

# ACCP Report

American College of Clinical Pharmacy

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

Vol. 31, No. 7; July 2012

## Yee Chosen ACCP President-Elect

**Gary Yee**, Pharm.D., FCCP, BCOP, was chosen ACCP President-Elect in annual elections held this past spring. Dr. Yee is professor and associate dean, College of Pharmacy, University of Nebraska Medical Center, Omaha, Nebraska. Dr. Yee has been a full member of ACCP since 1984. His service to ACCP includes membership on the Research Institute Board of Trustees (1990–1992 and 2007–2009); founding director of the ACCP Research and Scholarship Certificate Program; faculty mentor for the ACCP Focused Investigator Training Program; editorial board member and scientific editor for *Pharmacotherapy*; and member or chair of several ACCP committees. He has presented often at ACCP meetings and has contributed original research papers to *Pharmacotherapy*. He was recognized as an ACCP Fellow in 1992.



Gary Yee



Bradley Phillips



Suzanne Nesbit



Terry Schwinghammer

In other election results, **Bradley Phillips**, Pharm.D., FCCP, BCPS, was elected treasurer, and **Suzanne Nesbit**, Pharm.D., CPE, and **Terry Schwinghammer**, Pharm.D., FCCP, BCPS, were selected as regents. They will be installed at the 2012 Annual Meeting for 3-year terms. Dr. Phillips is the Millikan-Reeve Professor and Head for the Department of Clinical and Administrative Pharmacy at the University of Georgia College of Pharmacy and director of the university's Obesity Initiative Clinical Trials Unit; Dr. Nesbit is a clinical pharmacy specialist in Pain Management and Palliative Care at The Johns Hopkins Hospital Department of Pharmacy, and she holds faculty appointments in the Department of Oncology at the Sidney Kimmel Comprehensive Cancer Center and the School of Pharmacy at the University of

Maryland; and Dr. Schwinghammer is professor and chair of the Department of Clinical Pharmacy at the West Virginia University School of Pharmacy.

**Larisa Cavallari**, Pharm.D., FCCP, BCPS, and **Michael Ernst**, Pharm.D., FCCP, FCCM, were each elected to 3-year terms as Research Institute trustees. Dr. Cavallari is associate professor, Department of Pharmacy Practice, and adjunct associate professor, Department of Biopharmaceutical Sciences, at the University of Illinois at Chicago. Dr. Ernst is clinical professor in the Department of Pharmacy Practice and Science, College of Pharmacy, and in the Department of Family Medicine, Carver College of Medicine, at The University of Iowa in Iowa City, Iowa.



Larisa Cavallari



Michael Ernst

Dr. Yee will be installed as president-elect at the 2012 ACCP Annual Meeting in Hollywood, Florida, and he will assume the presidency the following year. As president, he will serve as chair of the Board of Regents and guide College programs and activities. In an interview with the *ACCP Report*, Dr. Yee commented:

I am honored to be elected as ACCP President-Elect. It is particularly meaningful for me because of the important role that ACCP has played in my own professional growth and development. I look forward to working with ACCP members, leaders, and staff to advance ACCP's mission and meet the needs of its members. ACCP has always been a member-driven organization, and I encourage all members to be actively involved with the organization and to provide feedback to the ACCP Board and staff. Thank you for your vote of confidence and I look forward to the next three years!

Other candidates for office in the 2012 elections were John (Jack) Burke, Grace Kuo, Gary Levin, Mark Munger, Evan Sisson, and Judith Smith.

## Should Organized Clinical Pharmacy Promote a Consistent Process of Patient Care Provided by Clinical Pharmacists That Can Apply to Any Clinical Practice Setting?

### Part IIIA: Comparative Analysis of Current Practice Models: Strengths, Weaknesses, Similarities, Differences, and Applicability to Different Practice Settings

2012 ACCP Public and Professional Relations Committee<sup>a</sup>

*Editor's note: This is the third installment of a multipart commentary prepared expressly for the May through September 2012 issues of the ACCP Report.*

In this continuing series of commentaries exploring whether clinical pharmacy should promote a consistent process of patient care that could apply to any clinical practice setting, we set the stage by providing a background on the issue in part I (see <http://www.accp.com/report/index.aspx?iss=0512&art=1>) and then provided a summary of five different models of clinical pharmacy practice in part II (see <http://www.accp.com/report/index.aspx?iss=0612>). In this month's "part IIIA" (the remainder of this segment will appear next month), we provide a more detailed analysis of each model by detailing its respective strengths, weaknesses, similarities and differences, and applicability to different practice settings.

The availability of many pharmacy practice models provides opportunities to identify a set of requisite clinical practice components. However, it also creates challenges in selecting or creating one "best" patient care process that promotes consistency among clinical pharmacists in all practice settings. We strongly believe that for the profession of pharmacy to advance to the next level of its evolution, and for clinical pharmacists to establish a definitive role within the health care team, a uniform model of clinical pharmacy practice must be implemented. As we note in part I, this model should outline and promote a logical sequence of processes that achieves the objective of improving patient outcomes. The process should include steps—or clearly sequenced activities—that will occur *every time* a clinical pharmacist sees a patient, no matter the setting, the conditions present, or the medications involved. This practice process should be articulable, measurable, codeable, and researchable. Those outside the pharmacy profession who read a description of

the practice should be able to understand it, and clinical pharmacists should be able to implement it routinely. We acknowledge that the impact of such clinical pharmacy practice models on patient outcomes has not yet been convincingly shown, but this is true for the other health professions as well. We believe that additional research to more thoroughly evaluate the benefits of such a practice can only be accomplished once a uniform and consistent process is in place.

As these current models are discussed, ask yourself which model, if any, you think would be best for all clinical pharmacists to adopt. Or, perhaps you believe that a combination of models, or an altogether new model, should be developed. Remember, we know WHO we are. We now need to determine, demonstrate, and communicate specifically WHAT we do, and then do it consistently!

### CLINICAL PHARMACY PRACTICE MODELS Pharmaceutical Care<sup>1</sup>

#### Strengths

The pharmaceutical care model is comprehensive and systematic. This model includes the important components of identification, resolution, and prevention of medication-related problems (MRPs) and a determination of whether patient outcomes have been met, as well as an assessment of the patient's medication experience. In the pharmaceutical care model, the pharmacist takes responsibility for a patient's outcomes related to his or her drug-related needs. The model was introduced more than 20 years ago; therefore, it is widely recognized by pharmacists.

#### Weaknesses

This model (with the terminology used) is probably known mostly to pharmacists and is likely not recognized as readily by other health care professionals or payers. The detailed descriptions of the process are largely available only in texts and have not been published in complete form in the biomedical literature. This restricts the model's dissemination to those who have access to the texts. Many steps are involved in this process, all outlined in great detail in the textbooks, and an actual patient visit encompassing every component of the model could take a great deal of time and might not be perceived as practical for some busy patient care practices. The general concepts and philosophies of this practice are consistent with what a model of clinical pharmacy practice should be, but it may too prescriptive with respect to its steps.

Medication-related problems exist that may not fit into the available categories. For example, a patient who is unable to use a metered dose inhaler or insulin pen correctly, but who otherwise adheres precisely to his or her medications, would be classified as nonadherent. This problem would be more accurately classified under administration than adherence, but no such category exists.

#### *Applicability to All Clinical Practice Settings*

The pharmaceutical care model is largely tailored toward primary care settings; however, it is intended to be applicable to all patient care settings, including hospitals and long-term care facilities. Pharmaceutical care is described as a generalist practice, and its authors maintain that only if pharmaceutical care is practiced widely can specialist practice be developed. From the description, it appears to us that this model focuses more on an “independent” practice model than on models in which the pharmacist works collaboratively with other providers.

A potentially significant factor that could limit the applicability of this model to all practice settings is the substantial amount of time that pharmaceutical care patient encounters can require, including preparation time reviewing the patient’s chart, actual time involved in the patient encounter, and time required for documentation. It appears that every component of the practice needs to be included, with no allowance for abbreviated applications, should time constraints exist.

### **Medication Therapy Management (MTM)<sup>2</sup>**

#### *Strengths*

This model is a component of Medicare Part D and is therefore well known by pharmacists, other health care professionals, and payers. The model meets the requirement of providing patient-centered health care. The pharmacist, working collaboratively with the patient, is central throughout the five core elements of the MTM process. The pharmacist-patient relationship is kept distinct and separate from the patient’s relationship with the other members of the health care team. Patients are proactively involved not only in the creation and maintenance of their medication therapy plan but also in helping to resolve any MRPs.

