Save by Registering by February 28 for ACCP Updates in Therapeutics® 2014 and ACCP Academy Programming

Register now at www.accp.com/ut and plan to attend ACCP Updates in Therapeutics® 2014 or ACCP Academy programming, April 11–15, 2014, at Chicago’s Hyatt Regency O’Hare in Rosemont, Illinois. This meeting will offer two comprehensive courses to help you prepare for the specialty certification examinations administered by the Board of Pharmacy Specialties (BPS) in Pharmacotherapy and Ambulatory Care Pharmacy.

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

Both the Pharmacotherapy and the Ambulatory Care Pharmacy review courses will be available for recertification credit. Earn 25.0 contact hours of BCPS recertification credit by attending and successfully completing the associated posttest for the Pharmacotherapy Preparatory Review and Recertification Course, or earn 31.0 contact hours of BCACP recertification credit by attending and successfully completing the associated posttest for the Ambulatory Care Pharmacy Preparatory Review and Recertification Course.

Basic meeting registration rates begin at $520 for ACCP full and associate members. (ACCP student, resident, and fellow member registration rates begin at the low price of only $255.) Basic meeting registration provides the following:

- Access to the Ambulatory Care Pharmacy OR the Pharmacotherapy review course lectures;
- Access to the available continuing pharmacy education credit (recertification credit is available with the recertification version of basic registration);
- Admission to the complimentary continental networking breakfasts offered Saturday through Monday;
- Access to the PDFs of the course workbook of your choice (either the Ambulatory Care Pharmacy workbook OR the Pharmacotherapy workbook); and
- A printed copy of the course slide decks of your choice (those for either the Ambulatory Care Pharmacy course OR the Pharmacotherapy course).

The workbook contains extensive and detailed content outlines for each lecture, self-assessment questions for each therapeutic area, and a series of patient cases to reinforce and help you gauge your mastery of the content.

Registration is also now open for ACCP Academy programming offered at the same time as ACCP Updates in Therapeutics®. With a separate registration, beginning at only $235 for ACCP full and associate members (ACCP student, resident, and fellow member registration rates begin at the low price of only $140), you may attend the ACCP Academy track of your choice (Career Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning), together with the following:

- Access to the available continuing pharmacy education credit;
- Program handouts to the ACCP Academy track session you attend; and
- Complimentary continental networking breakfasts Saturday through Monday.

The four tracks within ACCP Academy programming will present both required modules and elective courses, according to each program’s curricular schedule. Each track will concentrate its programming over a 2-day period to enable Academy participants to minimize travel expense and time away from their practice. For a full programming schedule, consult the ACCP Website at www.accp.com/ut.
Attention Students: Want to Maximize Your Ability to Secure a Residency Position? Register Today for “Emerge from the Crowd: How to Become a Standout Residency Candidate”

Are you planning to complete a residency after graduation? You probably know that of the 3933 PGY1 applicants who participated in the ASHP Resident Matching Program in 2013, about 37% did not match with a program.1 As competition among residency applicants continues to increase, it is important that students know the types of candidates sought by residency programs and learn the steps they can take now to distinguish themselves from the crowd.

Make plans to join ACCP at Chicago’s Hyatt Regency O’Hare this April for an informative and interactive program titled “Emerge from the Crowd: How to Become a Standout Residency Candidate.” This unique program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation. Students attending this exciting program will receive 12 hours of interactive programming over 2 days. This program begins on Saturday, April 12, and concludes on Sunday, April 13, running alongside the Updates in Therapeutics®: The Ambulatory Care Pharmacy Review and Recertification Course and the Pharmacotherapy Preparatory Review and Recertification Course.

Students will learn from experts in the field of clinical pharmacy about the steps that they can take now to rise above the competition when applying for a residency during their final academic year. Topics include maximizing experiential education opportunities, engaging in scholarly activity, navigating the final year of pharmacy school and the residency application process, writing CVs and residency applicant portfolios, and interviewing successfully. Attendees will also have the opportunity to sit down face-to-face with current residents and residency program directors to gain from their perspectives and advice during a special roundtable session.

