



### Qualifications of Pharmacists Who Provide Direct Patient Care

The American College of Clinical Pharmacy Board of Regents has released an important commentary central to all practitioners providing direct patient care as well as to health care administrators, policy-makers, and regulators.

Direct patient care practice involves the pharmacist's observation of the patient and his or her contributions to the selection, modification, and monitoring of patient-specific drug therapy. This is often accomplished within an interprofessional team or through collaborative practice with another health care provider.

*Council on Credentialing in Pharmacy. Scope of contemporary pharmacy practice: roles, responsibilities, and functions of pharmacists and pharmacy technicians.*

The commentary, titled "Qualifications of Pharmacists Who Provide Direct Patient Care: Perspectives on the Need for Residency Training and Board Certification" and approved by the Board of Regents on February 6, 2013, clarifies the College's position on the desired qualifications and privileges of pharmacists who provide direct patient care as follows<sup>1</sup>:

Clinical pharmacists who engage in the direct observation and evaluation of the patient and his/her medication-related needs; the initiation, modification, or discontinuation of patient-specific pharmacotherapy; and the ongoing pharmacotherapeutic monitoring and follow-up of patients in collaboration with other health professionals, should possess the education, training, and experience necessary to function effectively, efficiently, and responsibly in this role. Therefore, ACCP believes that clinical pharmacists engaged in direct patient care should be board certified (or board eligible if a Board of Pharmacy Specialties [BPS] certification does not exist in their area of practice) and have established a valid collaborative drug therapy management (CDTM) agreement or have been formally granted clinical privileges by the medical staff or credentialing system within the health care environment in which they practice.

The commentary delineates the contemporary and future credentials necessary to ensure high-quality pharmacist services and patient outcomes. In addition, it provides a current perspective on the need for residency training and board certification, both of which were first addressed in two profession-changing ACCP papers published in 2006 and in an ACCP position statement on the board certification of pharmacist specialists put forth by the 2010 ACCP Board Certification Affairs Committee.<sup>2-4</sup>

Detailed in the commentary is the rationale for this position and a summary of the growing evidence for, and understanding of, system expectations of the credentials held by the clinical pharmacist providing direct patient care.

1. Qualifications of pharmacists who provide direct patient care: perspectives on the need for residency training and board certification. *Pharmacotherapy* 2013. doi: 10.1002/phar.1285. Available at [http://www.accp.com/docs/positions/commentaries/ACCP\\_Brd\\_Commnty\\_Final\\_030513.pdf](http://www.accp.com/docs/positions/commentaries/ACCP_Brd_Commnty_Final_030513.pdf). Accessed May 2, 2013.
2. American College of Clinical Pharmacy's vision of the future: postgraduate pharmacy residency training as a prerequisite for direct patient care practice. *Pharmacotherapy* 2006;26:722-33.
3. Future clinical pharmacists should be board-certified specialists. *Pharmacotherapy* 2006;26:1816-25.
4. Board certification of pharmacist specialists. *Pharmacotherapy* 2011;31:1146-9.

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## Critical Care Pharmacy and Pediatric Pharmacy Specialties Recognized

Two new pharmacy specialties are now recognized by the Board of Pharmacy Specialties: Critical Care Pharmacy and Pediatric Pharmacy. The acknowledgment of these new specialties, announced in April of this year, brings the number of recognized pharmacy specialties to eight. Of the six existing specialties, Nuclear Pharmacy was the first to be recognized in 1978, followed by Nutrition Support Pharmacy and Pharmacotherapy in 1988, Psychiatric Pharmacy in 1992, Oncology Pharmacy in 1996, and Ambulatory Care Pharmacy in 2009 (Figure).