#### *Weaknesses*

The MTM model does not address in any detail the pharmacist interacting and communicating with the other members of the health care team (e.g., physicians,

nurses, and other practitioners who may be caring for the patient) to resolve drug-related problems, which is especially important in many settings. Reference to the MTM model in the institutional setting is limited to transitions of care in and out of the institutional setting. It may be unrealistic for an institutional clinical pharmacist to develop long-term goals and a medication action plan for every one of a patient’s chronic medications, as this occurs more commonly in the ambulatory care setting.

The MTM model also emphasizes a considerable amount of paperwork and places a great deal of responsibility on the patient. Patients must keep and maintain their own personal medication record (PMR) and medication-related action plan (MAP). At each visit, changes may be made; hence, the lists and plans must be revised. Because the patient may forget to bring his or her PMR and/or MAP to the appointment, copies must be kept by the clinical pharmacist as well. The paperwork involved requires a great deal of extra work, time, and documentation for the clinical pharmacist.

#### *Applicability to All Clinical Practice Settings*

The MTM model was developed to be applied to all care settings where the patients or their caregivers can be actively involved in managing individual medication therapy. This may occur in the institutional setting during admission or discharge, at the community pharmacy, in the clinic, or within a long-term care facility. Medication therapy management services preferably should occur during face-to-face encounters; however, they can also be performed by telephone.

Although this model was created to be used across all health care settings, two core elements do not translate well to the acute care setting. These two elements are the PMR and the MAP. Patients may be unable to participate actively in their care while in the institutional setting. Although the model references its applicability in all settings, it does not address the pharmacist’s role in providing MTM when the patient cannot participate actively in his or her own care. Therefore, the MTM model is most practically applied in ambulatory care settings.

### **Medication Management in the Patient-Centered Medical Home (PCMH)<sup>3</sup>**

#### *Strengths*

The PCMH comprehensive medication management model embodies important components, including the patient’s medication experience. This comprehensive

medication management (CMM) practice is less detailed and prescriptive than some of the other models, with less paperwork and documentation required. More patients can be cared for per unit time because face-to-face contact is not required.

#### *Weaknesses*

This model is relatively new and may not be well known to some pharmacists or other health care professionals. However, most payers are quickly gaining familiarity with the PCMH in general, and they will likely be well aware of CMM in the near future. Clinician interventions address MRPs as they are identified, but instituting a monitoring plan (e.g., laboratory monitoring) to assess for adverse effects is not included. In addition, a patient who is unable to use a metered dose inhaler or insulin pen correctly, but who is otherwise adherent to his or her medications, would be in the same MRP category as one who chooses not to take medications. These problems should probably be classified under administration rather than adherence. Furthermore, “incorrect frequency and duration” is not included as an MRP, nor is “medication not covered” or similar issues related to a patient’s ability to afford medications.

#### *Applicability to All Clinical Practice Settings*

The PCMH model originates in the primary care setting, usually in a generalist practice. Ideally, CMM resides within the medical home structure. The model incorporates options for the practice to be implemented outside the office or clinic setting, such as in a community pharmacy, within a health plan, or in the institutional environment (although it is unclear whether this is intended to apply to an inpatient setting or an outpatient hospital clinic). In addition, because face-to-face contact is not required in this model, telephonic or “virtual” communications are acceptable. This allows involving clinical pharmacists who may be at a remote location and obviates the requirement that a clinical pharmacist be “embedded” within every practice locale.

Although this model is intended for use in a primary care setting, portions can be applied to other settings. Comprehensive medication management step 2 is a specific process that could be used in inpatient settings (identification and categorization of the patient’s MRPs). The other steps do not apply as much to inpatient settings, as patients are not responsible for taking their own medications, and long-term outcomes are not met during the brief duration associated with a typical hospitalization. Although not described

comprehensively, steps 3 and 4 (development of a care plan and follow-up evaluation to determine actual patient outcomes) could be revised to include only the acute problems for which the patient is hospitalized instead of addressing all the patient’s medical conditions. Care plans could then be developed for acute problems, and goals for these acute problems could be established and compared with actual outcomes. However, it is apparent to us that this is not the generally intended application of this practice model.

### **Society of Hospital Pharmacists of Australia (SHPA) Standards of Practice for Clinical Pharmacy<sup>4</sup>**

#### *Strengths*

This model (actually, a set of practice standards) is simple, straightforward, flexible, and systematic. The steps associated with the care of patients are familiar to clinical pharmacists. In addition, the SHPA definition of clinical pharmacy practice is closely aligned with the ACCP definition. The model applies to clinical pharmacy practice only.

#### *Weaknesses*

The standards are best known by a select group of clinical pharmacists (mainly those who practice clinical pharmacy in Australia) and are probably not widely recognized by other health care professionals or payers. In addition, MRPs, which are the cornerstone of all other models, are not an explicit component discussed in the standards. However, MRPs are incorporated into medication action plan development. Categories of MRPs are not identified.

#### *Applicability to All Clinical Practice Settings*

The authors make explicit that the standards were developed for all patient care settings and that they may be adapted for use in a variety of practice settings, aiming to ensure the highest possible quality of patient care. However, the model seems to be predominantly directed toward institutional practice.

Nonetheless, the standards are flexible enough to be adapted to different practice settings. Many processes for delivering clinical pharmacy activities are provided, and those that are appropriate for a particular setting can be selected for use in that practice environment. An example is the medication history; the standards detail procedures for speaking directly with patients, but they also provide guidance in obtaining information when the patient is unable to provide a

history (e.g., the intensive care unit patient, or the delirious medical patient). The standards also note that a history may not be obtained for some patients.

### **Individualized Medication Assessment and Planning (iMAP)<sup>5,6</sup>**

#### *Strengths*

This practice model is simple and not as time-consuming as other models. Therefore, the model could easily be implemented in a busy practice. Two of the key steps are communication of the proposed plan to the primary care provider (which is not always included in the other models reviewed above) and implementation of the plan once consensus is reached. This emphasizes a team care approach. The important components of conducting a comprehensive medication review, identifying and resolving MRPs, and categorizing MRPs and interventions are included.

#### *Weaknesses*

Because it is new, this model is probably known only to a limited number of pharmacists and is likely not recognized by other health care professionals or payers at this time. There are lists to select from that document specific MRPs and exactly how they were resolved. These lists would have to be incorporated into an electronic medical record to streamline the process and make it more user-friendly. Moreover, a full description of this model is not yet available (although it is under review and expected to be published in the near future).

#### *Applicability to All Clinical Practice Settings*

Although it is now being studied in patients 65 years and older, iMAP is applicable to other age groups as well, especially patients with several comorbidities and those taking many medications. The model could also be easily implemented in all types of clinical practice settings. The only step that might require modification in an acute care setting involves situations in which a discussion with the patient might not be possible (as in step 2, “conduct comprehensive medication review with patient”). However, this review could occur with the patient’s caregiver, whenever possible.

### **Similarities and Differences Among Practice Models**

A common emphasis in almost all of the models reviewed above is the identification and resolution of MRPs. The pharmaceutical care and CMM models have identical categories of MRPs, and both have

some gaps in documenting potential MRPs and determining potential interventions. The SHPA standards do not explicitly discuss MRPs, but clinical problem identification (based on clinical pharmacist expertise) is one of its components. The iMAP model includes several more categories for MRPs that appear to encompass more of what a clinical pharmacist may do, such as identifying needed laboratory monitoring for efficacy or toxicity, recognizing incorrect duration or frequency of a medication, or identifying suboptimal medication administration (as a separate category from nonadherence). These are not always included as separate MRPs in other models. The pharmaceutical care model employs its own terminology for MRPs, calling them DTPs (drug therapy problems). The MTM model is unique in requiring a patient to maintain a PMR and a MAP, which puts more responsibility on the patient but also potentially provides more documentation. The pharmaceutical care model involves many steps and the use of required categorizations.

The SHPA standards are more than just a practice model. The standards document provides a comprehensive discussion of everything involved in clinical pharmacy practice, including the extent and operation of clinical pharmacy services, procedures for caring for individual patients, training and education of pharmacists, research, required resources, staffing structure and levels, quality assurance, and documentation. The format of the model differs from that of other models. Medication-related problems are not explicitly categorized but, instead, are incorporated into the medication history, assessment of current medication management, clinical review, and decision to prescribe a medication.

