

ACCP Report

American College of Clinical Pharmacy

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

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Dasta, Page, Pfeffer, and Phelps to Receive ACCP Honors

Joseph Dasta, Robert Page II, Marc Pfeffer, and Stephanie Phelps have been selected by the College's Awards Committee to receive the association's prestigious 2013 Russell R. Miller, Clinical Practice, Therapeutic Frontiers Lecture, and Education awards, respectively. The awards will be presented in Albuquerque, New Mexico, on Sunday morning, October 13, during the Opening General Session of the College's 2013 Annual Meeting.

Russell R. Miller was the founding editor of the College's journal, *Pharmacotherapy*. The Russell R. Miller Award is presented in recognition of substantial contributions to the literature of clinical pharmacy, thereby advancing both clinical pharmacy practice and rational pharmacotherapy. Joseph F. Dasta, M.S., FCCP, is professor emeritus at The Ohio State University College of Pharmacy and an adjunct professor at the University of Texas College of Pharmacy. Professor Dasta is widely regarded as one of the pioneers of critical care pharmacy practice. At the time of his nomination, he had written more than 120 peer-reviewed papers, 85 abstracts, and 58 brief communications and had contributed to more than 18 textbooks on critical care pharmacotherapy. In 1999, the Society of Critical Care Medicine (SCCM) approved the Joseph F. Dasta Critical Care Pharmacy Outcomes Research Grant to support the research of critical care clinical pharmacists. In her letter supporting this nomination, Dr. Sandra Kane-Gill focused on the significance of Professor Dasta's scholarly contributions to the early development of critical care pharmacy practice:

His early work centered on pharmacotherapeutic practice patterns and developing the pharmacist's role in critically ill patients. This work was one of the first attempts to understand ICU pharmacotherapy, describe alterations in pharmacokinetics during critical illness, and document the suboptimal use of sedatives. Joe emphasized that data from studies



conducted on ward patients often do not apply to acutely injured patients.

In his letter of nomination, Dr. Christopher Paciullo from Emory University Hospital noted Professor Dasta's impact on critical care pharmacy:

Professor Dasta's "family tree" has likely led to the publication of hundreds (even thousands) more articles, abstracts and texts on critical care pharmacotherapy. His trainees have gone on to become leaders in the field and contributed a large body of work to the critical care literature, as have their trainees and mentees.

Finally, Dr. Kane-Gill commented on how Professor Dasta's publications have paved the way for critical care clinical pharmacists,

His 1982 editorial on critical care therapeutics was the first paper to identify the ICU as an important area for pharmacist contributions and was followed by the first textbook on "The Practice of Critical Care Pharmacy" in 1985, which he co-edited. This helped set the stage for the increasing role of the critical care pharmacist. The studies he conducted in ICU patients demonstrated the additional role a pharmacist can play in conducting critical care research.

Professor Dasta has served on the editorial boards of *Critical Care Medicine* and *The Annals of Pharmacotherapy* and as a member and author on numerous SCCM guidelines management committees. He was recognized as a fellow in ACCP in 1988 and as a fellow of the American College of Critical Care Medicine in 1990.



The ACCP Clinical Practice Award is given to a College member who has made substantial and outstanding contributions to clinical pharmacy practice. The criteria considered in identifying potential candidates include exceptional leadership in developing innovative clinical pharmacy services and sustained excellence in providing them. Robert Lee Page II, Pharm.D., MSPH, FCCP, FAHA, FASHP, FASCP, BCPS, CGP, is an associate professor

of clinical pharmacy at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences and an associate professor of physical medicine and rehabilitation at the University of Colorado School of Medicine. As a clinician, Dr. Page has led the development of innovative clinical pharmacy services to patients with heart failure and heart transplant patients, and documented the impact of these services on patient outcomes. He is the author of more than 150 publications, including peer-reviewed papers, book chapters, and abstracts. In nominating Dr. Page for the Clinical Practice Award, Dr. Samuel Johnson wrote in his letter of nomination,

Dr. Page's dedication, passion, and influence for clinical pharmacy practice are quite evident. He has implemented several innovative clinical pharmacy services and roles, including an integrated inpatient and outpatient heart failure and cardiac transplant clinical service at the University of Colorado Hospital and participation on the hospital's multidisciplinary organ transplant selection committee—well before CMS required that pharmacists be involved. He has documented the major impact of these clinical pharmacy services on health and economic outcomes in respected, peer-reviewed journals including *Pharmacotherapy*, *Journal of Cardiac Failure*, and *Circulation*. Dr. Page's participation in numerous advocacy efforts for clinical pharmacy within the American Heart Association, the American College of Cardiology, and the International Society for Heart and Lung Transplant have helped raise awareness of the beneficial impact of clinical pharmacy practice on public health.

Dr. Jean Nappi, professor of clinical pharmacy and outcomes sciences at the South Carolina College of Pharmacy and one of Dr. Page's early mentors, wrote in her letter of support,

I think one of the most striking characteristics of Robert is his love to learn and correspondingly to share what he has learned. As a student and resident he took every opportunity to broaden his knowledge. He chose a pharmacotherapy residency (which was a very new concept at the time) because he had a strong desire to help manage patients with a broad and complex range of problems. He mastered every disease, drug class and skill we challenged him with.... It is noteworthy that Robert blends his practice with scholarship. He has gone from being an extremely competent clinician to a very productive clinician scientist. He has made major contributions to the body of knowledge, particularly in the areas of cardiac transplantation and heart failure. Many of his publications are in the very top medical journals. Dr. Page has furthered his education in epidemiology and health services research. He is now playing a major role in the Colorado Medicaid Drug Utilization

Review Program influencing the care of thousands of patients through the selection of the most cost-effective medications available.

Dr. Page's recognition as a scholar has resulted in his service as an editorial board member for many journals, including *JACC-Heart Failure*, *Journal of Clinical Toxicology*, *European Medical Journal-Cardiology*, and *The Consultant Pharmacist*, and as a reviewer for numerous medical and scientific journals, including *Pharmacotherapy*. In recognition of his skill as a clinical educator, he has received several teaching awards, including the University of Colorado Health Sciences Center Chancellor's Teaching Award.

The ACCP Therapeutic Frontiers Lecture Award recognizes an individual, including ACCP member and nonmember nominees, who has made outstanding contributions to pharmacotherapeutics in his or her field. Among the criteria for this award is the broad acknowledgment that the recipient is currently considered at the leading edge of research in the field. Marc A. Pfeffer, M.D., Ph.D., is the Victor J.



Dzau Professor of Medicine at Harvard Medical School in Boston, Massachusetts. He has distinguished himself as a translational scientist and leader of international randomized clinical trials. Dr. Pfeffer, working with his late wife, Dr. Janice Pfeffer, and renowned cardiologist Eugene Braunwald, is credited with introducing the concept of an insidious deleterious structural remodeling of the impaired left ventricle, recognizing that this adverse remodeling leads to a reduction in ventricular performance and heart failure. He showed in animals and then in human pilot studies that use of an angiotensin-converting enzyme (ACE) inhibitor could attenuate these adverse longitudinal structural and functional changes. Dr. Pfeffer's nominator, Dr. Orly Vardeny from the University of Wisconsin School of Pharmacy, called attention to the significance of his work:

Dr. Pfeffer led the first definitive clinical trial in patients with myocardial infarction (Survival And Ventricular Enlargement, SAVE) that demonstrated survival and the prevention of heart failure could be achieved with the use of ACE inhibitors. This landmark study led to the adoption of ACE inhibitors as standard of care for patients with myocardial infarction complicated by heart failure or ventricular dysfunction. From these bench-to-bedside discoveries, the prognosis of untold numbers of survivors of myocardial infarction has been definitively improved. Dr. Pfeffer has subsequently led several international clinical trials that have focused on inhibiting the renin angiotensin system in post-MI and heart failure

patients, and has extended the findings of SAVE to other classes such as angiotensin receptor blockers.