Register today at www.accp.com/ec. Questions? Contact us at (913) 492-3311 or e-mail at accp@accp.com.


Don’t Miss the Opportunity to Participate in an ACCP Academy Teaching and Learning Webinar

The ACCP Academy’s Teaching and Learning Certificate Program will offer four 1-hour webinars this quarter as part of its recently enhanced curriculum. This month, the program will offer the first webinar, titled “Teaching and Technology Methods to Engage Students.” The second webinar, “Team-Based Learning in Pharmacy Education: Tools and Tips for Success,” will be offered in February.

With registration rates starting at only $69.00 for ACCP members and $99.00 for ACCP nonmembers not currently enrolled in the ACCP Academy, these webinars offer an economical way to bring a real-time, interactive learning experience right into your home or office. The webinars are free for all participants currently enrolled in any of the four ACCP Academy programs. Although participants need not be enrolled in the ACCP Academy to attend this webinar or to receive continuing pharmacy education credit, only enrollees of the Teaching and Learning Certificate Program will receive credit toward their completion of the certificate program.

Teaching and Technology Methods to Engage Students

Join ACCP for this interactive 1-hour webinar aimed at enhancing your teaching and learning abilities. The webinar will be held on Monday, January 27, 2014, from 8:00 p.m. to 9:00 p.m. (EST). Presented by Dr. Renato Cataldo, founder and chief executive officer of CrazyForEducation LLC, this webinar will focus on engaging students inside and outside class by applying technology to teaching and exploring methods to develop a better peer-to-peer instruction scenario. Participants will have the opportunity to review and select various electronic technologies to enhance their pharmacy education.

To receive 1.0 hour of continuing education credit, attendees must register and attend the webinar on January 27, 2014. Registration for “Teaching and Technology Methods to Engage Students” closes at midnight (CST), January 26, 2014. Take advantage of this learning opportunity by registering today.

Team-Based Learning in Pharmacy Education: Tools and Tips for Success

On Wednesday, February 12, 2014, from 7:30 p.m. to 8:30 p.m. (EST), ACCP will offer the second webinar of this series. Presented by Dr. Andrea Franks, associate professor in the Department of Clinical Pharmacy at the
University of Tennessee Health Science Center, College of Pharmacy, and in the Department of Family Medicine at the University of Tennessee Graduate School of Medicine, this webinar will provide an overview of team-based learning (TBL), highlighting its benefits for application in pharmacy education. This program will be useful to faculty members who are considering implementing TBL or who have some experience with this teaching method. Participants will be able to describe key components of TBL, including team formation, the readiness assurance process, and team application exercises. Perceived barriers and potential solutions will be described. Effective facilitation skills will be highlighted, and participants will gain a fundamental understanding of this creative, efficient active-learning strategy.

To receive 1.0 hour of continuing education credit, attendees must register and attend the webinar on February 12, 2014. Registration for “Team-Based Learning in Pharmacy Education: Tools and Tips for Success” closes at midnight (CST), February 11, 2014. Take advantage of this learning opportunity by registering today. Participation in each webinar is limited to 100 registrants. To reserve your place, register today.

Call for Nominations

Nominations for the 2014 “New” Awards (New Clinical Practitioner, New Educator, and New Investigator), 2014 Parker Medal, and 2014 ACCP Fellows (FCCPs) are now open and must be submitted by February 15, 2014. All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award and honor. This portal is available at http://www.accp.com/membership/nominations.aspx.

2014 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, the Parker Medal Selection Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2014.

2014 New Clinical Practitioner Award: This award recognizes 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. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) 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, including letters from non-ACCP members. Self nominations are
President’s Column

Gary C. Yee, Pharm.D., FCCP, BCOP

Time to Recombobulate

Do you feel discombobulated? Perhaps you should take some time to recombobulate. I recently learned what “recombobulate” means, and I think it’s a pretty useful word. Recombobulate means “to recover from a state of confusion or disorganization” or “to gather one’s thoughts or composure.” Recombobulation is the opposite of “discombobulation”; discombobulated means to feel “disconnected,” “unbalanced,” “out of order,” or “confused.” Who knows? Maybe the pharmaceutical industry is developing a new drug for the treatment of discombobulation. Or maybe someone will rename “delirium” as “acute discombobulation.” Discombobulation sounds more serious than delirium, don’t you think? The Milwaukee airport renamed the area just beyond the security check area “The Recombobulation Area.” What an appropriate and clever name for an area where airport passengers go to collect themselves after going through security! Members of the American Dialect Society, a society dedicated to the study of the English language, agreed, naming “recombobulation area” the most creative word of the year for 2008.