### **Conclusion**

Each of the above clinical pharmacy practice models appears to have advantages and disadvantages when considered as a general model for clinical pharmacists. In addition, we were unable to identify evidence that any of these practice models leads to improvement in individual patient or health system outcomes, reduced health care costs, or other benefits. Of course, one must recognize that none of these models have been studied sufficiently to yield that level of evidence. With clinical pharmacists using several different practice models, confusion exists both within and outside the profession regarding the practical aspects of “clinical pharmacy practice” and what exactly the clinical pharmacist *does*.

In our opinion, every model shares the same weakness: the profession has failed to adopt *any* clinical pharmacy practice process as its sole model. Therefore, the precise patient care roles, responsibilities, and capabilities of the clinical pharmacist are not widely appreciated by other health care professionals or the public.

Can this weakness be addressed successfully? We believe so. First, we suggest that a consistent model for clinical pharmacy practice needs to be *determined*, *adopted*, and *implemented* by clinical pharmacy organizations and clinical pharmacists. Next, this practice needs to be *communicated* and *demonstrated* to those outside the pharmacy profession, and in so doing, the practice needs to be implemented *consistently*. Such an approach can then serve as a foundation for future pharmacy education, training, research, credentialing, and reimbursement. Only once a uniform clinical pharmacy practice model is in place can we show the rest of the health care world WHAT it is we do. In next month's installment ("part IIIB"), we will demonstrate the application of the models discussed above to both an ambulatory care and acute care "case." In part IV, the concluding segment of this commentary (which will appear in September), we will present a model for discussion and seek member input on this issue. Be sure to watch for these articles in the forthcoming issues of the *ACCP Report*.

<sup>a</sup>*Committee members: Ila Harris (Chair), Beth Phillips (Vice Chair), Eric Boyce, Sara Griesbach, Charlene Hope, Denise Sokos, and Kurt Wargo.*

## References

1. Cipolle R, Strand L, Morley P. *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3rd ed. New York: McGraw-Hill, 2012.
2. American Pharmacists Association and National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. March 2008. Available at <http://www.pharmacist.com/mtm/CoreElements2>. Accessed January 2, 2012.
3. Patient-Centered Primary Care Collaborative Resource Guide: The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Available at <http://www.pcpcc.net/files/medmanagement.pdf>. Accessed January 2, 2012.
4. The Society of Hospital Pharmacists of Australia (SHPA). SHPA standards of practice for clinical pharmacy. *J Pharm Pract Res* 2005;35:122-46.
5. Roth MT, Burkhardt JI, Esserman DA, Crisp G, Kurz J, Weinberger M. Individualized medication assessment and planning (iMAP): optimizing medication use in the primary care setting. Under review, July 2012.

6. Crisp GD, Burkhardt JI, Esserman DA, Weinberger M, Roth MT. Development and testing of a tool for assessing and resolving medication-related problems in older adults in an ambulatory care setting: the individualized medication assessment and planning (iMAP) tool. *Am J Geriatr Pharmacother* 2011;9:451-60.



## Join ACCP in Hollywood, Florida, for the 2012 Annual Meeting

Join ACCP October 21–24 at the Westin Diplomat Resort in Hollywood, Florida, for the 2012 ACCP Annual Meeting. The ACCP Annual Meeting offers world-class educational programming focused on the latest industry issues and unmatched networking opportunities for practitioners, educators, residents, fellows, and students. Take advantage of discounted early bird rates and register today. To register for the meeting, view the full meeting schedule, and begin planning your Annual Meeting itinerary, visit the ACCP Web site at [www.accp.com/am](http://www.accp.com/am).

The venue for the 2012 ACCP Annual Meeting is the prestigious Westin Diplomat Resort, home to one of the largest and most extensive convention center and meeting facilities in South Florida. Located just steps from the beach, the Westin Diplomat Resort provides attendees with state-of-the-art meeting facilities, stylish beachfront accommodations, a variety of dining and nightlife options, and countless leisure and spa activities. Bring your family and stay a few extra days to enjoy all the amenities the Westin Diplomat Resort has to offer and explore Hollywood's one-of-a-kind oceanfront promenade, the Hollywood Beach Broadwalk.

The Westin Diplomat Resort's world-class meeting facilities and guest accommodations combine with ACCP's high-level educational programming, cutting-edge Practice and Research Network focus sessions, and exceptional networking opportunities to make the 2012 ACCP Annual Meeting one that you cannot afford to miss! To secure your spot today, register at [www.accp.com/am](http://www.accp.com/am). Register by September 14 for maximum savings.

## Wide Variety of Premeeting Symposia to Be Offered at the 2012 ACCP Annual Meeting



This fall, ACCP will present six premeeting symposia on Saturday, October 20, the day before the Annual Meeting officially gets under way. The premeeting symposia are designed to provide attendees with highly interactive, hands-on experience

in a small classroom setting, led by a group of highly qualified faculty. Premeeting symposia developed by the ACCP Academy are required components of each respective ACCP Academy Certificate Program; however, interested attendees need not be enrolled in the ACCP Academy to participate in these programs.

The “Career Advancement Primer” is the required prerequisite course for the ACCP Academy Career Advancement Certificate Program. The primer is a full-day course designed to provide a framework for developing a strategic plan for individual professional advancement. Successful clinical pharmacy professionals will share strategies on how to justify clinical services, foster professional development, and cultivate productive relationships in team and collaborative patient care environments.

“Basic Training for New Clinical Faculty and Preceptors” serves as the required prerequisite course for the ACCP Academy Teaching and Learning Certificate Program. Designed to provide a foundation for faculty and preceptors beginning their careers, this full-day course will engage participants in thoughtful discussions and small group exercises. As one of ACCP’s most popular educational courses, Basic Training successfully builds young academicians’ base knowledge in planning, implementing, and assessing student learning.

“Regulatory/Ethical Issues” is a ½-day course that serves as required module 3 in the ACCP Academy Research and Scholarship Certificate Program. This session will address the operational and ethical issues associated with developing and directing clinical research. Attendees can expect up-to-date perspectives on human subjects’ protection, informed consent, HIPAA, IRBs, and cultural competency. Highly experienced course faculty will lead interactive discussions about recognizing author responsibilities, managing

misconduct allegations, and navigating the IRB. The course employs case studies that focus on ethical, legal, and social issues. Also discussed are budget management, quality control processes, and appropriate data management to ensure data integrity.

“From Theory to Practice: Clinical Reasoning Series in Ambulatory Care” is a full-day course newly developed by ACCP and approved by the Board of Pharmacy Specialties for credit toward recertification as a Board Certified Ambulatory Care Pharmacist (BCACP). The Clinical Reasoning Series in Ambulatory Care will provide an overview of new and emerging therapies for the medical management of patients with type 2 diabetes mellitus and discuss strategies that help inform individual patient care and formulary decisions. The activity will offer 6.0 hours of BCACP recertification credit. To earn recertification credit for the Clinical Reasoning Series, BCACPs must attend the full live activity and successfully complete the Web-based posttest for the activity by November 30, 2012. Partial credit is not available for this activity.

“From Theory to Bedside: Clinical Reasoning Series in Pharmacotherapy” is a full-day course developed by ACCP and approved by the Board of Pharmacy Specialties for credit toward recertification as a Board Certified Pharmacotherapy Specialist (BCPS). The Clinical Reasoning Series in Pharmacotherapy will provide an overview of current and emerging antimicrobial resistance patterns and discuss clinical and cost-effective prevention and management strategies that help inform individual patient care and formulary decisions. The activity will offer 6.0 hours of BCPS recertification credit. To earn recertification credit for the Clinical Reasoning Series, BCPSs must attend the full live activity and successfully complete the Web-based posttest for the activity by November 30, 2012. Partial credit is not available for this activity.

Designed exclusively for students, the Career Development Symposium is a 2-hour meeting designed to help students reach their professional goals. This dynamic session will offer student attendees the opportunity to gain perspectives from a panel of professionals representing academia, administration, clinical specialty, and the pharmaceutical industry.

To obtain complete information on this fall’s presymposia and to secure your seat in one of these interactive programs, visit [www.accp.com/am](http://www.accp.com/am). Register before September 16 to take advantage of early discounted registration rates.