Dr. Judy Cheng, professor of pharmacy practice at Massachusetts College of Pharmacy and Health Sciences and a colleague of Dr. Pfeffer's at Brigham and Women's Hospital in Boston, wrote in her letter of support,

In more recent years, Dr. Pfeffer has continued his research in the understanding of the use of pharmacotherapy to modify the renin-angiotensin-aldosterone system in patients with heart disease, specifically those who have heart failure or who are post-myocardial infarction. The "Valsartan, captopril or both in myocardial infarction complicated by heart failure, left ventricular dysfunction, or both (VALIANT)" study published in [*The*] *New England Journal of Medicine* in 2003 established that angiotensin receptor blocker can be used as an alternative to ACE inhibitors in patients who cannot tolerate ACE inhibitors for a specific reason, or in combination with ACE inhibitors to further improve outcomes. His current ongoing research of a new renin inhibitor, Aliskiren in post-myocardial infarction patients (the ASPIRE study) and spironolactone in heart failure patients with preserved ejection fraction (the TOPCAT study), help complete our understanding of the use of other pharmacologic agents that affect the renin-angiotensin-aldosterone system in this patient population.

An internationally recognized expert in the field of cardiology, Dr. Pfeffer was honored in 2006 by *Science Watch* as having the most highly cited original papers in all of clinical medicine. He is the recipient of the William Harvey Award of the American Society of Hypertension, the Okamoto Award from Japan's Vascular Disease Research Foundation, and the Clinical Research Prize of the American Heart Association. He is credited with publishing more than 350 peer-reviewed original reports and another 175 reviews, book chapters, or editorials. Dr. Pfeffer's lecture, titled "Surprising Findings from Clinical Trials," will be delivered at 10:30 a.m. during the October 13 Opening General Session in Albuquerque.

The Education Award recognizes an ACCP member who has made substantial and outstanding contributions to clinical pharmacy education at either the undergraduate or the postgraduate level. Stephanie J. Phelps, Pharm.D., FCCP, FAPhA, BCPS, is associate dean for academic affairs and professor of clinical pharmacy at the University of Tennessee College of Pharmacy as well as professor of pediatrics at the University of Tennessee College of Medicine. Letters written by colleagues in support of Dr. Phelps' nomination speak to her passion and commitment to education. Dr. P.



David Rodgers, associate dean for translational research at the University of Tennessee College of Pharmacy, wrote in his letter of support:

Dr. Phelps is the embodiment of academic excellence and expects nothing less from those around her, including her students, trainees, and peers. I have experienced this expectation firsthand on multiple levels during my time as a student and resident and continue to be impressed with her passion and determination to continually improve the educational offerings of not only our Pharm.D. curriculum, but also our postdoctoral training programs ...

Dr. Richard Helms, professor and chair of the University of Tennessee's Department of Clinical Pharmacy, commented on Dr. Phelps' ability to actively involve her students in learning:

She has always strived to engage students in active practice roles during their experiential education. It is not sufficient to "watch" and learn; it only has meaning, and stimulates retention, if one "does" while learning. She always has her students probing dogma: what do we really know? Are our assumptions valid? How should the approach to care be changed to reflect this new understanding? How can students be involved to improve compliance, safety, and outcomes? Dr. Phelps has never viewed students as liabilities, but as extenders of care. Students become engaged and excited, launching into practice with enthusiasm and real capability.

Dr. Milap Nahata, professor and chair of the Division of Pharmacy Practice and Administration at The Ohio State University College of Pharmacy and a past ACCP president, noted in his letter of support,

An essential component of being an excellent educator is to make important contributions to the literature. Dr. Phelps has done this by authoring or co-authoring 65 peer-reviewed articles and numerous book chapters which are read by a large number of pharmacy students, trainees, and practitioners... A well-rounded educator is expected to provide professional service as well. Dr. Phelps has served in the elected offices of organizations including AACP, APhA, ASHP, and ASPEN. She has also served on the editorial boards of several journals ... and as the Editor-in-Chief of the [*The*] *Journal of Pediatric Pharmacology and Therapeutics* for the past 10 years.

Dr. Phelps' expertise is recognized internationally as well. She has been invited to lecture in Germany; Vancouver, British Columbia; and Riyadh, Saudi Arabia. The textbook on which she serves as lead editor, titled *Guidelines for Administration of Intravenous Medications to Pediatric Patients* (known as "The Teddy Bear Book"), is now in its 10th edition.

2013 ACCP Clinical Pharmacy: Online Round Competition Is Complete – Congratulations to the Quarterfinal Teams



Now in its fourth year, ACCP's novel, national team competition for pharmacy students saw record-breaking participation from schools across the country in 2013. Students from 100 institutions fielded teams for the 2013 ACCP Clinical Pharmacy Challenge.

The online round competition, which concluded September 13, gave eligible teams the opportunity to compete in up to four rounds of competition, where they answered items in each of the competition's distinct segments:

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

From the initial field of 100 teams, eight schools have emerged to compete in the live quarterfinal round competition at the upcoming ACCP Annual Meeting in Albuquerque, New Mexico.

2013 ACCP Clinical Pharmacy Challenge Quarterfinal Teams

- East Tennessee State University Bill Gatton College of Pharmacy
- University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences
- Oregon State University College of Pharmacy
- Thomas Jefferson University Jefferson School of Pharmacy
- St. John's University College of Pharmacy and Health Sciences
- Northeastern University Bouvé College of Health Sciences School of Pharmacy
- University of Kentucky College of Pharmacy
- St. Louis College of Pharmacy

These eight teams will meet and compete head to head during the quarterfinal rounds on October 12, 2013. Semifinal and final rounds of the competition will be held on October 13–14, 2013.

Please join ACCP in commending these teams on their outstanding achievements. For more information on the 2013 Clinical Pharmacy Challenge and to view a listing of the teams that participated and progressed through each of the four online rounds, please [click here](#). Be sure to join us in Albuquerque to see which team will be crowned the 2013 ACCP Clinical Pharmacy Challenge Champion!

Don't Miss the Chance to Register for the 2013 ACCP Annual Meeting; Online Registration Closes September 27



Join colleagues, friends, and mentors at the 2013 ACCP Annual Meeting, October 13–16, 2013, in Albuquerque, New Mexico. The ACCP Annual Meeting is clinical pharmacy's most-anticipated annual event for national and international practitioners, educators, residents, fellows, and students.

Experience the Authentic Southwest

The venue for the 2013 ACCP Annual Meeting is Albuquerque, New Mexico, which offers an exciting blend of scenic natural attractions, centuries of art and culture, and a wide array of shopping and dining options, making it an exciting meeting and vacation destination. Bring your family and spend a few extra days experiencing the authentic Southwest by visiting nearby historic landmarks; riding the Sandia Peak Aerial Tramway, North America's longest single-span aerial tram; or exploring the city's thriving art scene, world-class museums, and performing arts.