Organizations and associations, like individuals, need to recombobulate on a regular basis. As ACCP grows as an association, it is tempting to get involved in activities that are not central to ACCP’s mission. ACCP uses strategic planning to maintain its focus. The ACCP Board tracks and reviews strategic plan progress on a regular basis. During 2013, the ACCP Board of Regents engaged in a process to formally revisit and update the College’s strategic plan. The updated plan, published in the November 2013 issue of the ACCP Report (see http://www.accp.com/report/index.aspx?iss=1113&art=1), updates the previous plan approved in November 2010. ACCP’s core values, mission, and priorities remain the same. ACCP will continue to develop, advance, and position clinical pharmacists within the current health care environment. Many of the strategic directions and

2014 New Educator Award: This award recognizes and honors 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. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) 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, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2014.

2014 New Investigator Award: The purpose of this award 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 at the time of nomination. In addition, 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., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) 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, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2014.
objectives are revised or new, and many of these changes support and advance the new ACCP Medicare initiative. For example, the 2013 strategic plan uses more specific terms such as direct patient care, comprehensive medication management (CMM), and team-based patient care. New strategic directions (and objectives) were added in the areas of student engagement, leadership development, and collaborations with international clinical pharmacists.

Last November was the 1-year anniversary of the launch of ACCP’s Medicare benefit initiative. In the Washington Report in the November issue of the ACCP Report, Mr. McGlew provides an excellent summary of the progress made and the lessons learned by ACCP in advancing its Medicare initiative on Capitol Hill. I would like to highlight some of the lessons learned. Lesson No. 1: the policy of our proposal is fundamentally sound. Our message of “Getting the Medicines Right” is simple and understandable, and it makes sense to legislators, health care professionals, and the public. Our proposal is specific; it defines the service provided (the “what”), the individuals qualified to provide that service (the “who”), and the healthcare system that delivers the service (team-based care focused on collaborative drug therapy management). And Lesson No. 5: our success will require the participation of ACCP members. Grassroots advocacy and financial support are critical to ACCP’s success. ACCP established the Political Action Committee (PAC) in 2010 to help facilitate its advocacy agenda. Financial support of the ACCP-PAC provides evidence to legislators of the level of support for the Medicare initiative. As ACCP continues to work with lawmakers to introduce legislation establishing CMM provided by qualified clinical pharmacists as a Medicare benefit, now is a critical time to contribute to the PAC! If every associate and full ACCP member gave up one soft drink or coffee each month and donated that amount to the PAC (about $25 per year), the balance of the PAC would increase by about $250,000, which would make it one of the largest PACs among the major pharmacy organizations. Members of the ACCP Board of Regents have all made contributions to the PAC—we ask that ACCP members follow our lead!

Many people use the holidays as a time to recombobulate. They reflect on events that occurred during the past year and reevaluate goals for the next year. About 45% of Americans make New Year’s resolutions. This year, I used that time to recombobulate. During the fall semester, piles of papers would eventually form on my desk. I went through all of these papers on my desk, filling several large recycling containers in the process. And I got caught up on my e-mails. I no longer felt discombobulated. Best wishes for a less-discombobulated 2014 for you, too!