## Registration Now Open for ACCP's "Developing Effective Test Taking Skills" Webinar



Join ACCP for an interactive webinar about test taking skills and board certification. This webinar, "Developing Effective Test Taking Skills," will be held on Tuesday, July 17, 2012, from 7:00 p.m. to 9:00 p.m. (EDT) and again on Wednesday, July 25, 2012, from 7:00 p.m. to 9:00 p.m. (EDT). Register for this webinar at <http://www.accp.com/meetings/W-TEST12/>.

The webinar will focus on how standardized tests are written and constructed as well as on developing appropriate techniques for answering standardized questions more accurately, identifying common issues in testing that may be hurting your performance, and analyzing your testing performance to improve accuracy, pacing, and endurance. This activity is designed for clinical pharmacists preparing to take any of the Board of Pharmacy Specialties examinations as well as for faculty members interested in learning more about standardized test development.

This online activity will be presented by Martin and Jane Jolley, nationally recognized experts in standardized exam preparation, who have been helping residents and students review and prepare for Medical Licensure Examinations for over 25 years. More than 3000 residents and students have taken their courses with a success rate well above 90%. The Jolleys have assisted residents and medical students in their preparation for testing in a variety of therapeutic areas, and they have worked at, and developed programming for, the University of Illinois at Chicago and the University of California at San Francisco, Davis, and Los Angeles.

The cost of participation is only \$99.95 for ACCP members and \$149.95 for ACCP nonmembers. However, participation in the webinar is limited, so [register now](#). Registration closes at midnight (EDT), July 24, 2012.

## Order the 2012 Ambulatory Care Pharmacy Prep Course and Pharmacotherapy Prep Course Home Study Instructional Materials Now

Do you plan to take the Pharmacotherapy or Ambulatory Care Pharmacy Specialty Exam this October, but find it difficult to start reviewing? Do you question

your understanding of some of the key concepts that may be covered on the specialty exam? **If so, take the home study version of the 2012 Ambulatory Care Pharmacy Preparatory Review and Recertification Course or the 2012 Pharmacotherapy Preparatory Review and Recertification Course to fully prepare! The home study versions contain the lectures from ACCP's internationally recognized live review course held in Reno, Nevada, in April 2012. Instructional materials for both courses can be ordered today at [www.accp.com/bookstore](http://www.accp.com/bookstore).**

By purchasing the home study version of either the Ambulatory Care Pharmacy Prep Course or the Pharmacotherapy Prep Course, you can avoid time-consuming, costly travel while reaping the benefits of nationally recognized content experts, whose fast-paced, yet comprehensive reviews of the full scope of the pharmacotherapy/ambulatory care specialty will help you reaffirm your areas of strength and identify potential weaknesses. Each home study course offers a detailed two-volume workbook covering more than 20 key therapeutic areas and providing more than 350 case-based questions and feedback for effective learning and self-assessment. This home study course will be delivered directly to your home, office, or anywhere you have either a computer or broadband Internet access. Instructional materials are available in the following formats:

- **CD-ROM and Course Workbook with Continuing Pharmacy Education (CPE).** This package contains the complete course workbook and a CD-ROM that includes the presenters' audio-recorded lectures, synchronized to the slide presentations from the live program and available in a downloadable MP3 file format as well. The CD-ROM and course workbook with CPE package additionally provide access to the Web-based posttests for CPE credit.
- **Web-Based Online Course with Continuing Pharmacy Education (CPE).** This combination provides the online downloadable MP3 file format as well. The online course additionally provides access to the Web-based posttests for CPE credit. Workbook and includes the presenters' audio-recorded lectures, synchronized to the slide presentations from the live program and available in a downloadable MP3 file format as well. The online course additionally provides access to the Web-based posttests for CPE credit.

- **CD-ROM and Online Workbook with Continuing Pharmacy Education (CPE).** This package includes the CD-ROM and complete course online workbook, plus access to the Web-based posttests for CPE credit.

To receive CPE credit for any of the home study packages, you must successfully complete and submit the Web-based posttest to ACCP by October 31, 2013. Orders for the Ambulatory Care Pharmacy Preparatory Review and Recertification Course or the Pharmacotherapy Preparatory Review and Recertification Course instructional materials may be placed online at [www.accp.com/bookstore](http://www.accp.com/bookstore). Orders may also be placed by telephone at (913) 492-3311 or by fax at (913) 492-0088.

Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of each course are available at [www.accp.com/bookstore](http://www.accp.com/bookstore).

## ACCP Launches Pharmacotherapy Mock Exam

ACCP is proud to announce the forthcoming release of its *new* ACCP Pharmacotherapy Mock Exam. The ACCP Pharmacotherapy Mock Exam is a 200-item question bank based on the content and domains in the Board of Pharmacy Specialties (BPS) content outline. Developed and reviewed by board-certified clinical pharmacists, the ACCP Pharmacotherapy Mock Exam provides specific feedback customized to each individual participant. This feedback includes how much time is spent on each question and what types of questions are most frequently missed by the participant, as well as an answer key that contains explained answers and/or references for further study. This tool is ideal for anyone who has been studying for the Pharmacotherapy board exam and wants to learn more about his or her potential strengths and weaknesses in preparing for the exam in October.

The ACCP Pharmacotherapy Mock Exam will be available beginning in August with pricing as low as \$99.95 for anyone who has purchased at least one of the Pharmacotherapy Prep Course products or who attended Updates in Therapeutics®, \$199.95 for ACCP members, and \$299.95 for ACCP nonmembers. Check [www.accp.com](http://www.accp.com) in late July for more information about how to purchase the ACCP Pharmacotherapy Mock Exam.

Please note that no one involved in developing the ACCP Pharmacotherapy Mock Exam has served on a BPS Specialty Council, nor has anyone involved in the exam's development served as an item writer for BPS.

## President's Column



*Lawrence J. Cohen, Pharm.D., FCCP, BCPP*

### Who's on First, What's on Second, I Don't Know's on Third...

So, with respect to ACCP's quest toward exploring the adoption of a consistent clinical practice for our discipline, where do we go from here? As you know, in my previous columns, we have discussed our efforts to define "the Who" and "the What." But in doing so, we truly need our members' collective input. Toward that end, we have assembled several opportunities in the near future for ACCP members to weigh-in on our direction and focus.

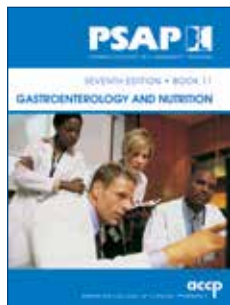
**First**, the work of the 2012 ACCP Public and Professional Relations Committee is well under way, and hopefully, you have read parts I–IIIA of the committee's commentary. As the committee notes at the end of part IIIA (see the second article in this month's *ACCP Report* above), we will need member input to help determine the College's ultimate direction on this issue. As a member-driven organization, ACCP holds its members' comments and perspectives vital to our future and our place in the health care delivery arena. Please review the committee's commentary series to date, beginning with part I in the May issue of the *ACCP Report* (<http://www.accp.com/report/index.aspx?iss=0512&art=1>). In this issue, the committee provides a comparative analysis of current practice models, including strengths and weaknesses, and discusses the applicability of each model to various practice settings. In the concluding segments of the commentary in the August and September issues, the committee will set the stage for a September all-member survey that will seek broad input from the clinical pharmacy community.

**Second**, the Opening General Session of the ACCP Annual Meeting in October will feature a keynote session and panel discussion regarding key components of the direct patient care practice delivered by clinical pharmacists. During this session, the "bedrock" of consistent practice will be discussed and debated.

**Third**, after the Sunday morning keynote session and panel discussion, attendees at that afternoon's Town Hall Meeting will be asked to provide feedback to ACCP leadership regarding the Public and Professional Relations Committee's commentary and the morning's keynote and panel discussion. In addition, it is expected that the committee will share results of the September survey noted above.

I presume most of you are familiar with the classic Abbott and Costello comedy routine, "Who's on First" (if not, you can view this entertaining 6 minutes at <http://www.youtube.com/watch?v=sShMA85pv8M>). In keeping with the Abbott and Costello theme, we began this journey by addressing "The Who" (i.e., "Who's on First"). Now, we are moving forward to consider "The What" (i.e., "What's on Second"). But what will come forth from this discussion, as of this writing, I don't know (i.e., "I Don't Know's on Third."). Indeed, without ACCP member input, we won't know... So, stay tuned for the final two installments of the committee's commentary in the August and September issues of the *ACCP Report* and make plans to attend the ACCP Annual Meeting's Opening General Session and Town Hall Meeting, if you can!

