The Strategic Plan of the American College of Clinical Pharmacy

(Endorsed by the ACCP Board of Regents: November 12, 2010)

The strategic planning process of the American College of Clinical Pharmacy has typically occurred on a 3- to 5-year cycle. Every fourth or fifth year, ACCP has organized a major planning initiative that included a broad representation of its membership. These initiatives have served to update and create a new strategic plan, identify goals and objectives, and begin the process of developing action-oriented strategies to achieve the stated objectives. In the interim, the ACCP Board of Regents, Research Institute Board of Trustees, and Pharmacotherapy Board of Directors assume primary responsibility for establishing priorities, working on selected goals and objectives, monitoring progress, and refining the plan as needed to reflect changes in environmental conditions. During past planning initiatives, which usually take about 1½ years to complete, more than 1000 ACCP members have provided input to the College’s strategic plan by participating in surveys, focus groups, and strategic planning retreats.

Figure 1. Overview of the 2010 ACCP Strategic Plan.

**Our Focus**
Develop, advance, and position clinical pharmacists to fully contribute our unique expertise to the care of the patients we serve.

**Our Priorities**

<table>
<thead>
<tr>
<th>Develop Clinical Pharmacists</th>
<th>Advance Clinical Pharmacists</th>
<th>Position Clinical Pharmacists</th>
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<tbody>
<tr>
<td>ACCP will promote the professional development of clinical pharmacists by:</td>
<td>ACCP will advance clinical pharmacists by:</td>
<td>ACCP will position clinical pharmacists by:</td>
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<tr>
<td>• Increasing practitioner access to specialist certification, recertification, and other means of ensuring maintenance of competence</td>
<td>• Advocating for appropriate credentialing and privileging of clinical pharmacists</td>
<td>• Communicating with external constituencies to foster recognition of clinical pharmacists’ collaborative contributions to patient care</td>
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<tr>
<td>• Providing and promoting expanded opportunities for practitioner, educator, researcher, and scholar development</td>
<td>• Seeking recognition of clinical pharmacists by employers, payers, regulators, and evolving care delivery systems</td>
<td>• Working with external constituencies to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute unique value to patient care</td>
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<tr>
<td>• Contributing to quality and quantity assurance of accredited and peer-reviewed postgraduate training programs</td>
<td>• Facilitating collaborative research that documents the value of clinical pharmacists to patients</td>
<td>• Developing joint, interprofessional communications that recognize clinical pharmacists’ essential, collaborative roles in ensuring quality patient care</td>
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In 2010, a more streamlined planning process was initiated about a year earlier than usual, primarily to respond to current changes in the professional environment, better focus the College’s efforts, and accomplish plan development in a relatively short time. In addition, a new process to accomplish continuous organizational strategic planning will be initiated in 2011 (see below). As always, the goal of ACCP’s strategic planning activities is to develop, implement, and monitor an integrated strategic plan for all facets of the organization. This requires a shared vision for organizational direction and recognition that the individual missions of ACCP, the ACCP Research Institute, and *Pharmacotherapy* all contribute to achieving this vision in their unique ways.

In organizing its strategic plan, ACCP again chose the approach it has used before—identify critical issues, determine strategic directions for the critical issues, and set objectives for each strategic direction. Critical issues are *current* questions or concerns determined to be vital to the College’s success in achieving its mission. They are not intended to reflect all aspects important to achieving ACCP’s mission. Rather, they are meant to capture the issues most important in the short- to mid-term time horizon. Strategic directions are statements of intent designed to express the organization’s approaches to addressing a critical issue. In some strategic planning models, they are referred to as “goal statements.” Objectives are specific, achievable, and time-specific actions or outcomes designed to accomplish a strategic direction.

In developing this plan, ACCP also considered the contents of the College’s existing 2007 strategic plan. The critical issues of that plan were reassessed and incorporated into the new plan, where appropriate. Similarly, ACCP folded into the new plan any strategic directions and objectives from the 2007 plan still deemed relevant and in progress. Figure 1 provides an overview of the new plan’s focus and its main components (the three critical issues and their respective strategic directions). Figure 2 depicts the process and timeline used to develop this planning document.