Participate in Cutting-edge Curricular Tracks and PRN Focus Sessions

The ACCP Annual Meeting offers world-class educational programming on the most topical issues as well as unmatched networking opportunities. The core programming at each ACCP Annual Meeting consists of cutting-edge curricular tracks that focus on emerging clinical and professional issues. Start building your 2013 ACCP Annual Meeting itinerary around these curricular tracks, each designed to stimulate in-depth learning:

- Challenges in Drug Dosing for Complicated Patient Populations
- Financial Support for Clinical Pharmacy Services in an Evolving Healthcare Paradigm
- Pharmacy-Based Clinical and Translational Science: Opportunities for Innovative Practice and Research

In addition to the meeting's curricular tracks, exceptional focus sessions created by ACCP's Practice and

Research Networks will provide the latest information and developments in various therapeutic and practice areas. Annual Meeting attendees will also have access to the PRN Business Meetings and Networking Forums, the Scientific Poster and Platform Presentations, the Residency and Fellowship Forum, and the live rounds of the ACCP Clinical Pharmacy Challenge for students.

To view the complete schedule of educational activities, register for the 2013 ACCP Annual Meeting, and make hotel reservations, visit www.accp.com/am. Registration for the 2013 Annual Meeting ends **September 27**. After this date, on-site registration is required. Don't miss out on advanced registration savings—register [online](#) today!

ACCP Academy Kicks Off Newly Introduced 1-Year Certificate Programs at the 2013 ACCP Annual Meeting



Starting this fall at the 2013 ACCP Annual Meeting, the ACCP Academy programs will deliver all required and elective programming sequentially, beginning with all four prerequisite “primers,” to be

offered on Saturday, October 12, as Annual Meeting presymposia.

The ACCP Academy is a continuous educational effort designed to deliver a flexible, curricular approach to enhancing ACCP members' abilities in their major 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 new schedule was developed in an effort to support continuous participation from Academy enrollees unable to complete program requirements because of increasing institutional budgetary and time constraints that limit their ability to travel to multiple meetings on an annual basis. The ACCP Academy will offer the following foundational prerequisite courses as part of the Annual Meeting presymposia.

The **Research Primer**, which serves as the required prerequisite course for the Research and Scholarship Certificate Program, is designed to introduce participants to fundamental research concepts and to stimulate the development of a longitudinal research project idea by each participant. Participants will explore the various roles, responsibilities, and venues in which a new researcher may develop a research focus, as well as develop potential working relationships with established researchers. The module will discuss the

mentor-protégé interaction and ways to maximize the benefits of such a relationship throughout one's career. This two-part course is a mandatory prerequisite for the program's remaining required modules. Program enrollees will be asked to revisit, build on, and revise this project idea throughout the Academy program.

Leadership Primer I is the first of the two-part Leadership and Management Certificate Program's foundational module, which is designed to provide participants with an introductory background in organizational behavior theory and fundamental philosophical concepts of leadership. Several definitions of leadership will be explored and discussed, together with philosophical leadership thought. The module is meant to stimulate each participant to seek additional study and experience in this area. Material covered will involve principles and concepts prevalent from the early 1900s to the 21st century.

The **Career Advancement Primer** is a half-day module designed to provide a framework for developing a strategic plan in participants' professional advancement. Clinical pharmacy professionals from successful clinical practices will share strategies to justify participants' clinical services, engage in their own professional development, and cultivate productive relationships in team and collaborative patient care environments. Participants will engage in discussions on how roles can be established in team and collaborative patient care environments and review the components of a successful clinical practice.

The **Teaching and Learning Primer** (formerly Basic Training) serves as the required prerequisite course for the Teaching and Learning Certificate Program. Designed to provide a foundation for faculty and preceptors early in their teaching careers, this half-day module engages participants in thoughtful discussions and small-group exercises. As one of ACCP's best-received educational courses, the Teaching and Learning Primer successfully builds new academicians' foundational knowledge in planning, implementing, and assessing student learning.

Take advantage of these valuable professional development programs by enrolling in the ACCP Academy. Visit the ACCP Academy's Web page at www.accp.com/academy to learn more about each of the Academy's certificate programs, to view each program's complete 1-year schedule, and to complete an online program application. To view the complete schedule of Academy programming offered during the 2013 ACCP Annual Meeting, visit the ACCP Web site at www.accp.com/am. Register by September 27 to take advantage of online registration rates.

Get a Head Start on Securing a Residency/Fellowship Position at ACCP's Residency and Fellowship Forum

Take advantage of ACCP's Residency and Fellowship Forum, to be held on Monday, October 14, from 8:00 a.m. to 10:00 a.m., during the 2013 ACCP Annual Meeting in Albuquerque, New Mexico. The Residency and Fellowship Forum gives applicants the opportunity to meet with preceptors and program directors seeking candidates for 2014–2015 residency and fellowship positions. Many program preceptors and directors use the forum as an opportunity to schedule follow-up appointments with candidates to talk further during the ACCP Annual Meeting.

Set in a comfortable and even-paced atmosphere, the simple format of the forum is designed to give applicants the rare opportunity to sit across the table from preceptors and program directors for one-on-one interactions and to personally submit their CVs for consideration. In preparation for the forum, applicants will have access to the [online program listings](#), which include detailed descriptions of all fellowships and PGY1/PGY2 residency positions participating in the forum. Applicants interested in participating should post a brief applicant profile online, upload a CV (optional), and register for the 2013 ACCP Annual Meeting.

Begin your search early by registering for the ACCP Residency and Fellowship Forum. Visit www.accp.com/meetings/am13/resfelForum.aspx to obtain more information and to register for the Annual Meeting.

ACCP RI Open House: $\uparrow n \propto \uparrow (1-\beta)$



At this year's ACCP Annual Meeting in Albuquerque, New Mexico, the Research Institute will host an Open House Session that highlights the Practice-Based Research Network (PBRN) and Focused Investigator Training (FIT) Program. Join us on Tuesday, October 15, 2013, 9:00 a.m.–10:00 a.m., in the Brazos Room (Albuquerque Convention

Center) to learn more from Research Institute Board members, FIT faculty and alumni, and members of the PBRN's Community Advisory Panel at this interactive session, which will address the following topics:

- Developing and advancing your own research ideas
- Attending the FIT Program
- Advocating/providing research ideas that fit into a PBRN setting
- Becoming a PBRN member
- Participating in PBRN projects as a clinical researcher

- Providing member support for human subjects' training and IRB submission

For more information about this session, the ACCP PBRN, or FIT, please contact the Research Institute staff at pbrn@accp.com.

Clinical Reasoning Programs Offer Specialty Recertification Credit



ACCP's Clinical Reasoning Series returns in 2013 with two unique programs designed to advance the knowledge and skills of the board-certified specialist. Held

on October 12 in conjunction with the Annual Meeting in Albuquerque, New Mexico, these live educational programs will explore cutting-edge topics of relevance to everyday practice and employ active learning exercises to enhance clinical reasoning skills. Each program will provide 6.0 continuing pharmacy education credit hours that can be used toward recertification.

Delivered by nationally known experts in their field, these two new and innovative programs will examine the latest in scientific findings and trends in analyzing clinical evidence that help inform patient care. "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.

"Pain, Agitation, and Delirium in the Intensive Care Unit," designed for the BCPS, will include the following sessions:

- Optimizing Analgesia in the Critically Ill
- Optimizing the Use of Sedatives for Agitation in the ICU: An Evidence-Based Approach
- Approaches to the Prevention, Identification, and Management of Delirium
- Patient Cases and Panel Discussion

For program details, go to www.accp.com/announcements/crsph.aspx.

"Evidence-Based Screening and Prevention Strategies," designed for the BCACP, will include the following sessions:

- Cardiovascular Diseases
- Type 2 Diabetes Mellitus
- Chronic Kidney Disease
- Patient Cases and Panel Discussion

For program details, go to www.accp.com/announcements/crsam.aspx.

