* Board of Directors to help guide the journal's editorial direction and are responsible for the appointment of the journal's Editorial Board members. We are proud to announce the appointment of a new Scientific Editor, Michael (Mick) Murray, Pharm.D., MPH. This esteemed scientist will assume his official responsibilities in the winter of 2010.

The Board of Directors and Scientific Editor Council review strategies on an ongoing basis to improve journal quality and impact in the field of pharmacotherapy. This year, the Scientific Editor Council recommended the initiatives below to further increase the impact of the journal. These initiatives were approved unanimously by the journal's Board of Directors.

1. Case reports are now published online only, starting with the December 2009 issue.
2. "Key articles" (annotated bibliographies) are also now published online only, starting with the November 2009 issue.

The Scientific Editor Council and the Board of Directors are confident that these and other initiatives will lead to further increases in the influence and quality of the journal. We thank all of the ACCP members who have served the journal in so many capacities.

AHRQ Releases Educational Video on the Safe Use of Anticoagulant Medications

The U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) recently released "Staying Active and Healthy with Blood Thinners," a free 10-minute video in English and



Spanish. This tool helps educate patients about how to use anticoagulant drugs safely and effectively.

Almost 2 million Americans are prescribed anticoagulant medications each year to reduce their risk of thrombosis. Any patient on anticoagulant therapy, regardless of the initial cause or specific medical regimen, can benefit from the video. The video was specifically designed to complement the education patients receive in their doctor's office, clinic, pharmacy, or hospital.

For a free copy of the DVD, call (800) 358-9295 or e-mail AHROPubs@ahrq.hhs.gov. English and Spanish language copies of a companion print brochure, *Blood Thinner Pills: Your Guide to Using Them Safely/Pastillas que diluyen la sangre: Guía para su uso seguro*, are also available without charge. Both the video and brochure are also available for viewing or downloading on the AHRQ Web site at www.ahrq.gov/consumer/btpills.htm or in Spanish at www.ahrq.gov/consumer/btpillssp.htm. For details about these and other helpful materials, visit www.ahrq.gov.

Thank-you to the 2009 Frontiers Fund Campaign Committee and PRN Captains



A thank-you goes to the volunteers of the Frontiers Fund Committee for their efforts in orchestrating the 2009 campaign.

2009 Frontiers Fund Campaign Committee Members:

Stuart T. Haines, Pharm.D., FCCP, BCPS
Bradley A. Boucher, Pharm.D., FCCP, BCPS
Ronald P. Evens, Pharm.D., FCCP
Ralph H. Raasch, Pharm.D., FCCP, BCPS
Terry Seaton, Pharm.D., FCCP, BCPS
Gary C. Yee, Pharm.D., FCCP, BCOP

A special thank-you goes to the 2009 Frontiers Fund Captains who were spokespersons for the Frontiers Fund to their respective PRN colleagues:

William Dager, Pharm.D., FCCP, FCSHP
Brian Hemstreet, Pharm.D., FCCP
Judy Cheng, Pharm.D., MPH, FCCP, BCPS
Edith Nutescu, Pharm.D., FCCP, BCPS
Barbara Wiggins, Pharm.D., FCCP, BCPS
Kelly Ragucci, Pharm.D., FCCP, BCPS
Jo Ellen Rodgers, Pharm.D., FCCP, BCPS
Jacci Bainbridge, Pharm.D., FCCP
Roger Lander, Pharm.D., FCCP, BCPS
Christine O'Neil, Pharm.D., FCCP, BCPS
Christina Aquilante, Pharm.D.
Mike Kane, Pharm.D., FCCP, BCPS
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 Gary Cochran, Pharm.D., SM
 Mike Reed, Pharm.D., FCCP
 Mark Haase, Pharm.D., BCPS
 Phillip Empey, Pharm.D., Ph.D., BCPS
 Annie Cheang, Pharm.D., BCPS

Thanks also to all who helped this year with the "Get Plugged In" event during the ACCP Annual Meeting in Anaheim. Please give generously to the Frontiers Fund. To make a tax-deductible donation, please visit the Web site at <http://www.accpri.org>.

2010 Focused Investigator Training Program Applications Now Available Online

Are you ready to take your research to the next level?