**Core Values and Mission**

The College’s strategic plan is built on a foundation composed of the organization’s core values and mission. All organizations—whether for-profit businesses or professional associations such as ACCP—are guided by their values and mission. Although many organizations have never taken the time to examine and articulate them, truly successful organizations are often distinguished by the nature of their values and mission.

Values are beliefs, often deeply held, about what is important. They comprise principles, standards, or qualities considered inherently worthwhile or desirable. Everyone has a value system that determines what they stand for, how they judge the world around them, and how they examine and interpret their experiences. Good organizations also have clearly identified values upon which they formulate, and against which they judge, their actions. Clarifying an organization’s values makes it more likely that organizational actions will be principled, consistent, and clear. An organization’s mission reflects its core purpose and serves as its fundamental reason for being—this mission serves as a beacon to guide the organization in its long-term endeavors.

**A Vision for Pharmacy and ACCP**

A dynamic and forward-looking organization will establish a long-range vision for itself and then set about working to make that vision a reality. This vision was first established during the College’s 2002 strategic planning

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**Figure 2. Summary of ACCP’s Strategic Planning Process.**

February 2010: The ACCP Board of Regents evaluates the progress of the 2007 Strategic Plan, emerging critical issues, and the desired focus of the next strategic plan. The Strategic Planning Steering Committee is appointed by the ACCP President.

March 2010: The Strategic Planning Steering Committee is surveyed regarding desired areas of focus for the next strategic plan.

April 2010: The Steering Committee identifies areas of focus for the next strategic plan. The committee reviews current ACCP core value, mission, and vision statements. Preliminary drafts of the plan’s critical issues and strategic directions are developed.

May 2010: The annual ACCP survey on current College issues/priorities solicits ACCP member input on emerging issues and other important ACCP priorities.

June 2010: The Board of Regents Executive Committee considers member input from the annual survey and preliminary draft critical issues/directions during the development of 2011 committee charges for inclusion as future Board of Regents’ agenda items. Critical issues submitted in the survey are forwarded to the Steering Committee for incorporation into the plan’s critical issues and strategic directions.

July 2010: During a 1-day retreat, the Strategic Planning Steering Committee develops a second draft of critical issues and strategic directions.

August–September 2010: The Steering Committee develops and reviews a third draft of critical issues and strategic directions; objectives are drafted for each strategic direction.

October 2010: The Steering Committee and representatives of the Research Institute Board of Trustees and the *Pharmacotherapy* Board of Directors provide feedback and reach consensus on near-final drafts of critical issues, strategic directions, and objectives. Unanimous agreement is reached on a new, continuous planning process, to begin in 2011.

November 2010: The Board of Regents approves the final strategic plan.
In developing this 2010 plan, the Strategic Planning Steering Committee (see Appendix) revisited and validated ACCP’s core values (Figure 3) and mission (Figure 4). The committee also reviewed the existing vision statements for the profession of pharmacy (Figure 5) and ACCP (Figure 6) and found them consistent with the College’s 2010 view of the future. In both cases, the vision statements are accompanied by a series of brief descriptors to help determine when the vision has been achieved. These accompanying statements also provide a general road map to indicate what must be accomplished to make the vision a reality.

**ACCP’s Strategic Plan: Now and in the Future**

The intention of the plan is to guide the organization for the next few years. Perhaps more focused than previous plans, it includes only three critical issues (previous plans have contained four to six critical issues). Expressed concisely, the plan concentrates on how ACCP will seek to develop, advance, and position clinical pharmacists within the current health care environment.

- **Develop** refers to the College’s provision of effective methods to help clinical pharmacists accomplish continuous professional development.
- **Advance** details ACCP’s efforts to achieve recognition of the value of clinical pharmacists by payers, regulators, and the scientific/professional community.
- **Position** refers to the College’s work with constituencies external to the profession to establish and affirm the credibility of clinical pharmacists as clinicians, educators, and researchers.

In keeping with ACCP’s organizational practice, the plan will determine how most of the College’s professional, human, and financial resources will be applied. Pursuing a given strategic direction (i.e., achieving the stated goal) by meeting defined objectives is intended to address a given critical issue. A variety of specific initiatives may be required to achieve each objective. In each case, the target date for meeting a given objective is by the end of the respective year listed in the objective.