### **Gastroenterology and Nutrition Is the Latest PSAP-VII Release**



Gastroenterology and nutrition span many different topic areas that pharmacists may encounter in various aspects of practice. These varied disorders are the focus of the 11th book in the Pharmacotherapy Self-Assessment Program, seventh edition (PSAP-VII). *Gastroenterology*

*and Nutrition* provides evidence-based information on the management of several important gastrointestinal disorders and nutrition-based topics.

*Gastroenterology and Nutrition*, which will be released July 16, has two learning modules offering a total of 15.5 continuing pharmacy education credits. The first module covers treatment of prevention of gastrointestinal bleeding, inflammatory bowel disease, irritable bowel syndrome, and management of constipation and postoperative ileus. The second module contains updates on management of the complications of liver disease, gastroesophageal reflux disease in adult

patients, and two nutrition-based chapters on sports nutrition and infant formulas. Each chapter provides an update on the topic and includes an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist.

*Gastroenterology and Nutrition* is designed to assist pharmacists who want to:

- Understand the latest treatment information for acute gastrointestinal bleeding as well as prevention of bleeding related to chronic use of nonsteroidal anti-inflammatory drugs.
- Update their knowledge about the roles of anti-inflammatory, immunosuppressant, and biologic agents used in the treatment of inflammatory bowel disease.
- Receive updates on the most recent guideline recommendations for evaluation and treatment of patients with irritable bowel syndrome.
- Design patient-specific pharmacotherapy regimens for patients with constipation and those at risk of opioid-induced constipation and postoperative ileus.
- Develop a treatment plan for prevention and treatment of the common complications of chronic liver disease, including ascites, variceal bleeding, and spontaneous bacterial peritonitis.
- Recommend appropriate pharmacologic and nonpharmacologic therapies for adult patients with gastroesophageal reflux disease.
- Review recent safety data for proton pump inhibitor therapy.
- Understand how to design fluid, electrolyte, and nutrition regimens for athletes exercising at various intensities and durations.
- Discuss the most recent recommendations for choosing infant formulas based on a variety of patient-specific factors.

All PSAP-VII books are available in both print and online formats and as either single books or the full series (11 books). Other books in the series are *Cardiology*, *Critical and Urgent Care*, *Women's and Men's Health*, *Pediatrics*, *Chronic Illnesses*, *Oncology*, *Geriatrics*, *Science and Practice of Pharmacotherapy*, *Infectious Diseases*, and *Neurology/Psychiatry*.

Each PSAP-VII book offers the most up-to-date and comprehensive information available on recent

drug therapy advances and will expand your knowledge in the therapeutic area covered. For specific information on the release date, continuing pharmacy education credits, and program numbers for each book, or to place your online order, visit [www.accp.com/book-store/psap7.aspx](http://www.accp.com/book-store/psap7.aspx). Books are priced as follows; shipping and handling charges apply to print books only.

	Member Price	Nonmember Price
<b>Single Books</b>		
Print	\$75.00	\$100.00
Online	\$65.00	\$90.00
Print and online	\$105.00	\$130.00
<b>Full Series (11 books)</b>		
Print	\$435.00	\$635.00
Online	\$385.00	\$570.00
Print and online	\$635.00	\$820.00



ACCP is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The Board of Pharmacy Specialties (BPS) has approved PSAP-VII for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification.

## ACCP to Launch Ambulatory Care Self-Assessment Program (ACSAP)

In 2013, ACCP will launch the new Ambulatory Care Self-Assessment Program (ACSAP). This home study program will provide the Board Certified Ambulatory Care Pharmacist (BCACP) the latest evidence-based information to improve and advance patient care.

The 3-year ACSAP series will release six books in focused therapeutic areas. The first book in the series will be *Pulmonary and Preventive Care*. More information on the specific content and structure of the ACSAP series will be released later this year.

Leading the ACSAP series are coeditors Betty J. Dong, Pharm.D., FCCP, FASHP, AAHIVE, professor of Clinical Pharmacy and Family and Community Medicine, University of California Schools of Pharmacy and Medicine; and David P. Elliott, Pharm.D., FCCP, FASCP, CGP, AGSF, professor and associate chair for the Charleston Division, Department of Clinical Pharmacy, West Virginia University School of Pharmacy, Charleston, West Virginia.

ACSAP is part of ACCP's Board of Pharmacy Specialties (BPS)-approved professional development program for BCACP recertification. The credit

opportunities provided by the ACSAP series, together with other ACCP specialty recertification products for the ambulatory care pharmacist, will offer substantially more than the 100 hours of credit required by BPS for recertification as a BCACP. Visit the ACCP Web site for more information on ACCP's BPS-approved recertification offerings in ambulatory care pharmacy: <http://www.accp.com/careers/boardbcacp.aspx>.

## ACCP's Clinical Reasoning Series to Offer Recertification Credit for BCPSs and BCACPs



Board Certified Pharmacotherapy Specialists (BCPSs) and Board Certified Ambulatory Care Pharmacists (BCACPs) seeking live programming to earn recertification credit by continuing education can now register for the Clinical Reasoning Series.

“From Theory to Bedside: Clinical Reasoning Series” and “From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy” are approved by the Board of Pharmacy Specialties for the recertification of BCPSs and BCACPs, respectively. These live educational programs will explore cutting-edge, contemporary topics of relevance to everyday practice and employ active learning exercises designed to advance the skills and abilities of the board-certified specialist. Each program will provide 6.0 CPE credit hours that can be used toward recertification. Both programs will be take place on Saturday, October 20, 2012, in conjunction with the 2012 Annual Meeting in Hollywood, Florida.

Delivered by national experts in their field, the programs will discuss scientific and clinical evidence that help inform individual patient care and formulary decisions. “Antimicrobial Resistance: Prevention and Management Strategies,” designed for the BCPS, will include the following sessions:

Delivered by national experts in their field, the programs will discuss scientific and clinical evidence that help inform individual patient care and formulary decisions. “Antimicrobial Resistance: Prevention and Management Strategies,” designed for the BCPS, will include the following sessions:

- Antimicrobial Resistance: Mechanisms and Emerging Patterns
- Genomics: Strategies Against Resistance Development and Therapeutic Implications
- Methicillin-Resistant *Staphylococcus aureus*: Microbiology and Clinical Evidence

- Vancomycin-Resistant *Enterococcus* Infections: Microbiology and Clinical Evidence
- *Clostridium difficile* Infections: Microbiology and Clinical Evidence
- Antimicrobial Stewardship: Lessons Learned and New Opportunities
- Formulary and Pharmacoeconomic Considerations

“New and Emerging Therapies for the Management of Type 2 Diabetes Mellitus,” designed for the BCACP, will include the following sessions:

- The Science of Diabetes Medications
- New and Emerging Antidiabetic Agents—Scientific and Clinical Evidence
- Management Guidelines—Integrating New Therapeutic Strategies
- Medication Safety—Clinical Considerations and Impact on Health Care
- Formulary and Pharmacoeconomic Considerations
- Pharmacist Services—Patient Outcomes and Best Practices

To be eligible for specialty recertification credits, the specialist must attend the pertinent live program and successfully complete the Web-based posttest for that program by November 30, 2012. More information on both programs and registration details may be found at <http://www.accp.com/meetings/am12/>.

### Prospective Clinical Educators: Enroll in the ACCP Teaching and Learning Certificate



The ACCP Academy is a unique educational effort designed to deliver a flexible, curricular approaches to enhancing ACCP member abilities in their main areas of responsibility. The ACCP Academy provides four unique professional development programs leading to certificates of completion in Career Advancement, Leadership and Management, Research and Scholarship, and Teaching and Learning.

The Teaching and Learning Certificate Program is designed to assist in the recruitment, motivation, and preparation of clinical educators who can inspire students to advance the profession of pharmacy.

Innovative leadership is necessary to ensure sufficient and well-educated pharmacy educators to motivate and prepare students to perform current and emerging roles that pharmacists have assumed within health care teams.

Take a big step toward becoming an innovative and effective clinical educator by enrolling into ACCP Academy’s Teaching and Learning Certificate Program. There is no better time to enroll. The program’s prerequisite, Basic Training for New Clinical Faculty and Preceptors, will be offered this fall at the 2012 ACCP Annual Meeting.

Visit the ACCP Academy at [www.accp.com/academy](http://www.accp.com/academy) to learn more about the Teaching and Learning Certificate Program and to download a program application.