Scholarships Available for Focused Investigator Training Program

Five PRNs and the Research Institute have already committed to offering tuition support for applicants accepted to the 2014 Focused Investigator Training (FIT) Program:

- Critical Care: 2 full-tuition scholarships
- Infectious Diseases: 2 full-tuition scholarships
- Adult Medicine: 1 full-tuition scholarship
- Ambulatory Care: 1 full-tuition scholarship or 2 half-tuition scholarships
- Hematology/Oncology: 1 full-tuition scholarship
- Immunology/Transplantation: 1 full-tuition scholarship
- Education and Training: 1 half-tuition scholarship
- Research Institute: 1 full-tuition scholarship to project using the PBRN

Those interested in learning more about the FIT Program should join one of the remaining informational conference calls: Wednesday, January 22, 2014, 4:00–4:30 p.m. (EST); or Tuesday, February 4, 2014, 7:00–7:30 p.m. (EST). FIT Program Faculty Mentors will be present during each call to provide an overview of the program as well as to answer applicants’ questions about the program and its application/selection process. Please contact Carla Scarborough at cscarborough@accp.com at least 24 hours before a scheduled call to confirm your participation and receive the dial-in information for the call.

The 5-day FIT Program will be held July 10–14, 2014, at the University of Georgia College of Pharmacy in Athens, Georgia. FIT Program applications are due on March 31, 2014. For information about the FIT Program or to download an application, please visit http://www.accpri.org/fit/.

ACCP Research Institute Recognizes 2013 Donors

The ACCP Research Institute would like to thank all of the 2013 Frontiers Fund donors. Because of their generosity, the Frontiers Fund is able to support the Institute’s efforts to develop clinical pharmacy researchers and advance clinical pharmacy research.

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Frontiers Fund is able to support the Institute’s efforts to develop clinical pharmacy researchers and advance clinical pharmacy research.
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The clinical pharmacist often encounters patients with serious or life-threatening complications that require immediate therapy. Critical and Urgent Care, the next release in the Pharmacotherapy Self-Assessment Program (PSAP), presents the latest evidence-based information on the pharmacologic management of disorders commonly seen in ICUs, emergency departments, and medical/surgical wards.

The first module examines cardiac arrest and advanced cardiac life support; care of the patient with acute burn injury; antibiotic use in patients receiving continuous renal replacement therapy; and off-label drug use in the ICU. The focus shifts in the second module to thrombolytic therapy in the patient with acute ischemic stroke; thrombotic and bleeding diatheses; and infection (in critically ill patients), as well as pain, agitation, and delirium in the ICU. The third module discusses the care of the kidney transplant recipient, the management of severe sepsis and septic shock, and the rare, but potentially fatal, epidermal disorders Stevens-Johnson syndrome and toxic epidermal necrolysis.

Critical and Urgent Care will be released January 15 and has three learning modules with 23.0 available continuing pharmacy education (CPE) credits. The Board of Pharmacy Specialties (BPS) has approved PSAP for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification.

To enhance learning, PSAP chapters are now fully referenced, with online links to literature compilers such as PubMed. In addition, hypertext links provide ready access to clinical practice guidelines, official recommendations, and patient assessment tools. New graphic features focus on pivotal studies, patient care scenarios, and take-home points that can be readily integrated into clinical practice.

Critical and Urgent Care is designed to assist clinical pharmacists who want to:

- Distinguish the major changes in the most recent treatment guidelines for adult advanced cardiac life support in emergency cardiovascular care.
- Describe the role of hypothermia in post–cardiac arrest care to optimize survival and neurologic recovery.
- Develop a fluid resuscitation plan for a patient with burn injury, including weighing the risks and benefits of crystalloid-, colloid-, and hypertonic saline–based strategies.
- Develop a pharmacotherapy plan for a patient on continuous renal replacement therapy by applying the principles of pharmacokinetics, pharmacodynamics, drug removal, and drug dosing.
- Devise a rational approach to assessing evidence-based guideline recommendations for off-label drug use when applied to clinical practice.
- Design an individualized treatment plan for the use of intravenous and intra-arterial thrombolytic therapy in a patient with acute ischemic stroke.
- Develop a plan for monitoring and providing post-thrombolysis care, including blood pressure control, thromboembolic prophylaxis, and antiplatelet therapy, for a patient receiving thrombolytic therapy.
- Apply recent guideline recommendations to develop an appropriate anticoagulant regimen for patients requiring acute treatment of venous thromboembolism.
- Develop a treatment plan for the reversal of novel oral systemic anticoagulants in patients requiring an emergency surgical procedure.
- Identify pathogens associated with ICU infections to design a therapeutic plan to optimize treatment.
- Evaluate a patient’s depth of sedation, analgesia, and delirium using the appropriate bedside assessment scales.
- Assess the immediate and early posttransplant course of the kidney transplant recipient, including complications related to immunosuppressive drugs.
- Develop a treatment pathway for the care of patients with severe sepsis or septic shock that incorporates the 2012 Surviving Sepsis Campaign guideline recommendations and care bundle.
- Distinguish Stevens-Johnson syndrome and toxic epidermal necrolysis from other dermatologic emergencies.