Although this plan articulates the College’s current focus, including the issues most critical to the organization, it does not address all the initiatives or priorities the College will pursue in the near future. Identification of these initiatives and priorities is anticipated to be member-driven. Therefore, in an effort to maintain responsiveness to environmental changes, solicit ongoing member input into the College’s future, and provide more rapid organizational response to this input, ACCP will implement a new and continuous strategic planning process in 2011 (see Figure 7). It is hoped that this new process will provide opportunities for all ACCP members to provide input and feedback regarding the College’s direction, far exceeding the 1000 or so members involved in developing previous strategic plans. More details on how members can contribute to this process will be featured in forthcoming articles and announcements in the ACCP Report.

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**CRITICAL ISSUE 1: How can ACCP promote the development of clinical pharmacists as practitioners, educators, and researchers?**

**STRATEGIC DIRECTION 1.1: Increase practitioner access to specialist certification, recertification, and other means of ensuring maintenance of competence.**

Objective 1.1.1: By 2011, implement a plan to facilitate the recognition of at least three new specialties in the near future (2012–2013).

Objective 1.1.2: Facilitate recognition of additional new specialties (or subspecialties) in 2013–2015. By 2015, at least 12 clinical pharmacy specialties are recognized or are in the process of being recognized.
Objective 1.1.3: By 2012, develop a plan for recertifying newly recognized specialties.

Objective 1.1.4: By 2012, offer international educational programs to promote board certification outside North America in countries or regions with adequate infrastructure to support the development of clinical pharmacy specialists.

Objective 1.1.5: By 2012, Pharmacotherapy develops new journal features, supplements, or other offerings designed to promote the professional development of current and emerging specialists and subspecialists.

STRATEGIC DIRECTION 1.2: Provide and promote expanded opportunities for educator, researcher, and scholar development.

Objective 1.2.1: By 2012, more than 750 members are actively enrolled in ACCP Academy programs, and the Academy has cumulatively enrolled more than 1000 participants, including graduates.

Objective 1.2.2: By 2011, determine whether collaboration with another professional organization should be pursued to expand ACCP Academy access.

Objective 1.2.3: By 2011, develop a feasibility plan for offering selected “advanced” ACCP Academy curricula exclusively for Academy graduates.

Objective 1.2.4: By 2012, develop educational offerings at ACCP Annual Meetings in collaboration with two additional specialty/subspecialty medical societies.

Objective 1.2.5: By 2012, introduce an average of three new ACCP publications annually, including the development of “survival guides” for new clinical pharmacists in the areas of practice, research, teaching/learning, residency training, pharmaceutical industry practice/research, and/or informatics.

Objective 1.2.6: By 2011, the ACCP Research Institute develops a plan to increase the FIT Program applicant pool and establishes a 2013 applicant target.

Objective 1.2.7: By 2011, the ACCP Research Institute develops a plan to increase the number of institutions/employers sponsoring FIT Program attendees and establishes a 2013 institutional sponsor target.

Objective 1.2.8: By 2012, a descriptive account of the FIT Program (including its outcomes to date) has been published in the academic pharmacy literature.

Objective 1.2.9: By 2012, develop mechanisms to nurture future practice leaders in pharmacy. Consideration will be given to initiating an ACCP Executive Residency or Fellowship, a new ACCP Academy track, or other approaches intended to groom future association and practice leaders.

Objective 1.2.10: By 2011, identify key stakeholders in international clinical pharmacy to collaborate with ACCP in the professional development of clinical pharmacists outside North America.

Objective 1.2.11: By 2011, develop a plan to offer a Global Conference on Clinical Pharmacy in 2015, including identification of potential cooperating organizations from Asia, the Middle East, South America, Europe, Australia, and Africa.

Objective 1.2.12: By 2012, develop a strategic partnership or agreement with one or more international clinical pharmacy stakeholders for promoting the development of clinical pharmacy outside North America.

Figure 5. Vision for the Profession of Pharmacy.

As health care providers responsible for quality patient care, pharmacists will be accountable for optimal medication therapy in the prevention and treatment of disease.

ACCP believes this vision must be achieved within the next 10–15 years. The following indicators are suggested to demonstrate progress toward achieving this vision.