### Support the ACCP-PAC: Your Contribution Will Help Advance Clinical Pharmacy



As health care delivery continues to evolve, ACCP is focused on advancing clinical pharmacy in this changing environment. We are working to secure recognition and payment for clinical services under the Medicare program and position clinical pharmacists as part of multidisciplinary teams in new care delivery models.

As the November elections approach, it is essential that ACCP demonstrate its support for candidates who share our vision for quality, patient-centered care and help elect these candidates to office.

The ACCP-PAC is nonpartisan and will look to support candidates from both political parties. The success of the ACCP-PAC depends entirely on the support of ACCP members. Although there are several PACs representing various segments of the pharmacy profession, ACCP has the only PAC dedicated to advancing the practice of clinical pharmacy.

With more than 12,000 members eligible to contribute to the PAC, ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, we need the widespread support of our membership.

**If each ACCP member contributed just \$25, the ACCP-PAC would raise \$300,000. All ACCP members should consider donating at least \$25 to the ACCP-PAC.**

[CLICK HERE](#) to support your PAC today!

## BPS Examination Application Deadline Is August 1



Members are reminded that August 1 is the deadline for submitting applications to take the Board of Pharmacy Specialties (BPS) examinations in Nuclear Pharmacy, Nutrition Support Pharmacy, Oncology Pharmacy, Pharmacotherapy, Ambulatory Care Pharmacy, and Psychiatric Pharmacy.

This year's certification and recertification examinations will be administered on Saturday, October 6, at 55 designated sites in the United States and worldwide. First-time examination candidates may visit the BPS Web site at [www.bpsweb.org](http://www.bpsweb.org) for an easy online application and payment process.

The number of pharmacists certified by BPS continues to grow—with more than 12,876 at last count. Many employers reimburse all or part of the examination fee or provide bonus pay for BPS-certified specialists, and many of these clinical pharmacists report that their certification is counted in promotion and clinical privileging decisions affecting their careers. Specialty certification is a great way for clinicians to distinguish themselves in practice. Don't put it off any longer!

## Announcing the ACCP Research Institute's 2013 Focused Investigator Training Program: Save the Date!



The ACCP Research Institute is pleased to announce that the 2013 Focused Investigator Training (F.I.T.) Program will be held at the University of Georgia College of Pharmacy in Athens, Georgia, July 27–31, 2013. The F.I.T. Program is an intensive 5-day hands-on program for up to 18 experienced pharmacist investigators who have not yet been awarded significant peer-reviewed extramural funding as a principal investigator. For more information on the F.I.T. Program, please visit <http://www.accpri.org/fit/index.aspx>. Check back soon for the 2013 F.I.T. application.

## From the Desk of the ACCP PBRN Network Director



*Daniel Touchette, Pharm.D., M.A.  
Network Director, ACCP PBRN*

In his column, Dr. Cohen has discussed the need to “articulate with clarity and demonstrate consistently WHAT pharmacists do to improve

patients' drug therapy outcomes.” Last March, I announced that the PBRN was initiating a study with the objective of developing and testing a comprehensive framework for assessing the delivery of clinical pharmacist care in a variety of settings. The efforts of ACCP's leadership and membership to determine how best to describe and position clinical pharmacy, together with the Research Institute's support for the generation of much-needed evidence on the effectiveness and efficiency of clinical pharmacy practices, are expected to lead to important synergies for documenting the value of clinical pharmacy services in an increasingly competitive health care industry.

The motivation for the PBRN study, titled “The American College of Clinical Pharmacy (ACCP) Activities Characterizing Clinical Pharmacists (ACCP Study (ACCP<sup>2</sup> Study),” was the observation that in clinical trials assessing pharmacist practices, we are often unsure whether the protocols describing clinical care are strictly adhered to. Furthermore, it is often difficult to disambiguate which aspects of a complex intervention produced the benefits observed in a trial evaluating a clinical pharmacy service. We proposed that a tool designed specifically to document the care actually delivered to an individual patient would greatly enhance the quality of clinical trials evaluating clinical pharmacy services, especially in settings where the pharmacist makes up part of a team and does not practice independently.

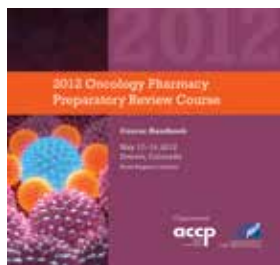
To illustrate the need for such a tool, a clinical trial evaluating the effectiveness of a new drug would never allow an investigator to instruct the participant to “take as much or as little of this drug whenever you want.” Typically, in a clinical trial, we set directions and then assess adherence through pill counts. However, when assessing clinical pharmacy services in clinical trials, we typically provide training to the pharmacists to “standardize” the intervention, but rarely do we observe the pharmacist in practice. Pharmacists are generally free to provide different “doses” of each activity making up the intervention, depending on preferences, time constraints, patient willingness, and several other factors. It is not surprising that there is often huge variation in the outcomes of clinical trials evaluating pharmacist services, the result of practices akin to instructing participants to “take as much or as little of this drug whenever you want.”

The PBRN recently received IRB approval to begin the qualitative portion of a mixed-methods study designed to collect information vital to log the tremendous variety of activities performed by clinical pharmacists practicing in inpatient internal medicine and outpatient family medicine or internal medicine practices. Several

practices were selected to provide input into this step of the process. This study will be followed up by focus groups involving pharmacists in four geographically diverse locations. From these sessions, we will identify important factors, or themes, common to pharmacist practice. Our goal is to develop a tool that clinicians can use to reliably and consistently describe the activities of clinical pharmacist practices at the patient level. The tool will first be used in a study of PBRN-affiliated practices, likely in early 2013. Results obtained from the tool will eventually be combined with other data documenting patient severity of illness, preferences, comorbidities, and outcomes to develop a comprehensive view of the activities that improve patient care and those that do so efficiently.

For more information about the ACCP<sup>2</sup> Study or about how you can get involved with PBRN projects, please contact us by e-mail ([pbrn@accp.com](mailto:pbrn@accp.com)) or telephone (913) 492-3311.

## ACCP/ASHP's 2012 Oncology Course Materials Now Available



Instructional materials are now available for the 2012 edition of the Oncology Pharmacy Preparatory Review Course for home study, co-sponsored by ACCP and the American Society of Health-System Pharmacists (ASHP).

The Oncology Pharmacy Preparatory Review Course is designed to assist oncology pharmacy practitioners who are preparing for the Oncology Specialty Certification Examination administered by the Board of Pharmacy Specialties (BPS) and oncology pharmacists who are seeking to remain current in all aspects of their practice. The course also has been approved by BPS for recertification of board-certified oncology pharmacists (BCOPs). The course content provides a comprehensive review of the domains and knowledge areas encompassed by the oncology pharmacy specialty.

The course also has been approved by BPS for recertification for board-certified oncology pharmacists (BCOPs). Board-certified oncology pharmacists who wish to earn recertification credit for the 2012 Oncology Pharmacy Preparatory Review Course must purchase access to one of the course formats available for BCOP recertification credit and thereafter successfully

complete and submit the posttest by November 30, 2012. The course must be taken in its entirety to earn recertification credit. Partial credit is not available.

The full course is available in three formats for home study: (1) a Web-based online course, (2) a CD-ROM and printed workbook package, and (3) a CD-ROM and online workbook package. All formats offer up to 27 hours of continuing pharmacy education credit upon successful completion of online posttests. Instructional components also are priced for individual sale. To obtain full information on the home study version of the course and to place an order, visit the ACCP Web site at <http://www.accp.com/bookstore/opc12.aspx>, or order by telephone at (913) 492-3311 or fax to (913) 492-0088.

## ACCP Member Spotlight: Eric Tichy

*Editor's note: ACCP's Member Spotlight is a bimonthly ACCP Report series that serves to highlight and provide visibility to ACCP members with respect to their career paths, contributions, and experiences with ACCP. If you would like to nominate someone to be featured in the series, please visit <http://www.accp.com/membership/spotlight.aspx>. Nominations are accepted on a continuous basis. Members who are selected will be asked to complete a biographical sketch and brief questionnaire for use in developing their member spotlight summary.*



Dr. Eric Tichy is a clinical pharmacy specialist at Yale-New Haven Transplantation Center (YNHTC), where he is a member of the heart, kidney, and liver transplant teams. In 2009, he established YNHTC's PGY2 Transplant Pharmacy Residency, and currently, he serves as the program's director. He holds adjunct faculty appointments at the University of Connecticut School of Pharmacy and Duquesne University Mylan School of Pharmacy. Dr. Tichy received his Pharm.D. degree from the University of Connecticut School of Pharmacy and completed his pharmacy practice residency at Yale-New Haven Hospital. He is a board-certified pharmacotherapy specialist.