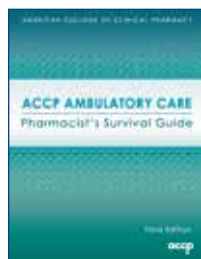
To be eligible for specialty recertification credits, the specialist must attend the pertinent live program

and successfully complete the program's corresponding Web-based posttest by November 30, 2013. Complete information on the agenda, learning objectives, faculty, and registration is available at www.accp.com/meetings/am13/.

View New Publications, New Formats at the On-site Bookstore in Albuquerque

The On-site Bookstore at ACCP's 2013 Annual Meeting will feature new releases, new media formats, and a special book-signing event October 12–16 in the Albuquerque Convention Center.

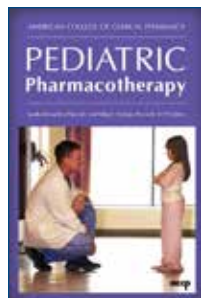
The bookstore will open at 7:00 a.m. daily near the Registration Desk and Cyber Café. As always, meeting registrants will receive discounted member pricing and free or reduced shipping on all ACCP Publications. Registrants can also receive these same benefits by ordering from the [Online Bookstore](#) before midnight on the last day of the meeting.



ACCP Ambulatory Care Pharmacist's Survival Guide, Third Edition. Created by members of the ACCP Ambulatory Care Practice and Research Network, this comprehensive resource offers practical assistance to both new and seasoned clinicians. More than 70 guidance documents cover the following areas:

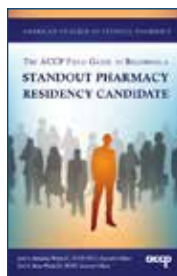
- Ambulatory Care Basics—Scholarship for Clinicians, Reimbursement
- Clinical Practice—Managing Clinics for Asthma, Lipids, Immunizations, and More
- Education—Student and Resident Rotations, Journal Clubs
- Practice Management—Collaborative MTM, Practice Agreements, Protocols

The *Survival Guide* is available in print and online.



Pediatric Pharmacotherapy. Now reprinted in a hardcover edition, this comprehensive textbook is designed for students, residents, and any clinician involved in the care of pediatric patients. Experts in pediatric care provide an in-depth exploration into the unique pharmacologic needs of neonates, infants, children, and adolescents.

Join editors Sandra Benavides and Milap C. Nahata for a book-signing event on Sunday, October 13, from 1:30 p.m. to 2:30 p.m., at the On-site Bookstore.



ACCP Field Guide to Becoming a Standout Pharmacy Residency Candidate. This valuable resource is now available in E-media format for tablets and e-readers. Pharmacy residency proponents have assembled detailed, practical information for students to use from their first through final year of pharmacy education. The *Field Guide* offers a multiyear, stepwise approach for maximizing candidates' curricular and extracurricular experiences to best prepare them for postgraduate residency training.

President's Column



Curtis E. Haas, Pharm.D., FCCP, BCPS

Hobbies and Professional Practices—Similarities and Differences

In my first *ACCP Report* column last fall, I introduced my theme of the year and its related terminology. The theme is "Advancing a comprehensive and consistent direct patient care practice for clinical pharmacists—the future is now." Each of my subsequent columns has addressed some aspect of this theme and its prodigious significance to the future of clinical pharmacy practice.

Recently, during the late evening hours after an enjoyable day of sailing, I was relaxing in the cockpit as a light rain bounced off the canvas overhead. As I held a chilled glass of white wine in my left hand, I found myself reflecting on the content for this final column. It occurred to me that there are potentially interesting parallels between one of my favorite pastimes and my profession. However, there are also important differences.

Sailing requires knowledge, training, and experience best gained by many hours on the water (and making a few mistakes along the way). Sailors have a unique terminology and language that is foreign to the average land-lubber. For control and trim of the sails, we have halyards, sheets (jib or genoa), mainsheet, traveler, Cunningham, outhaul, boom vang, reefing lines, downhaul, uphaul, and genoa cars, to name a few. When sailing, we may tack or jibe, luff up or bear away, and we set our sails for various points of sail—everything from "close hauled" when pinching upwind to a "run" downwind—including everyone's favorite, a "beam reach." There are also many rules that should be followed for the safety of the crew. For example, a sailboat on a starboard tack has the right-of-way (stand-on vessel) over a boat on a port tack (give-way vessel). The captain of the vessel takes full responsibility for the safety and well-being of the entire crew and must

operate within his or her skills, remain aware of potential dangers (weather and sea conditions), and know when to reduce sail, return to port, or seek shelter. This is especially important given that recreational sailors often have guests aboard who know nothing (or very little) about sailing.

Novice sailors, or individuals with underdeveloped skills, are often competent to captain a sailboat under calm conditions of wind and sea, but they can be a menacing danger under more challenging or complex conditions. Last season, one of my heartier sailing companions and I were heading out to have some “fun” in a 25-knot wind and 5- to 7-foot seas. When bashing our way out of port, we observed a 26-foot sloop that had sailed headlong into the seawall with full sails still aloft and sheeted in close. The bow was repeatedly bashing into the rocks and quickly disintegrating while the captain was running around on deck trying to get the pitch off; the clearly novice and terrified crew members were huddled in the cockpit as the boat repeatedly broached to about 60–70 degrees. Nobody had yet thought to release the sheets and depower the sails! The Coast Guard was scrambling to assist the distressed vessel and crew. How one sails into a seawall under daylight conditions with full sail up in a 25-knot wind is incomprehensible, but clearly, the captain was incompetent to handle the conditions with which he was faced and likely panicked—imperiling the crew, the vessel, and those called to assist.

The parallels between clinical pharmacy practice and sailing are hopefully evident. Both require knowledge, skills, and attitudes. Like sailors, clinical pharmacists have a professional vocabulary and language that, although often shared with other health care professionals, is often foreign to the lay public. The sailor is responsible for safeguarding the crew; the clinical pharmacist is responsible for the patient. Both have important rules and expectations that must be considered. The sailor must maintain situational awareness, monitor environmental conditions, and sail within his or her capabilities, whereas the clinical pharmacist must closely monitor the patient, adjust treatment accordingly, be aware of the limitations of his or her knowledge and skills, and know when to seek help to ensure safe and effective patient care. Both the sailor and the clinical pharmacist should pursue additional education and training to address gaps in their knowledge and skills (continuing professional development, in the case of clinical pharmacy). Similar to any sailor, a pharmacist of any ilk may be competent to handle most uncomplicated issues. However, much as the competent sailor needs knowledge, skills, and experience in complex and challenging conditions, the competent clinical pharmacist needs advanced training and experience to care for complex patients with more challenging pharmacotherapeutic problems.

At the end of the day, however, sailing is a pastime, hobby, or leisure activity for most sailors. I normally tie up in the same slip I left from and therefore accomplish little of real societal value (as my wife is quick to point out) beyond my own relaxation, enjoyment, and occasional

catecholamine-induced tachycardia. In fact, the non-sailor often does not understand the appeal of sailing around in circles for a few hours and then coming back to dock at one's starting point.

Clinical pharmacy is our profession and the source of our livelihood. More importantly, it serves a high purpose of improving the health outcomes of our patients. That is clearly the key differentiator from our pastimes and leisure activities. However, I have heard some very learned and respected colleagues state that one of the failures of clinical pharmacists during the past 40–50 years is that we often appear to be more hobbyists than we are professional practitioners. As a clinical pharmacist who has invested a great amount of time and effort in this profession, I assume that you find this as offensive and insulting as I do. But is there some truth to this intentional and provocative insult? Should we pay attention to this argument and reflect on what changes may be needed to more clearly meet the definition of a professional practitioner? Is this not essential to achieve the long-sought-after “provider status” for clinical pharmacists?