- The standard of practice in any health care setting will hold the pharmacist responsible for developing patient drug therapy plans.
- Pharmacists will be accountable for engineering and overseeing a fail-safe medication use system, managing the drug therapy of individual patients, and serving as the primary source for drug information.
- Pharmacists will be responsible for developing, managing, and integrating medication distribution systems; most distribution functions will be accomplished by technicians and automated systems.
- Pharmacists will consistently influence legislative, regulatory, and health care policy development to improve medication therapy.
- Pharmacists will serve essential roles in the development of most guidelines involving pharmacotherapy.
- Most pharmacists will provide direct patient care and participate in other clinical activities not associated with the sale of a drug product.
- Formal postgraduate residency training will be required to enter direct patient care practice. Most pharmacists providing direct patient care will be board certified.
- Pharmacists will frequently be recognized as principal investigators for pharmacotherapy research, generate a substantial portion of the research that guides drug therapy, and compete successfully with other health care professionals for research funding.
- Pharmacists will be the primary drug therapy educators of other health care professionals.
STRATEGIC DIRECTION 1.3: Contribute to the quality and quantity assurance of accredited and peer-reviewed postgraduate training programs.

Objective 1.3.1: By 2011, update and increase ACCP’s collaborative efforts with other stakeholders to reestablish Medicare funding for PGY2 pharmacy residency programs.

Objective 1.3.2: By 2012, publish a collaborative white paper with other stakeholders that substantiates the need for PGY2 training across the profession.

Objective 1.3.3: By 2012, increase the number of current ACCP-approved fellowship programs (i.e., programs that have successfully completed ACCP’s peer-review process) to 25.

Objective 1.3.4: By 2012, publish the 2011 ACCP Task Force on Residencies white paper addressing current PGY2 residency standards and recommending approaches to standards review and improvement.

Objective 1.3.5: By 2011, engage other key stakeholders to address collaborative approaches to meaningfully expand the number of PGY1 and PGY2 residency positions in the United States by 2015.

Objective 1.3.6: By 2012, engage an appropriate professional medical society in developing a collaborative advocacy program that promotes the importance of formal postgraduate pharmacy residency training to ensure an adequate cadre of clinical pharmacists for the future.

CRITICAL ISSUE 2: How will ACCP advance clinical pharmacists in their roles as patient care providers, educators, and researchers?

STRATEGIC DIRECTION 2.1: Advocate for appropriate credentialing and privileging of clinical pharmacists.

Objective 2.1.1: By 2011, publish an editorial on the credentials that clinical pharmacists should hold to warrant their recognition as credible providers of patient care by other health professionals, patients, payers, employers, and governmental/regulatory bodies.

Objective 2.1.2: By 2012, publish ACCP guidelines articulating the desired professional development pathways for clinical pharmacists (e.g., postgraduate training, certification, recertification, other mechanisms for maintenance of competence). These guidelines should take into account the editorial developed in Objective 2.1.1.

Objective 2.1.3: By 2012, develop communications to health systems, academic institutions, and other employers of clinical pharmacists advocating the need for appropriate credentialing and privileging of clinical pharmacists.

STRATEGIC DIRECTION 2.2: Seek recognition of clinical pharmacists by employers, payers, regulators, and evolving health care delivery systems.

Objective 2.2.1: By 2011, develop and implement a collaborative advocacy program that promotes the importance of formal postgraduate pharmacy residency training to ensure an adequate cadre of clinical pharmacists for the future.

Objective 2.2.2: By 2012, engage an appropriate professional medical society in developing a collaborative advocacy program that promotes the importance of formal postgraduate pharmacy residency training to ensure an adequate cadre of clinical pharmacists for the future.

Objective 2.2.3: By 2012, engage other key stakeholders to address collaborative approaches to meaningfully expand the number of PGY1 and PGY2 residency positions in the United States by 2015.

Objective 2.2.4: By 2012, develop communications to health systems, academic institutions, and other employers of clinical pharmacists advocating the need for appropriate credentialing and privileging of clinical pharmacists.

Figure 6. Vision for the American College of Clinical Pharmacy.

The American College of Clinical Pharmacy will drive positive changes in health care as the professional organization most influential in advancing pharmacotherapy in the prevention and treatment of disease.