The content of *Critical and Urgent Care* was developed under the leadership of Faculty Panel Chair Steven E. Pass, Pharm.D., FCCP, FCCM, BCPS. Editors for the 2013–2015 PSAP series are John E. Murphy, Pharm.D., FCCP, FASHP; and Mary Wun-Len Lee, Pharm.D., FCCP, BCPS.

PSAP 2013–2015 books are available singly or as a six-book series and in four format packages. Other books in the series are *Cardiology/Endocrinology, Special Populations, Chronic Illnesses, Infectious Diseases*, and *CNS/Pharmacy Practice*. To obtain information on specific release dates and available CPE credits, or to place your online order, visit the ACCP Online Bookstore. Books are priced as follows; shipping and handling charges apply to print books only.

### PSAP 2013–2015

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**Enhance Your Scholarly Activity: Join the ACCP Academy’s Research and Scholarship Certificate Program**

The ACCP Academy’s Research and Scholarship Certificate Program is designed to help clinical pharmacists develop basic clinical research and scholarly abilities. Established by ACCP in 2008, the program integrates research theory with practical applications while involving participants in scholarly work early in the curriculum. Participants are challenged to explore individual professional research and scholarly activity goals to make the experience as relevant as possible within their respective professional contexts. A certificate of completion is awarded to participants who complete 26.0 contact hours: 22.0 hours of required modules and 4.0 hours of electives. The program’s required modules are as follows:

- Prerequisite Module: Research Primer (6.0 hours)
- Module No. 1: Basics of Clinical Research (4.0 hours)
- Module No. 2: Statistical Issues (4.0 hours)
- Module No. 3: Regulatory/Ethical Issues (4.0 hours)
- Module No. 4: Conducting and Reporting Research (4.0 hours)
Each elective module, consisting of 2.0 contact hours of instruction, is designed to meet the widely varied needs of program participants, focusing on specific areas of research and scholarship not covered in-depth by the required modules.

Position yourself to lead and participate in the future of clinical research by enrolling in the ACCP Academy’s Research and Scholarship Certificate Program. Visit the ACCP Academy today at www.accp.com/academy to enroll and to learn more about the Research and Scholarship Certificate Program. To view the complete schedule and register for Research and Scholarship programming this spring, visit www.accp.com/acad.

ACSA Releases Endocrinology/Rheumatology

Prevention and management of rheumatologic and endocrinologic disorders is a common concern of the clinical pharmacist working in the ambulatory care setting. Endocrinology/Rheumatology, the next release in the Ambulatory Care Self-Assessment Program (ACSA), presents evidence-based updates on a wide range of these disorders.

The first module focuses on the treatment of diabetes and obesity, with chapters on current guidelines in the treatment of hyperglycemia, the prevention and treatment of diabetes-related complications, practice management issues in diabetes, and the prevention and treatment of obesity and metabolic syndrome. The second module examines other endocrinologic topics such as adrenal/pituitary disorders, thyroid/parathyroid disorders, and testosterone replacement therapy. Pharmacotherapy of the more common rheumatologic disorders is detailed in the third module, including chapters on the treatment of rheumatoid arthritis, systemic lupus erythematosus, and gout/hyperuricemia.