In my first *ACCP Report* column, I noted that a *professional practice* is defined as having three required elements: (1) a *philosophy of practice*; (2) a specific, well-defined *process of care*; and (3) a *practice management system*. The *philosophy of practice* is a foundational requirement of one's practice that includes the guiding professional principles of ethical values, fiduciary responsibility to patients, patient-centeredness, and accountability for patient outcomes. I believe that most clinical pharmacists adhere to an appropriate philosophy of practice; however, the societal expectation related to this philosophy is limited at best. For the past 2 years, much discussion has ensued within ACCP concerning the importance of a well-defined, consistent *process of care* for clinical pharmacy that is applicable across all practice environments. This discussion has led me to conclude that we neither currently meet this requirement nor consistently teach a defined process of care to our students and residents. Finally, the *practice management system* supports the clinical pharmacist's delivery and documentation of patient care activities; scheduling of patient visits and patient care activities; communication with patients and health care professionals; measurement of patient outcomes; and submission of charges, claims, or bills, as appropriate. Although there are exceptions, the lack of recognition of clinical pharmacists as patient care providers by most payers has often resulted in the underdevelopment or absence of practice management systems to support clinical pharmacists. If we accept the defining elements of a professional practice, clinical pharmacy has some important gaps to fill in order to fulfill this obligation. If we fail to meet this definition of a professional practice, do we run the risk of being regarded as “hobbyists”?

At many of our practice sites, we provide *clinical pharmacy services*. A clinical service is defined as the application

of the professional practice to a specific patient care setting or clinical area. The resulting nature and delivery of the clinical service may vary in different patient care settings. Do many of the “clinical services” provided by clinical pharmacists meet the definition of a professional practice? As described in my previous column, there are many recognized barriers to realizing the desired state of practice, including limited resources, an inadequate number of properly trained and credentialed clinical pharmacists, the political and regulatory environment, misaligned reimbursement and reward models, predominantly mercantile business models in the community pharmacy setting, traditional well-entrenched “practices,” and societal expectations of pharmacists, to name a few. Despite these limitations, we should avoid providing clinical pharmacy services that fall far short of meeting the definition of a professional practice because this may do more harm than good for both patients and the advancement of clinical pharmacy. In my opening remarks at the 2012 Annual Meeting, I used the term *drive-by pharmacy*, which provoked many comments, both positive and negative, from members. An intensivist colleague and I began using this term many years ago to describe the phenomenon of well-meaning pharmacists who provide recommendations (“interventions”) related to drug therapy with inadequate knowledge of the patient and the clinical intent of his or her treatment—and often with no expectation of taking ongoing responsibility for the monitoring and outcomes of the patient (e.g., one-time “renal-dosing” recommendations). This creates a lot of irritation on the part of my intensivist colleague, who is a strong advocate for clinical pharmacists as members of the ICU patient care team (practitioners) but who has no patience for “drive-bys” (hobbyists). The analogy he uses is “drive-by shootings,” which are sometimes effective at hitting the target but also have the potential to cause a lot of collateral damage. He views such pharmacist drive-bys as an irresponsible way of getting a job done.

I was recently asked to review a case for a potential liability defense. Without sharing any confidential details, a relatively young patient with a serious infection was ordered a pharmacy consultation to manage her drug regimen. At the outset of therapy, the “clinical” pharmacist ordered an appropriate dose under the circumstances; however, the pharmacist devised no monitoring plan and failed to follow the patient beyond the initial consultation. After about a week, the drug concentration was markedly elevated, and the patient had sustained significant harm, which very likely was caused by drug toxicity. The pharmacist’s defense was that the recommendation was appropriate at the time and that it was the pharmacist’s fault, but rather, the fault of the clinical team for failing to adequately monitor the patient! My major criticisms were that the pharmacist (1) lacked a philosophy of practice that established the pharmacist’s responsibility to the patient and her outcome and (2) failed to adhere to a comprehensive process of care. I consider this a classic case of

“drive-by pharmacy,” resulting in more collateral damage than benefit.

The major and single most important policy initiative of ACCP is the pursuit of changes to Medicare and the Social Security Act to recognize direct patient care by qualified clinical pharmacists as a covered benefit under Medicare Part B, characterized by some as a quest to achieve provider status for clinical pharmacists. Central to this initiative is the “what” of clinical pharmacy practice, which ACCP has defined as the pharmacist’s provision of direct patient care through comprehensive medication management (CMM) as a formal member of an interprofessional patient care team. This delivery of CMM is based on a specific relationship with, and knowledge of, the patient. In addition, it requires a clinical pharmacist to take responsibility for the patient’s medication-related needs and outcomes. To be successful, the patient care provided under this proposed benefit needs to meet the three criteria of a professional practice. CMM, as described by the Patient-Centered Primary Care Collaborative, incorporates both a philosophy of care and a consistent process of care. As an extension of its Medicare benefit initiative, ACCP will be developing guidance and tools to assist members with implementing and navigating practice management systems and business practice models for clinical pharmacists. Practice management systems for team-based care are complicated in this era of emerging health care reform and evolving payment models, but such systems remain an essential component of a professional practice that must be understood and used by clinical pharmacists.

The ultimate goal is to improve patient outcomes by “getting the medications right,” and ACCP firmly believes that the incorporation of a qualified clinical pharmacist as part of the health care team is vital to achieving this goal, especially in the care of complex patients with multiple problems. Having specialized knowledge, advanced training, well-developed clinical skills, and a willingness to influence patient care decisions does not necessarily establish one as an essential health care practitioner. Clinical pharmacists are dedicated to improving medication-related outcomes; moreover, they (1) take responsibility for their patients, (2) provide for continuity of care in their absence, (3) effectively function in an interprofessional team environment, (4) are aware of and sensitive to the patient’s needs and preferences, and (5) have otherwise established that the required elements of a clinical pharmacy practice will be indispensable in a reformed health care system. And they will *never* be accused of being hobbyists! It is incumbent on clinical pharmacy’s leadership to remain true to these critical elements when establishing comprehensive clinical pharmacy services in a practice environment of any type and to avoid the temptation of going only partway because of real or perceived barriers. Now is the time for us to realize the clinical pharmacist’s full potential in contributing to team-based patient care.

Call for Nominations

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, honor, and elective office. This portal is available at www.accp.com/membership/nominations.aspx.

PLEASE NOTE:

Due November 30, 2013 – Nominations for fall 2014 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2015 Therapeutic Frontiers Lecture, and 2015 elected offices.

Due February 15, 2014 – Nominations for the 2014 “New” Awards (New Clinical Practitioner, New Educator, and New Investigator), 2014 Parker Medal, and 2014 ACCP Fellows (FCCPs).