The **FIT Program** is an annual, intensive, 1-week, hands-on program for up to 25 experienced pharmacist-investigators who have not yet been awarded significant peer-reviewed extramural funding as principal investigators. The **2010 FIT Program** will be held **June 12–17, 2010**, at the **University of Arizona, College of Pharmacy**. Through this mentored program, you will take necessary steps toward preparing a K, R01, or similar investigator-initiated application for submission to the National Institutes of Health (NIH) or other major funding source. The 2010 FIT mentor faculty members include Vicki Ellingrod, Gene Morse, Julie Banderas, Barry Carter, Susan Fagan, Duane Sherrill, Reggie Frye, John Cleary, Mary Gerkovich, Lynda Welage, Gary Yee, and Greg Stoddard.

Applications and the 2010 FIT Program brochure will be available online at <http://www.accpri.org> on January 4, 2010. Applications close April 1, 2010.

Application Fee Waived for Fellowship Program Peer Review Through December 31

ACCP will waive the application fee for any ACCP member who wishes to submit his/her research fellowship program for peer review by December 31, 2009. In addition, a rolling application review process will be employed. It is expected that all qualifying applications will complete the review and approval process within 6–8 weeks of submitting the application. Both new programs and programs due



for re-review are invited to submit a no-fee application. For more information, and to download a peer-review application form, visit <http://www.accp.com/docs/resandfel/FellowshpPeerRevApplic09.doc>.

Foster Wins Prestigious 2010 USP Beal Award



ACCP member Thomas S. Foster, Pharm.D., has been named the recipient of the United States Pharmacopeia (USP) pinnacle award, the Beal Award for Distinguished Volunteer Service.

The award, given once every 5 years, recognizes an individual who has made outstanding contributions while serving as a USP volunteer. Dr. Foster will receive the award during a special ceremony at the 2010 USP Convention.

USP Chief Executive Officer Roger L. Williams, M.D., noted that USP volunteers are special individuals who work with unrivaled dedication to further USP's mission and vision. Dr. Williams recognized Dr. Foster as one of those volunteers whose contributions stand above the rest. In making its choice, the Beal Award Selection Committee underscored Dr. Foster's standards-setting accomplishments and highlighted his leadership in USP.

Dr. Foster is a Professor in the Colleges of Pharmacy, Medicine, and Public Health at the University of Kentucky (UK). Since 1973, he has practiced in the University Hospital and Clinics; has taught professional and graduate courses in advanced pharmacotherapy, pharmacokinetics/pharmacodynamics, computer and information systems, and bioethics and research integrity; and has led programs in multidisciplinary clinical pharmacology research involving investigational drugs and drug delivery systems. He is the Director of the Regulatory Support and Research Integrity program of the UK Center for Clinical and Translational Science and has been the Executive Chairman of the University's Medical Institutional Review Board since 1987. He is also a consultant to the FDA Center for Drug Evaluation and Research and the Department Health and Human Services Office of Human Research Protections.

In Memoriam

Longtime ACCP member Thomas Chin, Pharm.D., FCSHP, unexpectedly passed away on November 9, 2009. Tom made numerous contributions to the pharmacy profession through his involvement in clinical practice, teaching, research, and management. To read a tribute to Tom written by Myrella Roy, Executive Director of Canadian Society of Hospital Pharmacists, please visit http://www.cshp.ca/dms/dmsView/1_532.pdf.



New Members

Gounathan Adly
Mohammad Ahsan
Mohammed Alamgir
Renee Alsberry
Mansour Alturki
Kelli Anderson
Alex Babakhanov
Jill Baker
Katie Barber
Michael Bennett
Linda Berger
Zubin Bhakta
Pulkit Bhuptani
MaryAnn Birch
Andrew Bjork
John Bossaer
Arlyn Brown
Ashley Brown
Jennifer Bushwitz
Shreya Butala
Heather Cabiness
Angela Campbell
Ania Canovas
Anthony Casapao
Marina Cepulo
Malcolm Chamness
Yoon-Young Chang
Bret Chapman
Tiffany Chapman
Opal Chaudhavy
Kathryn Chauvin
Christina Chen
Tiffany Chen
Emily Colombe
Robin Corelli
Lori Crawford
Jeffrey Cruz
Alicia Dawson
Jeremy DeGrado
Julie Dong-Ham
Monica Donnelley
Dave Drone
Kasie Essner
Oluwa Fabiyi
Michael Filtz
Lucinda Forrer
Maurice Forseth
Wilbert Fuerte
Mitul Gandhi
Teresa Gao
Jasmine George
Andrea Gerwin
Payam Ghorbani
Lauren Gimlin
Mary Giouroukakis
Brenda Gitman
Lauren Greer
Sarah Gruber
Kathleen Haight
Issam Hamadeh
Angela Han
Jessica Hardy