Endocrinology/Rheumatology will be released January 15 and has three learning modules with a total of 18.5 available continuing pharmacy education (CPE) credits. The Board of Pharmacy Specialties (BPS) has approved ACSA for use in Board Certified Ambulatory Care Pharmacist (BCACP) recertification.

All ACSA chapters are fully referenced, with online links to literature compilers such as PubMed. Hypertext links provide ready access to clinical practice guidelines, official recommendations, and patient assessment tools. New graphic features focus on pivotal studies, patient care scenarios, and take-home points that can be readily integrated into clinical practice.

Endocrinology/Rheumatology is designed to assist clinical pharmacists who want to:

- Analyze the controversies surrounding available treatment options for hyperglycemia and their place in therapy.
- Assess new and emerging treatment options for hyperglycemia to determine their appropriate place in therapy.
- Develop a plan to establish an accredited diabetes education program.
- Demonstrate an understanding of current billing options as they pertain to diabetes self-management education/training.
- Distinguish the types of bariatric surgery, including expected risks, benefits, and implications for long-term pharmacologic management of comorbid disease states.
- Evaluate a patient with adrenal or pituitary disorders for the appropriateness of pharmacologic therapy versus nonpharmacologic interventions.
- Design a pharmacotherapy plan for a pregnant patient with hypothyroidism to minimize fetal and maternal risks.
- Evaluate drugs used to manage hyperparathyroidism and develop strategies for their use.
- Distinguish between total testosterone, free testosterone, bioavailable testosterone, and other factors within the context of the goals for testosterone replacement therapy.
- Develop a plan for the nonpharmacologic management of gout and hyperuricemia.
- Design a safe and effective drug regimen, including a monitoring plan to ensure safety and efficacy, for an individual patient with rheumatoid arthritis.
- Apply current treatment recommendations to the management of lupus nephritis and antiphospholipid syndrome.
- Develop a plan to monitor therapy and optimize drug use to prevent or minimize systemic lupus erythematosus flares and complications.

The content of Endocrinology/Rheumatology was developed under the leadership of Faculty Panel Chair Brian K. Irons, Pharm.D., FCCP, BCACP, BCP, BC-ADM. Series Editors for this new home-study program are
ACCP Report January 2014

 Betty J. Dong, Pharm.D., FCCP, FASHP, AAHIVP; and David P. Elliott, Pharm.D., FCCP, FASCP, CGP, AGSF.

ACCP 2013–2015 books are available singly or as a six-book series and in two format packages. Other books in the series are Pulmonary/Preventive Care, Infection Primary Care, Cardiology Care, Neurologic and Psychiatric Care, and Women’s and Men’s Care. To obtain information on specific release dates and available CPE credits, or to place your online order, visit the ACCP Online Bookstore. Books are priced as follows.

**ACCP 2013–2015**

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New PRN for Global Health Proposed

Are you vested in global health through your practice or research interests? Global health is an area that is not addressed by our current PRN roster. Creating and joining a PRN that focuses on practitioners and educators in global health will provide you with the benefits enjoyed by other PRNs, which include increasing your networking, involvement, and leadership opportunities; obtaining high-quality educational programming focused on your needs; and expanding your areas of practice and research. Potential activities of this proposed PRN include developing published resources for practitioners and trainees, highlighting and awarding excellence in practice and research, and promoting awareness of opportunities in this specialty area.

To submit an application for a new PRN, at least 50 current ACCP members are required to indicate their interest in joining. Names and e-mail addresses of interested members will be accepted until February 28, 2014, through the link at [https://www.surveymonkey.com/s/NPJK6PN](https://www.surveymonkey.com/s/NPJK6PN). Interested members will receive updates on the status of the application as they become available. For questions, comments, or suggestions, please contact Renee Holder (rholder@roseman.edu).