The time frame by which ACCP expects this vision to be achieved is 10–15 years in the future. The statements below are provided as descriptors of how selected aspects of the environment will appear when the vision is achieved. These descriptors are provided both to make the vision more vivid and to suggest directions for ACCP and its members during the next 10–15 years.

• The College will be at the forefront of the profession, with a membership that fully represents the diversity of clinical pharmacists engaged in practice, leadership, education, and research.
• Other health professional organizations, local and national policy-makers, and the news media will seek out ACCP and its members for expert opinions on pharmacotherapy-related issues.
• ACCP’s educational programs and publications will be used by members of all health professions as essential sources of pharmacotherapy information.
• The College’s members will be leaders in developing innovative models of practice, education, and research.
• Legislative, health policy, and regulatory measures initiated by ACCP—often in collaboration with other advocacy groups—will result in a medication use system that provides exemplary access, efficiency, safety, effectiveness, and economy.
• ACCP members will frequently be recognized as principal investigators for important clinical trials and other pharmacotherapy research. They will compete successfully for research funding for the purpose of creating and disseminating new knowledge to guide drug therapy.
• The College will be the leading health professional organization advancing pharmacotherapy research.
• Eighty percent of ACCP’s members will have completed residency training and will be board certified, reflecting the preparation and credentials necessary to practice clinical pharmacy.

Objective 2.2.5: By 2012, develop communications to health systems, academic institutions, and other employers of clinical pharmacists advocating the need for appropriate credentialing and privileging of clinical pharmacists.

Objective 2.2.6: By 2012, engage an appropriate professional medical society in developing a collaborative advocacy program that promotes the importance of formal postgraduate pharmacy residency training to ensure an adequate cadre of clinical pharmacists for the future.
Objective 2.2.1: By 2011, develop a “case” for inclusion of appropriately credentialed clinical pharmacists in the business plans that finance care in the emerging health care system.

Objective 2.2.2: By 2011, establish regular communications with representatives from as many of the following stakeholder groups as possible, advancing the “case” developed in Objective 2.2.1:

- Public health benefit programs
- Insurers
- Self-insured employers
- Collaborative care organizations (e.g., ACOs, medical homes, group medical practices)

Objective 2.2.3: By 2012, initiate with a stakeholder group (see Objective 2.2.2) one jointly developed and funded demonstration project to examine the value and impact of clinical pharmacists on patient care.

STRATEGIC DIRECTION 2.3: Facilitate collaborative research that documents the value of clinical pharmacists to patients.

Objective 2.3.1: By 2011, the ACCP Research Institute develops a plan describing how the PBRN could facilitate research that documents the value of clinical pharmacists.

Objective 2.3.2: By 2012, develop a plan to stimulate research and scholarship addressing the impact of residency-trained clinical pharmacists on patient care.

Objective 2.3.3: By 2012, develop a plan to stimulate research and scholarship addressing the impact of board-certified specialists on patient care.

STRATEGIC DIRECTION 2.4: Publish research, commentaries, evidence-based papers, and other work on the clinical pharmacist’s value to patient care.

Objective 2.4.1: By 2011, publish the results of the ACCP PBRN MEDAP Study.

Objective 2.4.2: By 2012, Pharmacotherapy develops a plan to publish regularly, or through “themed issues,” papers documenting the value of clinical pharmacists to patient care.

Objective 2.4.3: During 2011–2013, prepare commission papers for publication in the biomedical literature (medical and health administration journals) that provide economic analyses documenting the value of clinical pharmacists to patient care.

CRITICAL ISSUE 3: How will ACCP position clinical pharmacists to best collaborate with other health professionals and patients to ensure optimal pharmacotherapy?

Objective 3.1.1: Develop in 2011 an agenda as well as evidence-based background information and talking points for focused meetings with external constituencies (see Objective 3.1.2).

Objective 3.1.2: By 2011, establish working relationships with the representatives of as many of the following external constituencies as possible:

- Physicians, other health care providers, professional societies, and collaboratives
- Public/private funders of research
- Employers and employer collaboratives
- Consumer groups and health advocacy organizations

STRATEGIC DIRECTION 3.2: Work with external constituencies to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute value to patient care.