Carolyn Hempel
Amanda Herdzina
Brett Heuring
Scott Hildebrandt
Richard Hine
Ri Holbrook
Timothy Horwedel
Peter Hughes
Jasmine Hunt-Smith
Raafat Ibrahim
Ekene Igwe-Onu
Michelle Ingalsbe
Jaison Issac
Katina Jaeger
Shakaib Jamal
Greg Jennings
Kelsey Jensen
Kelsey Jett
Deborah Johnson
Sarah Jordan
Julie Ann Justo
Wad Kadi
Joseph Kalis
Ernest Karabas
Nicole Kase
Sophia Kassing
Danielle Kato
Christine Kearns
Joy Kehoe
Dina Kennedy
Lori Kesteloot
Jancy Killian
Caroline Kimani
Debra Kishinevsky
Mark Kostelnik
Michael Krajewski
Richard Kujak
Lisa Kurczewski
Joseph Kuttamperoor
Sue Kwok
Trinity Lahti
Dawn Lahuta
Archna Lall
Liana Le
Michelle Lee
Sarah Leslie
Mary Elizabeth Lim
Katie Lindsey
Coartney Livingston
Katherine Lusardi
Rose Mac
Robert Macky
Sarah Mark
Ria Mathew
Molly McDermott
Melanie McLeod
Jessica McMahan
Maureen McQueeney
Ghazal Mehrdad
Lyndsi Meyenburg
Bradley Meyer
Muneur Monshed
Suzanne Morrow
Benyam Muluneh
Ngoc-Tuyet Ngo
Orsika Niyzov

Michaiah Parker
Ami Patel
Robin Patel
Roshani Patel
Ashley Pearson
Sarah Peppard
Christopher Peric
Jincy Philip
Chase Pickering
Laura Pigg
Lindsey Polley
Yelena Rabinovich
Elizabeth Renner
Sara Richter
Elizabeth Rightmier
Daniel Roth
Sarah Rowe
Casey Ryals
Ruben Salazar
Rania Salika
Bibin Sam
Volha Savitskaya
Sara Schoenborn
Carolyn Schwartz
Rachel Serino
Viral Shah
Moe Shwin
Jacqueline Siers
Brenna Simcoe
Kathleen Simons
Tyler Sledge
Meghan Slvka
Kelly Smith
Joseph Southwick
Matthew Stanton
Erin Steinwedel
Keith Stenzel
Mitali Stevens
Casey Sumner
Pui Tan
Mattea Tate
Gelson Taube
David Taylor
Jeremiah Taylor
Courtney Teegarden
Anjali Thattam
Tiffany Thomas
Zaneta Thomas
Darko Todorov
Andrea Toles
Melissa Trapp
Paras Vakharia
Connie Valente
Sarah Van Houten
Divisha Variwala
Kayla Vecera
Andrew Ventura
Rachel Weber
Elizabeth Weed
Danielle Weinberg
David Weinstein
Katherine Werner
Jennifer West
Ashley Wilde
John Williams
Marcia Wyman

Kuo Yang
Aparna Yerramilli
Juwon Yim
Kristi Yonemoto
Katherine Zabel
Nonik Zadikian
Steffi Zakka

The Following Members Recently Advanced from Associate to Full Member:

Nicole Acquisto
Ellen Antal
Emily Borders
Traci Burns
Janice Chang
Douglas Duda
Christina Dukes
Derek Fields
Lina Huang
Brandi Huf
Brian Hughes
Candice Lagasse
Eileen O'Connor
Michael Ott
Dawn Pettus
Erin Reichert
Gregory Russell
Judith Scala
Angela Schuman
Padma Sivaraju
Anna Swanson
Robert Watteyne

New Member Recruiters

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

Miranda Andrus
P. Brandon Bookstaver
Erin Brewer
Kathryn Connor
Karrie Derenski
T. Michael Farley
Amy Franks
Maisha Freeman
Michael Klepser
Ernest Lawson
Michelle McCarthy
Steven Pass
Maria Pruchnicki
Daniel Roth
Sorapy San
Charles Sintek
Debra Skaar
Steven Smith
Joseph Snoke
Usha Tejwaney
Stephanie Weightman



Season's Greetings from ACCP!

Wishing our friends and colleagues a happy holiday season and a prosperous new year.



Make the Most of Your Career. Join Our Team.