ACCP Member Spotlight: Amber Castle

Dr. Amber Castle started her career as a pharmacy technician at a Stop & Shop pharmacy when she was 16 years old. For the first time, she understood that pharmacists did much more than manage the inventory. She admired their compassion and the strong personal relationships they built with their clients. It was then that she decided to pursue pharmacy as a career. After starting college at the University of Rhode Island in Kingston, Rhode Island, Castle learned that pharmacists had many roles outside retail pharmacies. She spent a summer volunteering at Yale-New Haven Hospital (YNHH) in New Haven, Connecticut. During that time, she had the opportunity to shadow Bryan Polsonetti, a clinical pharmacist, in the surgical ICU. She saw patients, discussed their care as an equal member of the medical team, and was able to make real-time interventions before a prescription was ever written. That was when she knew she wanted to be a pharmacist specializing in the care of the critically ill. In 2007, Castle graduated magna cum laude with a Pharm.D. degree and a certificate in French and pharmacy. She worked as a pharmacy intern at YNHH most weekends throughout college and went on to complete a PGY1 pharmacy practice residency. She finished her training at just the right time and was able to immediately transition into her current position as the neuroscience ICU (NeuroICU) pharmacist.

As the NeuroICU clinical specialist, Castle is responsible for epilepsy, neurology, and neurological surgery services. She has found the neuroscience pharmacy community welcoming, vibrant, and dynamic. She believes neuroscience really stands out as a field in which pharmacists are exceptionally well represented at the highest levels of leadership. Gretchen Brophy, Theresa Murphy-Human, and Denise Rhoney are mentors and role models who have inspired Castle to get involved with collaborative, multicenter research and interdisciplinary education. It is truly an exciting time to practice in neuroscience. Today, Castle wears many hats in addition to her primary role. As the lead ICU pharmacist, she helps coordinate policy and other initiatives across the ICUs. As a part-time lecturer in the Yale School of Nursing nurse practitioner program, she coordinates two pharmacology courses. As the director of the PGY2 critical care pharmacy residency program, she is responsible for the recruitment and training of two residents.

Castle is also proud to be a member of the Connecticut 1 (CT-1) disaster medical assistance team. The CT-1
team was deployed to New York during Hurricane Sandy in 2012; however, she was sent to join the Tennessee 1 (TN-1) team in New Jersey, which needed an additional pharmacist. These teams were among the first of many in the United States to respond to the disaster. Castle found it a challenge not knowing where she would be located or exactly what to expect, and it was a little scary driving through a hurricane! However, thanks to the amazing TN-1 team led by Team Commander Teddy Rogers, the team was able to quickly set up a functional base of operations and start seeing patients immediately after the storm. The pharmacy team, Roberta Keeton, Stephen Wickizer, and Patricia Wilcox, led by the multitalented Glenn Susskind, successfully operated a pharmacy out of a tent on the Rutgers campus and then out of the back of a truck at a convention center in Atlantic City, New Jersey, for 2 weeks. While there, the team assisted with therapeutic interchange, drug information, drug selection and dosing, and inventory management. YNHH and the pharmacy department management team fully supported this humanitarian mission.

Castle is grateful for the many opportunities she has had over the years. She feels privileged to be part of an amazing department of talented, dedicated, and incredibly intelligent pharmacists at YNHH. One of the best parts of her job is the opportunity to work with students and residents. Their energy and enthusiasm is contagious and pushes her to do more and learn more. She is thankful for her mentors, especially Jim Sarigianis, Eric Tichy, Marina Yazdi, and Lori Lee, for all of their encouragement and support.

From the Desk of an ACCP PBRN Community Advisory Panel Member: When Should an Investigator Collaborate with a Statistician?

Orly Vardeny, Pharm.D.
Member, ACCP PBRN Community Advisory Panel

One of the most important lessons investigators learn in research is the value of collaborating with a statistician. Nothing is worse than trying to analyze data from a study only to discover that incorrect assumptions about power and approach severely limit the ability to draw meaningful conclusions from the completed research. Consulting with a statistician having expertise in a specific area (epidemiology, genetics, etc.) before study initiation and throughout data analysis will maximize the impact of the research and its ability to contribute to science.

1. Before data collection. One could argue that seeking feedback from a statistician during the planning phases of a project is even more important than after the study is completed. Although the investigator has expertise regarding the clinical relevance of an outcome measure, the statistician can weigh in on the most appropriate sampling approach to answer the research question. This evaluation will consider the sample size required, the type of and frequency of measurements, the potential threats to study validity, and the most efficient use of resources.