Objective 3.2.1: By 2011, identify steps to facilitate the appointment of appropriately qualified ACCP members to national treatment guidelines and committees.

Objective 3.2.2: By 2012, convene a conference involving key external constituencies (see Objective 3.1.2) to foster the expectation among physicians and other stakeholders that clinical pharmacists should be involved in the collaborative management of patients’ pharmacotherapy.

Objective 3.2.3: By 2012, receive from key external constituencies (see Objective 3.1.2) commitments for promoting clinical pharmacists’ patient care and/or research contributions.

STRATEGIC DIRECTION 3.3: Develop joint, interprofessional communications that recognize clinical pharmacists’ essential, collaborative roles in ensuring quality patient care.

Objective 3.3.1: By 2012, establish a “Find a Clinical Pharmacist” service that makes appropriately credentialed clinical pharmacists available to consumers, providers, collaborative care providers, and others interested in contacting a clinical pharmacist.

Objective 3.3.2: By 2013, release public service announcements, position statements, letters of support, or other communications promoting clinical pharmacists’ patient care and/or research contributions in collaboration with one or more key external constituencies (see Objective 3.1.2).
A New Strategic Planning Process for 2011 and Beyond

**JANUARY**

**FEBRUARY-MARCH**
Track strategic plan progress. Perform environmental scan for new issues/factors that may impact ACCP. Identify current/emerging issues for consideration by the BOR.

**APRIL**
Publish account of plan progress to date in ACCP Report. Announce forthcoming member survey. Encourage use of electronic feedback site for year-round member input to be reviewed at quarterly BOR meetings.

**MAY-JUNE**
Solicit input on new/emerging critical issues through annual member survey on future priorities and potential committee charges.

**AUGUST-SEPTEMBER**
Develop/finalize committee charges for upcoming year. Recruit members for upcoming year’s committees.

**OCTOBER**
Formally review strategic plan; gather input from BOD-BOT. Consider parts of plan to sunset, revise, and/or expand.

**NOVEMBER-DECEMBER**
Finalize and approve plan updates and revisions.

**JULY**
Track strategic plan progress. Utilize member input on new/emerging critical issues as well as comments submitted to electronic feedback site in setting agenda for future BOR meetings.

**MAY-JUNE**
Publish account of plan progress to date in ACCP Report. Announce forthcoming member survey. Encourage use of electronic feedback site for year-round member input to be reviewed at quarterly BOR meetings.

**Figure 7. ACCP’s Continuous Strategic Planning Process (Beginning in 2011).**

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**Appendix: The 2010 ACCP Strategic Planning Steering Committee**

- Julie Banderas; University of Missouri–Kansas City
- Jerry Bauman; University of Illinois–Chicago
- Marcia Buck; University of Virginia
- Judy Cheng; Massachusetts College of Pharmacy and Health Sciences
- Lawrence Cohen; Washington State University
- Robert Elenbaas; American College of Clinical Pharmacy, retired
- Curtis Haas; University of Rochester Medical Center
- Stuart Haines; University of Maryland
- William Keoe; University of the Pacific
- Michael Maddux; American College of Clinical Pharmacy
- Jacqueline Marinac; American College of Clinical Pharmacy
- Mary Roth McClurg; University of North Carolina
- William Miller; University of Iowa, retired
- John Murphy; University of Arizona
- Robert Parker; University of Tennessee
- Nancy Perrin; American College of Clinical Pharmacy
- Cynthia Sanoski; Jefferson School of Pharmacy
- Kimberly Thrasher; SEAHEC
- James Tisdale; Purdue University
- C. Edwin Webb; American College of Clinical Pharmacy
- Barbara Wells; University of Mississippi
- Ann Wittkowsky; University of Washington

BOD = Pharmacotherapy Board of Directors
BOR = ACCP Board of Regents
BOT = ACCP Research Institute Board of Trustees
Registration Now Open: ACCP’s Updates in Therapeutics 2011 and ACCP Spring Academy Programs

Register now at www.accp.com/ut and plan to attend ACCP’s Updates in Therapeutics 2011 or the ACCP Academy. This meeting will offer two comprehensive 5-day courses to help you prepare for the specialty certification examinations administered by the Board of Pharmacy Specialties (BPS) in Pharmacotherapy and the new Ambulatory Care Pharmacy specialty.