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, or Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2014.**

2015 Officers and Regents: President-Elect, Treasurer, Regents, and Research Institute Trustees. Nominees must be Full Members of ACCP and should have (1) achieved excellence in clinical pharmacy practice, research, or education; (2) demonstrated leadership capabilities; and (3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Please note that any qualifying Full Member may nominate himself or herself for office. **Nomination deadline: November 30, 2013.**

2014 Clinical Practice Award: Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services. 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 from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the required 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2014 Education Award: Recognizes an ACCP member who has shown excellence in the classroom and/or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to continuous professional development, or shown leadership in the development of clinical pharmacy education programs. 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 from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee’s current place of employment. 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2014 Russell R. Miller Award: Recognizes an ACCP member who has made substantial contributions to the literature of clinical pharmacy, either in the form of a single, especially noteworthy contribution or sustained contributions over time. 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 from a minimum of two 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards

Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2015 Therapeutic Frontiers Lecture: Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members. 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 from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

Robert M. Elenbaas Service Award: Given only when a particularly noteworthy candidate is identified in recognition of outstanding contributions to the vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or material goods. 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 from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2014 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service—including, but not limited to, patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter detailing the nominee's qualifications for this award and his or her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee's current practice

locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, 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 not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

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 at the time of nomination members of ACCP for

more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "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.**

ACCP PBRN Welcomes Two New Members to the Community Advisory Panel



The ACCP PBRN is pleased to announce that two new members will join the Community Advisory Panel (CAP). Beginning on October 12, 2013, William Baker and

Gregory Smallwood will join current CAP members Rex Force (Chair), Kari Olson (Vice Chair), Varsha Bhatt-Meheta, Wesley Byerly, Collin Hovinga, Richard Parrish II, Kelly Rudd, Margie Snyder, Orly Vardeny, and Alan Zillich.

The CAP is a standing committee to the ACCP PBRN with the mission of representing the breadth and depth of PBRN members. Furthermore, the CAP is used as a mechanism for readily available feedback regarding the feasibility and practicality of proposed research projects. You may read more about CAP members by visiting www.accpri.org/cap/index.aspx.

Bauman and Fagan Appointed to Pharmacotherapy Board of Directors

On the recommendation of the *Pharmacotherapy* Board of Directors (BOD), ACCP President Curtis Haas has appointed ACCP members Jerry Bauman, Pharm.D., FCCP, and Susan Fagan, Pharm.D., FCCP, BCPS, to serve 2-year terms on the *Pharmacotherapy* BOD, effective January 1, 2014. They will replace outgoing directors Julie Johnson, Pharm.D., FCCP, BCPS, and Glen Schumock, Pharm.D., MBA, FCCP, BCPS, who will complete their respective terms at the end of 2013.

Dr. Bauman is currently interim vice president for health affairs at the University of Illinois and dean at the University of Illinois at Chicago (UIC) College of Pharmacy. He holds academic appointments as a professor in the Departments of Pharmacy Practice and Medicine, Section of



Cardiology, at UIC. His area of research and scholarship is the clinical pharmacology of cocaine and the drugs used to treat cardiac rhythm disorders, specifically their ability to paradoxically provoke life-threatening arrhythmias. He is a past president of ACCP and currently serves as a scientific editor for *Pharmacotherapy*.



Dr. Fagan is the Albert W. Jowdy Professor of Pharmacy Care at the University of Georgia (UGA) and an adjunct professor of neurology at the Medical College of Georgia (MCG) in Augusta, Georgia. She also serves as assistant dean and founding director of the Center for Pharmacy and Experimental Therapeutics at MCG. She

is recognized nationally and internationally for her research in stroke, currently funded by both the NIH and VA Merit Review. She has served previously on the ACCP Board of Regents and the ACCP Research Institute Board of Trustees. In April 2013, she was named Distinguished Research Professor at UGA.

Drs. Bauman and Fagan will join the three continuing members of the *Pharmacotherapy* BOD, William Miller, Pharm.D., FCCP (BOD Chairman); Michael Maddux, Pharm.D., FCCP; and Edith Nutescu, Pharm.D., FCCP.

ACCP Member Spotlight: Jeremy Moretz



Dr. Jeremy Moretz is currently a PGY2 cardiology pharmacy resident at Vanderbilt University Medical Center in Nashville, Tennessee. In May 2008, Dr. Moretz received his undergraduate degree in religious studies: history and thought at Lenoir-Rhyne University in Hickory, North Carolina, and in May 2012, received his Pharm.D. degree from the University of North Carolina (UNC) Eshelman School of Pharmacy. After completing his PGY1

pharmacy practice residency at Vanderbilt, he was selected to stay on as the university's first PGY2 resident in cardiology, his current course of study. Dr. Moretz's future career interests include pursuing a cardiovascular practice, obtaining an academic appointment at a college of pharmacy, and conducting research in heart failure. Throughout his pharmacy studies and residency training, he has maintained an active role in ACCP, serving as member-at-large in both the National Student Network and National Resident Advisory committees.

His interest in cardiology primarily stems from two highly influential life events. First, many years before considering a career in pharmacy, he watched as his grandfather suffered from heart failure, witnessing firsthand his grandfather's day-to-day struggles with the burdens of his disease and the complexity of his medication regimen. After deciding to enter the profession, Dr. Moretz believed that it would be enriching to work with the cardiology patient population, both in educating them about their condition and in assisting them with optimizing their therapeutic regimen.

The second life event driving Dr. Moretz's interest in cardiology originated in his own health problems. Having struggled with his weight for many years, he was given a diagnosis of hypertension at age 16 and placed on an aggressive antihypertensive regimen. When he was only 21 years old, he weighed 290 pounds. During his senior year of undergraduate study, he made a conscious decision to implement a complete lifestyle change. Over the next 6 years, he achieved a 115-pound weight loss and was eventually able to discontinue his antihypertensive therapy. He notes that it is incredibly rewarding to counsel patients who struggle with lifestyle modifications and to share with them his personal struggle, believing that, in so doing, he is able to give them a new perspective on weight loss. Implementation of weight loss is not (only) a factor in reality television shows but, with hard work and dedication, can also be accomplished by one's own conscious choices and changes in lifestyle.

For Dr. Moretz, the greatest influence on his life is the exceptional mentorship he has been afforded during his studies at UNC and his pursuit of residency training at Vanderbilt. Time and again, he has been pushed to excel by his mentors. Moreover, countless preceptors and professors have shown him what it means to become a practicing pharmacy professional. Their demonstration of integrity and professional excellence, together with their commitment to the profession, lifelong academic pursuit, collegial relationship building, professional networking, and ability to maintain a healthy work-life balance, has been life-changing. According to Dr. Moretz, who has found the wisdom and guidance of his mentors, preceptors, and professors deeply influential, it is wise to learn from those who have walked a similar path before you. His appreciation to all who have served as

mentors to him and as otherwise exemplars of scholarship at UNC and Vanderbilt is heartfelt.

Of note, Dr. Moretz is also an avid musician (both piano and guitar) who will be presiding over his oldest and best friend's wedding as an ordained minister.

ACCP Annual Meeting Highlights for Students



This fall's ACCP Annual Meeting in Albuquerque, New Mexico, offers an abundance of programming geared specifically toward students. See below for a schedule of activities and begin making your plans today. To obtain additional information or to register for the meeting, visit www.accp.com/am.

Student Meeting Highlights

ACCP Clinical Pharmacy Challenge

Quarterfinals: Saturday, October 12; 9:00 a.m.–11:45 a.m.

Semifinals: Sunday, October 13; 4:30 p.m.–5:45 p.m.

Finals: Monday, October 14; 11:00 a.m.–11:30 a.m.

Join fellow attendees for the Fourth Annual ACCP Clinical Pharmacy Challenge as national student teams compete in the quarterfinal, semifinal, and final round competitions. Teams will face off in a quiz bowl-type format, answering questions in three distinct categories—Trivia/Lightning, Clinical Case, and Jeopardy-style. An expert panel of clinical pharmacy practitioners and educators has developed and reviewed the item content used in each segment.

Emergence from the Crowd: How to Become a Standout Residency Candidate

Saturday, October 12; 1:00 p.m.–7:00 p.m.

Learn from experts in the field of clinical pharmacy about the steps to take now to rise above the competition when applying for a residency. Topics include defining your goals, maximizing experiential education opportunities, gaining valuable professional experience, engaging in scholarly activity, and navigating the residency application process. Attendees will also have an opportunity to sit down face to face with current residents and clinical pharmacy professionals to learn more from their perspectives during a special roundtable session.