2. During data collection. The unpredictable nature of research can result in the need to change the study design, perform interim analyses, or otherwise adapt study operations. A statistician can help update sample size estimates and continue to offer feedback on challenging issues, such as how to handle missing data.

3. After data collection. Although it is ideal to engage a statistician before initiating a project, statisticians are often consulted after data have already been collected. At this stage, working with a statistician helps ensure appropriate analysis methods for the types of data collected. Often, the statistician incorporates novel techniques that help clarify study findings. The statistician also advises on potential confounders to consider and the interpretation of results from outliers. Whether or not investigators perform the analyses themselves, it is always prudent to ask the project statistician to check the accuracy of the code and statistical output. Finally, as co-authors on abstracts and manuscripts, statisticians help hone the research message and ensure that conclusions are supported by the data presented.

When should an investigator collaborate with a statistician? Answer: early and often.

2014 ACCP Clinical Pharmacy Challenge: The Excellence Continues

ACCP’s national pharmacy student team competition returns in 2014. Now in its fifth year, the Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2014 ACCP Annual Meeting in Austin, Texas, in October. Plan now to participate this fall.
Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a “quiz bowl”–type format. Only one team per institution can enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a local competition. The local competition exam will be available by e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com on or after April 7, 2014.

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Austin, Texas, from October 11 to 13, 2014.

Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment is developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/lightning
- Clinical case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive three complimentary student full-meeting registrations. Each team member will receive an ACCP gift certificate for $125 and a certificate of recognition. In addition to the above, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a $750 cash award ($250 to each member) and a commemorative team plaque. The winning team will receive a $1500 cash award ($500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison. If no ACCP Faculty Liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility is September 2, 2014.

For more information on the ACCP Clinical Pharmacy Challenge, including the competition schedule and the FAQ section, please click here.
The following individuals recently advanced from Associate to Full Member:

Abby Bailey
Renan Bonnel
Kimberly Carozzoni
Thomas Champa
Cherie Chu
Jason Corbo
Thomas Dilworth
Kelsey Duplaga
Matthew Gillespie
Adriane Irvin
Allison Jamison
Phillip Lee

Dorothy Wang
Nan Wang
Wesley Wang
Trevor Warner
Aimee Washam
Rachel Washburn
Daleanore Waver
Whitney Weeks
Emily Wells
Stewart Wetmore
Bradford White
Kayley Will
Jessica Williams
Jordan Williams
Alyssa Wilson
Jennifer Wilson
Matthew Wilson
Solomon Winans
Natalie Winings
Lucia Wu
Deanna Wung
Lianjie Xiong
Shane Yan
Akio Yanagsawa
Madonna Yehia
Cindy Yiu
Brigitte Yoder
Kaeun Yoo
Mahwish Yousaf
Carmen Yu
Lauren Zachary
Candace Zahn
Cecilia Zappa
Evan Zasowski
William Zhang
Punli Zheng
Samand Zhian
New Member Recruiters

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

Sara Ayele          Ifeanyi Onor
Cassandra Benge     Ryan Pett
Scott Bergman       Patrick Ratliff
Mitchell Buckley    Sara Richter
Raymond Cha         Mohamed Sarg
Lindsey Clark       Michael Simpson
Kathryn Connor      Tara Smith
Tori Cunningham     Melanie Townsend
Gurinderpal Doad    Joseph Trang
Kristine Ferreira   Veena Venugopalan
David Ferris        Angie Veverka
Roseann Gammal      Geoffrey Wall
Garrett Heitmann    Erica Wang
Thaddaus Hellwig    Lori Wetmore
Kristen Hesch       Mahwish Yousaf
Melisande Hinds
Kimberly Hodulik
Maximillian Jahng
Katie Kiger
Stephanie Lager
Tim Lewis
Rani Madduri
Suzanne Marques
Blair Maxwell
Pamela Maxwell
Ann Meador
Katherine Mieure
April Miller Quidley
Jennifer Mitchell
Jeremy Moretz
Julie Murphy
Erin Neal