**Texas Tech University Health Sciences Center School of Pharmacy
Department of Pharmacy Practice**

Fourteen years ago, Texas Tech University Health Sciences Center made a commitment to build a pharmacy school in Amarillo, Texas. The mission of the school was to train the pharmacy practitioners and scientists of tomorrow. Today, the dream continues to evolve. The school now includes four campuses: Abilene, Amarillo, Lubbock, and Dallas/Fort Worth. Our newest campus is in Abilene, rated No. 15 among small metropolitan areas in *Money Magazine*. The Department of Pharmacy Practice has grown to include 61 full-time, state-paid faculty members and 21 residents, leading the way in pharmacy education, clinical practice, and research.

The expansion of the Abilene, Amarillo, Dallas/Fort Worth, and Lubbock campuses has created a need for **new** faculty members. The Department of Pharmacy Practice is recruiting candidates for the following positions:

- **Pediatrics:** Two pediatric faculty positions are available. One is a 12-month, full-time, nontenure-track faculty position at the assistant/associate professor level to be located on the **Abilene** campus. The entry-level position requires a Pharm.D. degree with a specialty residency or fellowship. One position is also available at our **Dallas/Fort Worth** campus.
- **Primary Care:** Four 12-month, full-time, nontenure-track faculty positions are available, located on any campus. Join the largest primary care, faculty division, in the nation!
- **Clinical Research:** Several openings exist for 12-month, tenure-track faculty positions in clinical and translational research, a result of the recently awarded Clinical & Translational Science Award (CTSA) at the University of Texas Southwestern Medical Center at Dallas. Texas Tech and UT Southwestern are collaborating to recruit clinical researchers. Applicants must have a Pharm.D., Ph.D., and/or M.D. degree with relevant postdoctoral experience. Competitive start-up packages and space are available.
- **Tenure-track Immunotherapeutics Research:** Two 12-month, full-time, tenure-track faculty positions exist. Created through a partnership between the city of Abilene and Texas Tech University Health Sciences Center, the *Center for Immunotherapeutics* offers unparalleled opportunity for research-focused clinical faculty. Unbelievable resources are available through private funds, university funds, and the Cancer Prevention Research Institute of Texas (CPRIT). Texas is taking cancer head-on. Our own *Center for Immunotherapeutics* is seeking clinician scientists to help bring fundamental discoveries to the patient's bedside. From new cancer biomarkers to drug development and screening, research areas abound.
- **Pharmacy Practice Management:** Two full-time—one senior, one entry-level—12-month positions in the Division of Practice Management with expertise in the following: pharmacy operations and management, financial management, health care policy, patient safety, outcomes, or health promotion/public health. Candidates must have a Ph.D., a Pharm.D., or a terminal degree in pharmacy, pharmacy administration, management/business, public health, health services administration, or related field.
- **Community Care:** Two full-time, nontenure-track, 12-month positions are available in **Amarillo** and **Abilene**. Required education and experience include a Pharm.D. degree. Postgraduate residency training is desirable but not required. Previous experience in pharmacy education, particularly in laboratory assessment or in an academic-affiliated practice, is also desirable.

To learn more about how TTUHSC can support your career and get you on the way to joining a winning team, please contact Dr. Cynthia Raehl at cynthia.raehl@ttuhsc.edu or call (806) 356-4010 or (806) 382-7164 (cell). Visit our Web site at <http://www.ttuhsc.edu/sop/pharmprac/>, or apply at <https://jobs.texastech.edu>.

**Clinical Pharmacy Specialty
Upstate University Hospital**

Upstate University Hospital is a level I trauma center recruiting for a full-time clinical pharmacist in the area of oncology/hematology, critical care, or medicine to provide clinical support to our established program. SUNY Upstate provides high-level clinical pharmacy services including critical care, toxicology, drug information, cardiology, ambulatory care, internal medicine, geriatrics, pediatrics, and infectious diseases.

In addition to involvement in our innovative clinical pharmacology program, selected clinical responsibilities include participation in bedside rounding, involvement in hospital formulary activities, and preceptorship of pharmacy students and residents. Additional opportunities are available in teaching, research activities, and publications.

This position requires at least 1 year of hospital experience and completion of a specialty residency or fellowship—or the experiential equivalent—in any of the above-listed patient care areas. A doctor of pharmacy (Pharm.D.) degree and board certification are preferred. A New York State pharmacy license is required. A generous salary and benefits package is available commensurate with qualifications.

Apply to position #028054 online at www.upstate.edu.

Contact Human Resources at (315) 464-4830 or by e-mail at boltons@upstate.edu.

An AA/EEO/ADA employer committed to excellence through diversity.