Student Reception

Saturday, October 12; 7:00 p.m.–8:30 p.m.

Enjoy food and beverages while you network with other students and meet ACCP's officers and leaders.

Clinical Pharmacy Career Path Roundtables

Sunday, October 13; 2:15 p.m.–4:15 p.m.

Join fellow attendees for this dynamic session providing insights on career pathways and opportunities within the clinical pharmacy profession. Students and postgraduate trainees will interact directly with clinical pharmacists in more than 15 specialty practice areas and discover a variety of unique career opportunities.

ACCP Residency and Fellowship Forum

Monday, October 14; 8:00 a.m.–10:00 a.m.

Held exclusively at the ACCP Annual Meeting, the Residency and Fellowship Forum offers students and residents a chance to jump-start their search for a residency or fellowship position. Likewise, preceptors can get a head start on finding the right candidate(s) for their institution. Opportunities for PGY1, PGY2, and fellowship positions will be on display at this event. Participants must be registered for no less than a 1-day registration for Monday, October 14, of the Annual Meeting to be eligible to attend the forum. For complete information on the residency and fellowship, visit the Web site at www.accp.com/meetings/am13/resfelforum.aspx.

Scientific Poster Presentations, I

Monday, October 14; 11:30 a.m.–1:15 p.m.

Visit the Fran Hill NE Exhibit Hall in the Albuquerque Convention Center for the Scientific Poster Presentations on Monday, October 14; Tuesday, October 15; and Wednesday, October 16. Original research that describes the delivery, development, justification, or documentation of innovative clinical pharmacy services will be on display each day. Monday, October 14, will feature research presented by students.

Curriculum Vitae and Portfolio Development Workshop

Monday, October 14; 1:30 p.m.–3:30 p.m.

A well-written curriculum vitae (CV) creates a positive image and distinguishes you from the crowd. Participate in a CV writing and portfolio development session that will prepare you to market your skills and experience effectively. Learn how to document the unique experiences that can distinguish you from other applicants.

Education and Training PRN Mock-Interviewing Session

Monday, October 14; 6:00 p.m.–9:00 p.m.

Join fellow attendees for a brief discussion on interviewing skills immediately after the Education and Training PRN business meeting. Clinical faculty and practitioners from around the nation will then conduct practice interviews, both for students getting ready to apply for jobs

or residencies and for residents and fellows getting ready to apply for their first career positions. All educators, students, and postgraduate trainees are invited to attend.

From the Desk of an ACCP PBRN Community Advisory Panel Member: A Reflection on My Time as a CAP Member

Alan Zillich, Pharm.D.

Member, ACCP PBRN Community Advisory Panel



At the end of this year, I will complete my 3-year term as a member of the Community Advisory Panel (CAP) for the Practice-Based Research Network (PBRN) of the

ACCP Research Institute and embark on my next role as an elected trustee for the Research Institute. In reflection, my time serving on the CAP was professionally rewarding, as I was part of the start-up of this newly formed endeavor to build capacity for clinical pharmacy research. My time investment for service on the CAP was minimal, yet the impact could prove to be substantial.

During these 3 years, the PBRN has grown, both in clinical pharmacist members and in the number and scope of projects proposed and conducted. Since joining the CAP in January 2011, I have seen the PBRN membership grow from 678 to 843 individuals. Results from the PBRN's first completed study, the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study, were published earlier this year, with two more studies under way and four additional proposed projects being reviewed. In addition to providing feedback regarding the feasibility of research project proposals, my role on the CAP was to help provide strategic direction for the PBRN and conceptualize methods to increase the PBRN's growth and exposure. I am confident that these contributions have positioned the PBRN for excellence in supporting clinical pharmacy research. Although I don't know what the future holds, my hope is that my being part of the ACCP PBRN at the beginning and for the past 3 years will bring lasting effects.

If you would like to be part of this growing network and/or help guide the PBRN, please consider joining the PBRN and serving on the CAP.

2013–2014 National Student Network Advisory Committee Appointed



Earlier this year, ACCP issued a call for applications to student members interested in serving on the

ACCP National Student Network Advisory Committee (SNAC). The College received applications from students across the country. After reviewing their applications, ACCP President-Elect Gary Yee selected student members for appointment. ACCP is pleased to announce the appointment of the following student members to the 2013–2014 ACCP SNAC. The committee will meet at the upcoming 2013 Annual Meeting.

2013–2014 National Student Network Advisory Committee Members:

- Chair: Whitney Davis, University of North Carolina
- Vice Chair: Kyle Strnad, Thomas Jefferson University
- Secretary: Cynthia Brasher, University of Tennessee Health Science Center College of Pharmacy
- Members-at-Large
- Ryan Beechinor, University of California, San Francisco School of Pharmacy
- Tina Dorman, University of Texas at Austin College of Pharmacy
- Mohamed Jalloh, Wilkes University, Nesbitt College of Pharmacy & School of Nursing
- Jennifer Kwon, University of Colorado Anschutz Medical Campus, Skaggs School of Pharmacy and Pharmaceutical Sciences
- Karen Lai, University of Iowa College of Pharmacy
- Taryn Mancarella, Massachusetts College of Pharmacy and Health Sciences, School of Pharmacy-Worcester
- Krutika Mediwalla, South Carolina College of Pharmacy
- Elizabeth Moore, University of Kentucky College of Pharmacy
- Tyler Vest, University of Cincinnati, James L. Winkle College of Pharmacy
- Cedona Watts, University of Southern California School of Pharmacy

2014 ACCP Committee and Task Force Selection Now Complete

After receiving responses to this summer's committee charge/volunteer services survey from more than 800 ACCP member volunteers, President-Elect Gary Yee has completed the process of impaneling committees and task forces for the upcoming year. Each committee and task force will hold its first face-to-face meeting next month during the 2013 ACCP Annual Meeting in Albuquerque, New Mexico. At press time, ACCP was still seeking to confirm a handful of committee and task force appointments. However, if a member who expressed interest in committee service through this summer's

survey was not selected, please note that ACCP will be offering additional opportunities for members to volunteer for other College-related activities during the year (e.g., student CV review, meeting abstract review) according to the member responses received in this summer's survey. Look for e-mails from ACCP if you volunteered to provide non-committee service this year in addition to open calls for selected new volunteer activities in future issues of the *ACCP Report*.

New Members

Hala Abdurahman	Dennis Choi
Christeena Alawad	Leticia Cisneros
Nadia Ali	Kaitlyn Corey
Tennie Allen	Ashleigh Cutcliffe
Mark Amoo	Tyler Dalton
Matthew Arango	Jeremy Daniel
Carrie Arviso	Kathleen Daniell
Emily Ashjian	Kelly DeCanio
Travis Ast	Dayana De La Cruz
Patricia Avalos	Paul DeMarco
Emanuel Awasom	Nicolas De Padova
Linda Awdishu	Bin Deng
Asal Azizoddin	Sameer Dhingra
Katrina Babilonia	Amy Dickey
Umima Baig	Tran Dinh
Courtney Baker	Reem Diri
Joel Bakian	Justin Dorotheo
Gail Bastian-Montoya	Theresa Dorsey
Michael Bear	Jillian Dougherty
Maya Beganovic	Bryson Duhon
Bouchra Bernichi	Claire Dysart
Monique Besong	Jennifer Elbert
Tabitha Bice	Desiree Eschardies
Amy Bilodeau	Mary Estess
Jenn Boyer	Adaeze Ezebuio
Daniel Boyle	Robert Feinberg
Michelle Bradley	Jennifer Fernandez
Kenneth Brier	Ebony Ferrell
Emily Brocato	Anjanette Finnegan
Kristin Brown	Mei Ka Fong
Erica Brumer	Rona Foronda
Samantha Burke	Marisa Fortunato
Caitlin Butler	Beverley Freedman
William Call	Leah Friedlander
Shaun Campbell	Sharlynn Gabarda
Shawna Cargill	Philip Gacias
Andrea Carter	Larissa Gaines
Claire Chan	Marian Georgi
Kathryn Chappell	Jennifer Godwin
Thomas Chase	Jessica Gomez
Kevin Chen	Gerald Goodwin
Sibyl Cherian	Sean Gorman