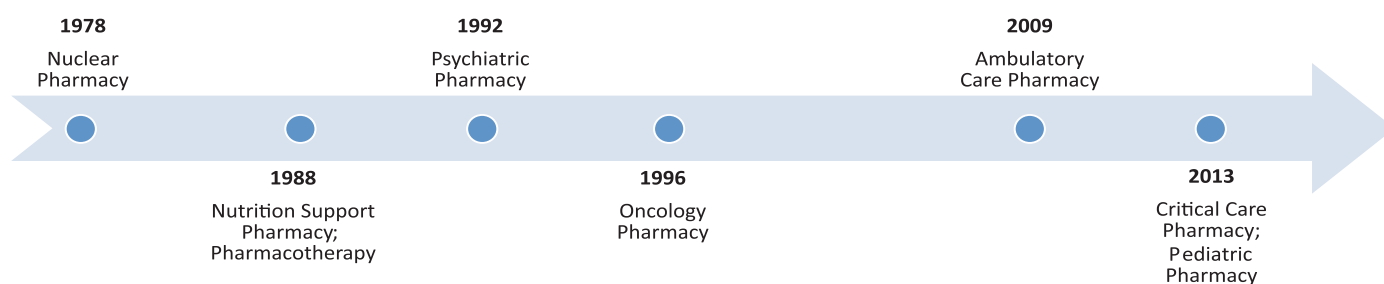
A specialty council for each of the two new specialties will be appointed to delineate the content outline for each

specialty. Certification examinations for both specialties are expected to be offered for the first time in 2015.

In accordance with its long history of providing high-quality professional development programs for pharmacist specialists, ACCP will offer preparatory programs for pharmacists seeking certification in either specialty. Information on these programs will be released as soon as plans are finalized.

For more information on ACCP's ongoing efforts to expand pharmacy specialties and the College's current preparatory and recertification programs for the pharmacotherapy, ambulatory care, and oncology specialties, visit [www.accp.com/careers/certification.aspx](http://www.accp.com/careers/certification.aspx).

**Figure. Time line for the recognition of pharmacy specialties.**



## Symposium on “Being a Clinical Pharmacist” to Be Offered in Haiphong City, Vietnam

In collaboration with the 13<sup>th</sup> Asian Conference on Clinical Pharmacy, the American College of Clinical Pharmacy will offer a pre-conference symposium titled “Being a Clinical Pharmacist: Applying Knowledge and Skills to Team-Based Patient Care.” The goal of the symposium is to demonstrate what clinical pharmacists do and how they do it.

This all-day symposium will be held on September 12, 2013. By the end of the symposium, participants will be able to explain how the clinical pharmacist applies pharmacotherapeutic knowledge and skills in real-life settings to effect improvement in patients' medication-related outcomes using illustrative patient cases in internal medicine, cardiology, nephrology, psychiatry, and infectious diseases.

The following sessions will comprise the symposium:

- An Overview of the Clinical Pharmacist's Practice

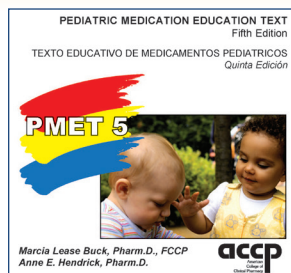
- Getting the Work Done on Hospital Wards and in the Clinic
- Internal Medicine Cases: Emphasis on Recommending Therapy
- Psychiatry Cases: Emphasis on Patient and Drug Pharmacotherapy Assessment
- Cardiology Cases: Emphasis on Monitoring
- Internal Medicine Cases: Emphasis on Patient Education
- Infectious Diseases Cases: Emphasis on Consultations
- Chronic Kidney Disease Cases: Emphasis on Collaboration
- Internal Medicine Case: Putting It All Together

Certificates of attendance will be issued to participants at the conclusion of the symposium. More information on the symposium is available at [www.accp2013.org/accp123/files/uploads/hai-phong-flyer.pdf](http://www.accp2013.org/accp123/files/uploads/hai-phong-flyer.pdf). To register, visit [www.accp2013.org/accp123/regonline/pay.php](http://www.accp2013.org/accp123/regonline/pay.php).

## Mark Your Calendar



## Book Highlights



### **Pediatric Medication Education Text**

an **accp** Publication

*Pediatric Medication Education Text* is a unique medication counseling resource developed for families with chil-

dren younger than 12 years.

The text encompasses simple, straightforward information on 389 alphabetically organized medications, focusing on products most often prescribed at hospital discharge or during pediatric ambulatory care visits. Information about each drug is made available in both English and Spanish using a question-and-answer format that is ideal for providing written medication information to caregivers without overwhelming them.