During his career, Dr. Tichy has established himself as a leader in clinical pharmacy with a focus in transplantation. His involvement in several projects has helped advance pharmacy practice in the field of transplantation, including his service as the coauthor of a white paper describing the role of the transplant pharmacist and as a founding member of the American Society of Transplantation's (AST) Transplant Pharmacist Community

of Practice (CoP). His present practice focuses on the education and training of new practitioners from many health science disciplines. He is currently chair-elect of the AST's Transplant Pharmacist CoP.

Dr. Tichy chose transplant pharmacy because it gave him the opportunity to use all of his clinical training and skills. He enjoys the opportunity to interact with and contribute directly toward the care of patients with multiple disease states. Moreover, in transplant pharmacy, an expert knowledge of pharmacotherapy is essential because of the many potential drug interactions and adverse effects that are encountered on a daily basis. He summarized his passion for his chosen specialty by saying,

Transplant pharmacy is simply nirvana for the ambitious clinical pharmacist, and I have found transplant a perfect fit for my skill sets and interests. There are a large number of myths and misconceptions in the community regarding organ and tissue donation and transplantation. As a transplant clinician, I see firsthand the profoundly positive impact transplantation has on the lives of individual patients and their families. To help face these myths and misconceptions, I get involved with efforts to provide education in the community regarding these issues, and I see myself as a witness spreading the good news about transplantation. I have presented at schools, churches, and within my local pharmacist society. In addition to raising awareness about the need for organ and tissue donors, I love to encourage talented young people to consider careers in transplantation because we need to continually recruit the best and brightest to advance the profession.

Dr. Tichy believes that ACCP membership has provided him an invaluable opportunity to network with colleagues from around the country. The relationships he has formed have led to significant career benefits, and he considers his fellow Immunology/Transplantation PRN members to be part of his extended family. He has developed many great friendships through the PRN and enjoys reconnecting with many of them on the PRN's e-mail list and at ACCP meetings.

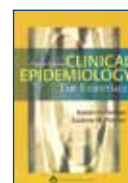
Outside work, Dr. Tichy enjoys being outdoors. An avid hunter and fisherman, he commented, "I love getting outdoors. Depending on the season, you might find me in the woods with a bow or on a boat with a pole on my day off."

## Books Recommended by the ACCP Academy Faculty

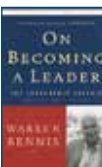
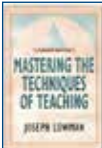
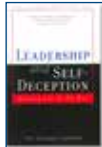
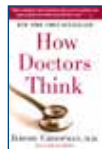
ACCP's popular [Academy](#), developed to enhance ACCP members' abilities in their primary areas of responsibility, offers unique professional development programs leading to certificates of completion in four areas: Career Advancement (formerly Clinical Practice Advancement), Leadership and Management, Research and Scholarship, and Teaching and Learning.

The expert faculty members of the ACCP Academy identify selected book titles to enhance the learning experience of Academy participants. These titles, available at the [ACCP Bookstore](#), are valuable resources for any member, whether they are participating in the Academy or enriching their career and building their professional library. Check out these popular titles in the bookstore and order your personal copy today:

- *Classroom Assessment Techniques: A Handbook for College Teachers*, second edition. Thomas A. Angelo and K. Patricia Cross. 1-55542-500-3, 1993, 448 pages, paperback
- *Clinical Epidemiology: The Essentials*, fourth edition. Robert H. Fletcher, M.D., M.S.; and Suzanne W. Fletcher, M.D., M.S. 978-0-7817-5215-2, 2005, 252 pages, paperback
- *Clinical Faculty Survival Guide*. Thomas D. Zlatic, Ph.D. 978-1-932658-73-6, 2010, 336 pages, paperback.  
**an accp publication**
- *Designing Clinical Research*, third edition. Stephen B. Hulley, M.D., MPH; Steven R. Cummings, M.D.; Warren S. Browner, M.D., MPH; Deborah Grady, M.D., MPH; Norman Hearst, M.D., MPH; and Thomas B. Neuman, M.D., MPH. 978-0781782104, 2006, 348 pages, paperback
- *Good to Great: Why Some Companies Make the Leap ... and Others Don't*. James C. Collins, MBA. 978-0066620992, 2001, 320 pages, hardback
- *Grant Application Writer's Handbook*, fourth edition. Liane Reif-Lehrer, Ph.D. 0-7637-1642-1, 2005, 362 pages, paperback



- *How Doctors Think*. Jerome Groopman, M.D. 978-0-547-05364-6, 2008, 336 pages, paperback
- *The Joy of Teaching: A Practical Guide for New College Instructors*. Peter G. Filene, Ph.D. 0-8078-5603-7, 2005, 176 pages, paperback
- *Leadership and Self-Deception: Get Out of the Box*, second edition. The Arbinger Institute. 978-1-57675-977-6, 2010, 199 pages, paperback
- *Mastering the Techniques of Teaching*, second edition. Joseph Lowman, Ph.D. 0-7879-5568-X, 2000, 368 pages, paperback
- *On Becoming a Leader*, revised edition. Warren Bennis. 978-0-465014088, 2009, 256 pages, paperback
- *Primer of Biostatistics*, seventh edition. Stanton A. Glanz. 978-0-07-178150-3, 2012, 306 pages, paperback
- *Publishing and Presenting Clinical Research*, third edition. Warren S. Browner, M.D. 978-1-4511-1590-1, 2012, 224 pages, paperback
- *Re-visioning Professional Education: An Orientation to Teaching*. Thomas D. Zlatic, Ph.D. 1-932658-27-0, 2005, 148 pages, paperback.



**an accp publication**

Now would be an excellent time to review these faculty-recommended titles. Please visit the ACCP Online Bookstore for more information regarding these and other titles in your areas of interest.

### Attention Students, Residents, and Fellows: Apply Online Now for 2012 ACCP Annual Meeting Travel Awards

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

ACCP Student Travel Awards and Resident/Fellow Travel Awards enable students and postgraduate

trainees to attend ACCP meetings by awarding travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the ACCP Annual Meeting in Hollywood, Florida, October 21–24, 2012.

#### How to Apply

**Students:** Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for an award. Applicants are asked to submit a completed application, which includes a curriculum vitae or resume, two letters of reference, and an essay of no more than 500 words detailing the applicant's objectives for attending an ACCP meeting. All application material should be submitted online at <http://www.accp.com/stunet/award.aspx>. The application deadline is September 7, 2012.

**Residents/Fellows:** 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 and an essay of no more than 250 words detailing the applicant's objectives for attending an ACCP meeting, as well as a personal reference from the residency or fellowship program director or his or her designee. All application material should be submitted online at <http://www.accp.com/membership/resfelAward.aspx>. The application deadline is August 24, 2012.

For more information on ACCP travel awards, contact Jon Poynter, ACCP Senior Membership Project Manager, at [jpoynter@accp.com](mailto:jpoynter@accp.com) or (913) 492-3311, ext. 21.

### 2012 ACCP Clinical Pharmacy Challenge Registration Now Open



ACCP's national pharmacy student team competition returns in 2012. Now in its third 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 2012 ACCP Annual Meeting in Hollywood, Florida. Team registration is now available online. Please note all team registrations must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their [ACCP College of Pharmacy Faculty Liaison](#). All team registrations must be completed by the deadline of September 4, 2012. Click [here](#) to register.

## 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 may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a [local competition](#). ACCP will provide a written examination that institutions may use as a basis for their local competition, if they so desire. This examination is available by e-mail request, which may be made by the ACCP Faculty Liaison or registering faculty member. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at [mkucera@accp.com](mailto:mkucera@accp.com).

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 Hollywood, Florida, October 20–22, 2012. [Competition Schedule](#).

Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment has been 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, 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 4, 2012.

Click [here](#) for more information, or contact Michelle Kucera, Pharm.D., BCPS, at [mkucera@accp.com](mailto:mkucera@accp.com).