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

Full meeting registration begins at $495 for ACCP full and associate members. (Registration rates for ACCP student members begin at $170, and ACCP resident and fellow member rates begin at $330.) Full meeting registration provides access to the Ambulatory Care Pharmacy and Pharmacotherapy review course lectures, the available continuing pharmacy education credit, admission to complimentary continental networking breakfasts offered Saturday through Monday, and the course workbook of your choice (either the Ambulatory Care Pharmacy workbook or the Pharmacotherapy workbook). The workbook contains extensive and detailed content outlines for each lecture, self-assessment questions for each therapeutic area, and a series of patient cases to reinforce and help you gauge your mastery of the content.

Registration is also now open for the ACCP Spring Academy Programming offered at the same time as ACCP’s Updates in Therapeutics. With a separate registration, beginning at only $235 for ACCP full and associate members (ACCP student, resident, and fellow member registration rates begin at the low price of only $145), attend the ACCP Academy track of your choice. Registration includes all sessions within the ACCP Academy track of your choice (Clinical Practice Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning), available continuing pharmacy education credit, program handouts to the ACCP Academy track sessions you attend, and complimentary continental networking breakfasts Saturday through Monday.

The four tracks within the ACCP Spring Academy Program will present both required modules and elective courses, according to each program’s curricular schedule. Each track will concentrate its programming over a 2-day period to enable Academy participants to minimize both travel expense and time away from their practice. For a full programming schedule, consult the ACCP Web site at www.accp.com/ut.

To learn more about the registration and scheduling of ACCP’s Updates in Therapeutics and ACCP’s Spring Academy programming, please visit www.accp.com/ut.

Hartung Wins Best Paper Competition

Best Student and Resident/Fellow Poster Competitions Won by Norman and Shah

The winner of the Best Paper Award from the 2010 ACCP Annual Meeting was announced on Tuesday, October 19, 2010, during the Scientific Poster Presentation II. Best Paper finalists were required to give an 8- to 10-minute platform presentation and attend a question and answer session with the judging panel. The winner of the Best Student Poster Award was announced on Monday, October 18, 2010, and the winner of the Best Resident and Fellow Poster Awards was announced on Tuesday, October 19, 2010. In all, 365 abstracts were presented at the Annual Meeting. Of these, 220 were reports of original research, 59 described innovative clinical pharmacy services, 20 described original research in progress, and 45 were student submissions. In addition, several papers were encore presentations of work that had been presented in abstract form at other scientific meetings.

Johanna L. Norman from the University of Tennessee College of Pharmacy, Memphis, Tennessee, won the Best Student Poster Award for “The Incidence of Bleeding with Enoxaparin Bridging.” Ms. Norman’s coauthors on the poster were Maria Pham, Kelly C. Rogers, and Shannon W. Finks, also from the University of Tennessee College of Pharmacy. The first runner-up in this category was Risa Hiroshima from Mercer University College of Pharmacy Health Sciences, Atlanta, Georgia, for “In Vitro Activity of Cefazolin Alone and in Combination with Vancomycin Against Heteroresistance in Methicillin-Resistant and -Susceptible Staphylococcus aureus in an In Vitro Pharmacodynamic Model.” Ms. Hiroshima’s coauthors were Jessica F. Smith and Vathida Huang, also from Mercer University College of Pharmacy Health Sciences. The second runner-up in this category was Sang Min Lee from Seoul National University, Seoul, South Korea, for “Population Pharmacokinetics and Pharmacogenomic Analysis of Tacrolimus in Korean Adult Kidney Transplant Recipients.” Ms. Min Lee had five coauthors from Seoul National University and one coauthor from Seoul National University Hospital. Ms. Min Lee’s coauthors from Seoul National University were Jin Yi Hong, Hwi Yeol Yoon, Yoo Jin Moon, Wan Gyoon Shin, and Jung Mi Oh, and Ms. Min Lee’s coauthor from Seoul National University Hospital was Hye Suk Lee. The other finalists in this category were Chineolo Enwonwu from the Massachusetts College of Pharmacy and Health