In addition, the text includes a section titled "How to Give Your Child Medicine," which covers the following most commonly used dosage forms:

- Eye (ophthalmic) drops
- Eye (ophthalmic) ointments
- Ear (otic) drops
- Nasal drops
- Nasal sprays and aerosols
- Oral liquid medicines
- Tablets and capsules
- Metered dose inhalers
- Nebulizers
- Rectal suppositories
- Subcutaneous injections

Available in online or CD-ROM format, this resource is easily accessible in any practice setting. Single-page information sheets can be conveniently printed to provide caregivers with relevant and easy-to-understand instructions. Sample sheets depicting the information for Acetaminophen/Acetaminofen are available at [www.accp.com/docs/international/0513/Acetaminophen-Acetaminofen\\_PMET.pdf](http://www.accp.com/docs/international/0513/Acetaminophen-Acetaminofen_PMET.pdf).

More information on this text is available at [http://www.accp.com/bookstore/product.aspx?pc=th\\_05pmet](http://www.accp.com/bookstore/product.aspx?pc=th_05pmet).

**Figure. Sample sheets depicting the information for Acetaminophen/Acetaminofen.**

MEDICATION INFORMATION FOR PEDIATRIC PATIENTS	
<b>Acetaminophen</b> (Brand Names: Tylenol, Panadol, others)	Dosing Instructions: _____ _____ _____
<b>What is this medicine for?</b> – used to relieve pain – used to reduce fever	
<b>How should I give my child this medicine?</b> – Give only the amount recommended by your child's doctor or on the package label. – Your child should not take acetaminophen more than 5 times in 1 day or for more than 3 days without the supervision of your child's doctor. – If giving your child a liquid, carefully measure and place directly into your child's mouth or mixed with food. – If giving your child a suppository, follow these instructions: – If the suppository seems too soft to use, chill it in the refrigerator. – Remove the foil wrapper and moisten the suppository with water. – Have your child lie down on his or her side, with the rectum toward you. – Insert the suppository into the rectum ½" to 1". – Hold your child firmly and remove your finger for 10 to 15 minutes.	

INFORMACIÓN MÉDICA PARA PACIENTES PEDIÁTRICOS	
<b>Acetaminofen</b> (Nombres comerciales: Tylenol, Panadol, otros)	Instrucciones de dosificación: _____ _____ _____
<b>¿Para qué se emplea este medicamento?</b> – alivia el dolor – baja la fiebre	
<b>¿Cómo debo darle el medicamento a mi hijo?</b> – Dé solamente la cantidad recomendada por el médico o por la etiqueta del paquete. – El niño no debe tomar acetaminofen más de 5 veces en un 1 día, o por más de 3 días, sin la supervisión del médico del niño. – Si le da al niño un líquido, mida cuidadosamente cada dosis con una jeringa oral, gotero o cuchara para medicina. Las gotas pueden colocarse directamente en la boca del niño o ser mezcladas con agua, leche o jugo. – Si le da al niño un supositorio, siga estas instrucciones: – Si el supositorio parece demasiado blando para usarse, enfríelo bajo agua fría o en el refrigerador. – Quite el papel de aluminio y humedezca el supositorio con agua. – Haga que su niño se acueste de lado, con las rodillas levantadas hacia el pecho. – Inserte el supositorio en el recto a 1/2" o 1", y sosténgalo en el lugar por un minuto. – Haga que el niño permanezca acostado de 10 a 15 minutos.	

## Clinical Reasoning Series Addresses Focal Patient Care Issues

### Clinical Reasoning Series



Now in its third year, the Clinical Reasoning Series will be offered on Saturday, October 12, 2013, in conjunction with the ACCP Annual Meeting in Albuquerque, New

Mexico. Two programs will be offered concurrently. Information on these programs follows.

#### Evidence-Based Screening and Prevention Strategies—

This program has been designed for board-certified ambulatory care pharmacists (BCACPs) and pharmacists seeking the most up-to-date overview of contemporary cost-effective and evidence-based screening and prevention strategies for cardiovascular diseases, type 2 diabetes mellitus, and chronic kidney disease.

#### Pain, Agitation, and Delirium in the Intensive Care

**Unit**—This program has been designed for board-certified pharmacotherapy specialists (BCPSs) and health-system pharmacists seeking the latest evidence and guidelines on contemporary strategies for assessing and optimally managing pain, agitation, and delirium, which help inform individual patient care and formulary decisions.