## New Members

---

Lloyd Alcala	Ashley Crumby
Mariah Alford	Jose Diaz Madriz
Shereef Ali	David Dillinger
Cody Allison	Becky Doman
Ahmed Altyar	John Dorris
Joseph Ambrosino	Amanda Downing
Michelle Andrade	Brittni Drake
Teressa Anthony	Jassu Dulai
Melissa Aquino	Ashley Dusak
Trang Au	Julie Edwards
Patricia Bass	Gwendoline Egbe
Scott Beaurivage	Okechukwu Egbulefu
Chase Bishop	Amir Emamifar
Scott Bishop	Darlington Etumni
Kevin Bonney	Nimat Fatohi
Jessica Bovio	Maria Foy
Derrick Bradley	Yolla Fraiwat
Adam Brown	Amina George
Courtney Brown	Hugh Giovanazzo
Gary Brown	Paul Goebel
Lindsay Brust	Katie Gregory
Ryan Buff	Carrie Griffiths
Lindsey Buscemi	Nicole Grimmer
Laura Bussard	Jordan Haag
Jennifer Byrns	Erin Hachey
Ashley Caron	Mark Harmanos
Raymond Carter	Korilyn Hauersperger
Jonathan Casavant	Emily Hawes
Frederic Chang	David Hill
Huyen Chen	Lauren Hinson
Chae Un Chong	Lindsay Holte
Angela Christianson	Matthew Hoover
Holly Christianson	Jaren Howard
Tiffany Chung	Kresdon Hughes
Amy Clark	Sarah Hughes
Karl Clough	Walaa Ibrahim
Robert Connell	Herman Ing
Hector Crespo	Anna Judy

Holly Kadrmas  
Sandra Kam  
Rajinder Kaur  
Samreen Khatri  
Jean Kononowiz  
Rebekah Kramer-  
Silberhorn  
Chad Krebs  
Kelly Krieger  
Nadia Kudla  
Jean Kwon  
Chung-Shien Lee  
Justina Lee  
Jona Lekura  
Timothy Lise  
Aimee Loucks  
Brandi Lumley  
Tomitra Madison  
Kimberly Magers  
Jared Mannen  
Fancy Manton  
Kathleen Mason  
Danielle Masee  
Nimmy Mathews  
Alison McDonald  
David McFadden  
Edo-Abasi McGee  
Tim McMann  
Hannah McMillan  
Jennifer Mejia  
Mihail Mihailescu  
Eryn Milius  
Crystal Miller  
Mohamed Mohamed  
Brittany Moser  
Elizabeth Moss  
Julie Murray  
Jillian Myers  
Leena Myran  
Branden Nemecek  
Andrea New  
Que-Chau Ngo  
Kimmie Nguyen  
Vi Nguyen  
Vian Nguyen  
Anna Maria Niedzwiecki  
Daniel Nobel  
Trang Nokelby  
Leslie Ochs  
Brian O'Keefe  
Till Olickal

Rachael Olsufka  
Jayesh Pandejee  
Drupad Parikh  
Jai Patel  
Shefali Patel  
Avinash Patil  
James Patton  
Maria Pham  
Kelli Phipps  
Heather Pierce  
David Portman  
Holly Randleman  
Jesse Robertson  
Molly Rockstad  
Michael Ruggero  
Melissa Ruminski  
Mahmoud Salem  
Joseph Samide  
Jacqueline Schnee  
Kelly Sexton  
Joshua Shaeffer  
Courtney Shakowski  
Shannon Short  
Ravipal Singh  
Melanie Solone  
Ashlee Sommer  
Yu (Laura) Song  
Jessica Streeter  
Laura Stulmanis  
Holli Temple  
Yueh Thian  
John Thompson  
Lauryn Tierney  
Phuong Khanh Tran  
Long Trinh  
Tiffany Tu  
Melanie Umbach  
Dinnah Van Pelt  
Beth Vander Ploeg  
Leslie Varikattu  
Travis White  
Christopher Winslow  
Eric Yancey  
Raynold Yin  
Fouad Yousif  
Angel Yu  
Jennifer Yu  
Shadi Ziaie

**The following individuals recently advanced from Associate to Full Member:**

Noor Al-Bassam  
Brittany Allen  
Mitchell Buckley  
Yuli Chang  
Darrell Childress  
Jessica Dicks  
Kathryn Estes  
Lindsey Farrell  
Jason Foote  
Daniel Ford  
Angela Fornstrom  
Anne Gorder  
Laura Honeycutt  
Samuel John  
Lori Lynn Kesteloot  
Travis King  
Hope Le  
Geoffrey Lockwood  
Amanda Martinez  
Kelly Matson  
James Mikula  
Susan Mitchell  
Molly Moore  
Kyle Murray  
Aasya Nasar  
Sandra Nelson  
Jaclyn North  
Suzanne Rabi  
Denise Riccobono  
Allyson Schlichte  
Maria Thurston  
Bruce Warden  
Jonathan White  
Glenn Whiteway  
Kyle Wilson  
Peggy Wimmer

**New Member Recruiters**

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

Arin Ryan Bickel  
P. Brandon Bookstaver  
Daniel Cleveland  
Rebecca Dunn  
Lisa Fairchild  
Jenna Faircloth  
Kikelola Gbadamosi  
Thaddaus Hellwig  
Jason Hoffman  
Vanthida Huang  
Rodney Hunter  
Eun Jeon  
Alice Kim  
Jason Kimbrel  
Megan Kloet  
Brian Kozar  
Bridgette Kram  
Erin Lammers  
Debra Lopez  
Chigozie Mason  
Victoria Miller  
Nikki Milne  
Monica Mineo  
Lan Ngo  
Neelu Patil  
Mollie Reidland  
David Ritchie  
Jean Scholtz  
Kelly Sexton  
Melanie Sharon  
Maria Sheridan  
Debra Skaar  
Erika Smith  
Mate Soric  
Ami Teague  
Michael Thomas  
Sareen Vartanian

# Professional Placement Advertisements



## Clinical Programs Manager and Faculty Member Johns Hopkins Home Care Group University of Maryland School of Pharmacy

This position is offered jointly by Johns Hopkins and the University of Maryland. The Johns Hopkins Home Care Group operates seven outpatient pharmacies between three hospitals within the Johns Hopkins Health System, a vertically integrated, multi-institutional system for medical services delivery in support of its patient care, education, and research missions.

We are currently seeking a Clinical Programs Manager. The Clinical Programs Manager reports to the Director of the Outpatient Pharmacy and is responsible for the development, implementation, management, and support of clinical programs within all of the Johns Hopkins Outpatient Pharmacies in joint collaboration as a faculty member at the University of Maryland School of Pharmacy.

### Responsibilities:

- Provides oversight to education programs for approximately 130 FTEs.
- Develops new and oversees existing patient education programs associated with the dispensing of over 600,000 prescriptions per year, and functions as the JHHCG PGY-1 Community Pharmacy Residency Director.
- As a University of Maryland, School of Pharmacy faculty member, the Clinical Programs Manager will have responsibilities with the school teaching, including precepting and mentoring students, and incorporating service and scholarship.
- Develops and achieves the clinical service goals of the outpatient pharmacy.
- Builds and maintains clinical programs, including business case development.
- Provides financial oversight of the clinical programs to ensure the maximization of resources.
- Responsible for outpatient clerkships, internships, and residency rotations.

- Identifies and meets the educational needs of patients, providers, and staff, and assists with conflict resolution and problem-solving.
- Integrates the outpatient pharmacies with the Johns Hopkins Health System discharge process.
- Interprets and dispenses medications to ambulatory care, clinic outpatients, and/or community-based customers and supports the maintenance/monitoring of patient profiles.
- Practices in good standing with all state, federal and industry regulations and practices.
- Collaborates with Outpatient Pharmacy Managers on the evaluations of the clinically involved direct reports.

### Requirements:

- Pharm.D. degree or B.S. in pharmacy and additional education and/or experience.
- Minimum of three years previous experience.
- Completion of an ASHP Accredited residency training program or equivalent experience.
- Knowledge of educational theory and the ASHP residency learning system.
- Comprehensive knowledge of pharmacology, therapeutics, pharmacokinetics, and drug information principles.

The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Johns Hopkins Home Care Group (JHHCG), are located in Baltimore, a city with a unique blend of historic charm. Howard County General Hospital is located in Columbia, Maryland, and is 20 miles south of Baltimore. All are conveniently located off of Baltimore's I-95 beltway.

It's because we value the people who work here that we offer an unparalleled benefits package that includes medical, vision, and dental coverage, 403(b), and even college grant tuition for your dependents.

We invite you to answer your calling by applying at [www.hopkinsmedicine.org/homecare](http://www.hopkinsmedicine.org/homecare) and reference Req. # 2415.

EOE/AA, M/F/D/V