Jonathan Gray
 Lauren Gray
 Meera Grimsley
 Matthew Gurka
 Kyle Gustafson
 Kristyn Gutowski
 Eve Hackett-Garr
 Kyle Hampson
 Wajma Hamsasfar
 Jane Han
 Matthew Harrell
 Shakiyla Haugabook
 Sheena Hayes
 Ashley Hedges
 Brian Henderson
 Grecia Heredia
 Ashley Higbea
 Emily Higdon
 Victoria Hom
 Jeannie Hong
 Stephanie Hopkins
 Diana Houngh
 Kristin Howard
 Ellen Huang
 Melissa Hubbard
 Jeff Hurren
 Erica Iantuono
 Megan Ikeda
 William Irizarry
 Marina Ishak
 Chae Reen Jeong
 Jiny Jimmy
 John Kaliabakos
 Ebrima Kalleh
 Minhee Kang
 Nathan Kawamura
 Jeffrey Kelley
 Kristine Kern
 Mi Kim
 Loren Kirk
 Stephanie Kirk
 Mark Kirkikis
 Robert Kisiel
 Stephanie Kleyman
 Miles Kline
 Susan Kokura
 Margaret Korn
 Farran Kountz
 Katherine Kupiec
 Jessica Langdon
 David Lash
 Leighton Lassiter
 Arlia Lau
 Bernard Lau
 Julia Lau

Oska Lawrence
 Brian Le
 Gahyeon Lee
 Kyoung Mi Lee
 Tina Lee
 Elizabeth Legros
 Helen Leung
 Jason Li
 Alicia Lichvar
 Amanda Lilley
 Xiao Lin
 Gretchen Lindsey
 Corrie Lowe
 Sofonie Luinord
 Callie Lyons
 Travis Macek
 Tricia Mai
 John Malamakal
 Nathan Manville
 Sirada Maphanta
 Deborah Marsh
 Anli McCoy
 Robert McDaniel
 Christopher McGuire
 Jody Mehren
 Shreya Mehta
 Bijan Mekoba
 Jenna Melton
 Jordan Messer
 Andrea Mezentsef
 Kyle Milberger
 Nicole Miller
 Megan Monteen
 Michael Montejo
 Breyon Moore
 Briana Moore
 Joseph Moore
 Sarah Moy
 Lindsey Munsch
 Charlotte Muse
 Amelia Nelson
 Elizabeth Neyland-Turner
 Bich Ngoc Nguyen
 ViVi Nguyen
 Vivian Nguyen
 Douglas Nilles
 Wendy Nissen
 Jennifer Norris
 Chad Novak
 Linda Nwachukwu
 Gevette Ocasio
 Adaku Ofoegbu
 Samuel Oh
 Arielle Orridge
 Ahmed Osman

Andreina Ottman
 Jai Pal
 Renee Papageorgiou
 Minjung Park
 Katelyn Parrish
 Kinjal Patel
 Shenil Patel
 Utsav Patel
 Victoria Pattison
 Gavin Pearlman
 Amanda Peck
 Sarah Perez
 Virginia Perry
 Kurt Pessa
 Kristin Peterson
 Anh Pham
 Anthony Pham
 Matthew Phelps
 Jessica Phyu
 Anna Plotkina
 Brolin Poole
 Odongerel Pount
 Allison Powell
 Amanda Powell
 Shanique Powell
 Sarah Prates
 Deborah Przybylski
 Shanda Ptacek
 Mitchell Purse
 Kayla Quick
 Joe Rambo
 Stacy Ramga
 Farah (Joy) Rashid
 Monica Rauch
 Patricia Rea
 Amy Redmond
 Adam Remick
 Veniamin Retinskiy
 Kyle Richards
 Christina Robbins
 Karen Rodriguez-
 Maldonado
 Andrea Rosenberg
 Justin Roth
 Niurka Rouco
 Richard Sabel
 Bryan Sackey
 Matthew Satkowiak
 Yevgeniya Scherbak
 Mckaya Schmit
 Robert Schofield
 Jocelyn Segovia
 Nicholas Selle
 Vicky Shah
 Melinda Shand

Sheetal Sharma
 Stephen Shaw
 Leticia Shea
 Olga Shimunova
 Tyler Shugg
 Roxanne Sieunarine
 Ember Skidmore
 Tanya Small
 Samantha Smalley
 Adam Smith
 Lauren Smith
 Stanley Snowden
 Jie Lin Soong
 Ashley Sowards
 Matthew Stankowicz
 Jennica Stein
 Kristen Stokes
 Michelle Sullivan
 Menilik Tadesse
 Yen Tang
 Casey Thomason
 Peggy Tilbury
 Thuy Tran
 Nguyen Truong
 Kristy Tsau
 Arrash Vahidi
 Molly Vandiver
 Sara Velotta
 Caroline Verges
 Nathan Verlinden
 Frederick Vo
 Andrew Vong
 Regan Wade
 Jacqueline Walker
 Erin Walsh
 Melea Ward
 Sarah Watchek
 Amber Watson
 Kirby Welston
 Amy West
 Patrick Wieruszewski
 Michael Williams
 Vera Wilson
 Marylee Worley
 Jingshu Yang
 Brook Yordy
 Shirley Yu
 Wei Yuet
 Hui Yun
 Yi Zhou

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

Gretchen Jessica Adams
Molly Adams
Mobolaji Adeola
Jennifer Ashton
Allison Bell
Annie Biesboer
Beth Boals
Jennifer Bushwitz
Jennifer Conty
Ryan Daley
Eric Dietrich
Abimbola Farinde
Kristin Fish
Monica Gaffney
Katie Gannon
Peng Hsiao
Margaret Jorgenson
Cecile Lamour
Kyoung Mi Lee
Angela Michael
Jonathan Nomamiukor
Vinay Patel
Caroline Pitney
Stephan Sadikian
Bridget Scoville
Jennifer Seeba
Joseph Southwick
Megan Stapleton
Wenjing Wei
Beth Willoughby

New Member Recruiters

*Many thanks to the follow-
ing individuals for recruit-
ing colleagues to join them
as ACCP members:*

John Allen
Winston Ally
Sebastian Al-Saiegh
Jennifer Ashton
Umima Baig
William Ballough
Oralia Bazaldua
Ashley Butler
Ryan Caddell
Alexandre Chan
Christina Eun Kyoung
Chung
Monika Daftary
Joseph Dasta
Simone Edgerton
Barbara Faircloth
Nancy Flentge
Mary Fredrickson
Kathey Fulton
Scott Hanes
Emily Hays
Kristen Hesch
Renee Holder
Stephanie Karasick
Samantha Karr
Nadine Kazem
Shawna King
Natsuki Kubotera
Jody Lounsbery
Meredith Manville
Rebecca Martin
Emily McCoy Armstrong
Keyvan Nekouei
Kelly Rogers
Richard Sabel
Rebecca Stone
Suphat Subongkot
Shirley Tsunoda
Tyler Vest
Barbara Zarowitz