Each program will offer 6 hours of continuing pharmacy education credit. BCACPs and BCPSs seeking recertification credit must attend and successfully complete the Web-based posttest for the respective specialty by November 30, 2013. More information, including each program's learning objectives, agenda, faculty, and registration details, will be available in July 2013 at [www.accp.com](http://www.accp.com).

## A Message from the Editor

Dear Colleagues:

This issue of *ACCP International Clinical Pharmacist* features two articles that highlight important advances in clinical pharmacy practice. The article titled "Qualifications of Pharmacists Who Provide Direct Patient Care" summarizes commentary published by the American College of Clinical Pharmacy (ACCP) Board of Regents. This commentary further clarifies and elaborates on the College's position regarding the training and credentials required by clinical pharmacists who provide direct patient care. This is an important perspective for the profession as pharmacists continue to advance and expand patient care services.

In the Winter 2012–2013 issue of the newsletter, we highlighted ACCP's efforts to expand the recognition of pharmacy specialties. In this issue, the article titled "Critical Care Pharmacy and Pediatric Pharmacy Specialties Recognized"

reports on the two specialties most recently recognized by the Board of Pharmacy Specialties in April of this year. Recognition of these two new specialties will represent important distinctions for pharmacists providing care in these specialized areas of practice.

We hope you find these two articles, as well as the other articles in this issue, of interest and relevance to your professional career and practice.

Wafa Y. Dahdal, Pharm.D., BCPS

## Call for Papers

Individuals are invited to submit articles for publication in future issues of the newsletter in the following departments:

- Clinical Pharmacy Practice
- Clinical Pharmacist or Clinical Practice Profile
- Patient Care
- Research and Practice
- Pharmacy Education
- Continuing Professional Development

To obtain more information and submit an article, see Information for Authors at [www.accp.com/docs/international/InformationForAuthors.pdf](http://www.accp.com/docs/international/InformationForAuthors.pdf).

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To obtain more information and submit an advertisement, see the Advertising Rate Card at [www.accp.com/docs/international/RateCard.pdf](http://www.accp.com/docs/international/RateCard.pdf).



# BEING A CLINICAL PHARMACIST

## Applying Knowledge and Skills to Team-Based Patient Care

### PRE-MEETING SYMPOSIUM

Offered by the American College of Clinical Pharmacy

The 13th Asian Conference of Clinical Pharmacy

Haiphong, Vietnam

September 12, 2013

9:00 a.m. – 5:00 p.m.

#### PROGRAM GOAL

To demonstrate what clinical pharmacists do and how they do it.

#### OVERALL PROGRAM OBJECTIVE

At the end of this workshop session, participants will be able to explain how the clinical pharmacist applies pharmacotherapy knowledge and skills in real-life settings to effect improvement in patients' medication-related outcomes based on illustrative patient cases in internal medicine, cardiology, nephrology, psychiatry, and infectious diseases.

#### PROGRAM FACULTY

**Wafa Dahdal, Pharm.D., BCPS**  
*Director of International Programs*  
*American College of Clinical Pharmacy*

**Brian Hemstreet, Pharm.D., BCPS, FCCP**  
*Associate Professor*  
*University of Colorado*

**William Kehoe, Pharm.D., BCPS, FCCP**  
*Professor and Chair*  
*University of the Pacific*

**Alan Lau, Pharm.D., FCCP**  
*Professor and Director, International*  
*Clinical Pharmacy Education*  
*University of Illinois at Chicago*

**Michael Maddux, Pharm.D., FCCP**  
*Executive Director*  
*American College of Clinical Pharmacy*

#### PROGRAM

TOPIC	PRESENTER
Welcome and Introduction	Maddux and Lau
An Overview of the Clinical Pharmacist's Practice	Lau
Getting the Work Done on the Hospital Wards and in the Clinic	Maddux
Internal Medicine Cases: Emphasis on Recommending Therapy	Hemstreet
Psychiatry Cases: Emphasis on Patient and Drug Pharmacotherapy Assessment	Kehoe
Cardiology Cases: Emphasis on Monitoring	Dahdal
Internal Medicine Cases: Emphasis on Patient Education	Kehoe
Infectious Diseases Cases: Emphasis on Consultations	Hemstreet
Chronic Kidney Disease Case: Emphasis on Collaboration	Lau
Internal Medicine Case: Putting it All Together	Hemstreet
Summation	Maddux and Lau