Johanna Norman (left) accepts the Best Student Poster Award from ACCP President James Tisdale (right).
The minimum requirements for this specialty certification are as follows:

1. Graduation from a pharmacy program accredited by the ACPE (Accreditation Council for Pharmacy Education) or a program outside the United States that qualifies the individual to practice in the jurisdiction.
2. Current, active licensure to practice pharmacy in the United States or another jurisdiction
3. Completion of 4 years of practice experience with at least 50% of time spent in ambulatory care pharmacy activities (as defined by the BPS ambulatory care pharmacy content outline)

OR

Completion of any PGY1 residency* plus 1 additional year of practice with at least 50% of time spent in ambulatory care pharmacy activities (as defined by the BPS ambulatory care pharmacy content outline)

OR

Completion of a specialty (PGY2) residency* in ambulatory care pharmacy

*Effective January 1, 2013, only residencies accredited by the American Society of Health-System Pharmacists or other BPS-recognized bodies are creditable for this purpose.

4. Achievement of a passing score on the Ambulatory Care Pharmacy Specialty certification examination

The BPS Candidate’s Guide, online applications, and other materials specific to the 2011 BPS examination cycle will be available on the BPS Web site (www.bpsweb.org) in early 2011. Content outlines for all BPS specialties and other general information is currently posted at the BPS site.

Team Minnesota Is Clinical Pharmacy Challenge Champion

The student team from the University of Minnesota was the winner of ACCP’s first annual Clinical Pharmacy Challenge. Team leader, Lacy Ternes, and team members, Camille Beauduy and Ramy Elshaboury, each received a $500 cash prize and a commemorative plaque and had the honor of bringing the championship trophy home to their school of pharmacy.

Team Minnesota withstood challenges from 93 other student teams representing 74 schools and colleges of pharmacy in this first offering of ACCP’s student competition. The two preliminary rounds of the quiz bowl–style competition were conducted virtually. Of the 48 teams that progressed to the second online round of the competition, the top four advanced to the semifinals, conducted live on Saturday, October 16, in Austin.

In the semifinals, the University of Minnesota competed against Purdue University, and Nova Southeastern University–Puerto Rico campus competed against the University of California–San Diego. The University of Minnesota and the University of California–San Diego won the semifinals and advanced to the finals.

The two teams squared off in the final round of the competition on Sunday evening after ACCP’s Annual Business Meeting and Town Hall. A large and enthusiastic crowd of supporters watched the finals, applauding spontaneously as the teams’ respective scores grew close. ACCP’s Past President, John Murphy, Pharm.D., FCCP, served as moderator for the finals of the competition, which was developed in concept during his presidency by the 2008–2009 ACCP National StuNet Advisory Committee. “The development of this new program was truly member inspired and member driven,” he said.

Throughout each round of the competition, the student teams answered questions in three distinct categories. In the Trivia/Lightning category, students answered true/false and multiple-choice questions on pharmacology, pharmacokinetics/pharmacodynamics and/or pharmacogenomics, pharmacy history, federal pharmacy law and regulatory issues, and biostatistics. In the Clinical Case category, students reviewed a clinical case vignette and answered a series of related multiple-choice questions. In the Jeopardy-style category, students had a chance to answer questions of varying point values in predetermined categories of biostatistics, cardiovascular disorders, endocrinology, hematology/oncology, and infectious diseases.

Each member of the second-place team from the University of California–San Diego received a commemorative plaque and a $250 cash prize. Team leader was Angel Lam; the other two team members were Timothy Bassell and Shaddy Javadinejad.

“The first annual ACCP Clinical Pharmacy Challenge was a tremendous success,” Dr. Murphy said. “We had four outstanding teams on-site, and all the members represented their schools well.”

Dr. Murphy thanked all the student teams who competed in this inaugural event. To accommodate a larger field of participants, ACCP plans to expand next year’s competition to include additional online and live rounds. Information about ACCP’s 2011 Challenge will be available in early 2011 at www.accp.com/stunet.

President’s Column

William A. Kehoe, Pharm.D., M.A., FCCP, BCPS

Refocusing: A Look Back to the Future

[Editor’s note. This column is based on the remarks delivered by Dr. Kehoe during his Incoming President’s Address, October 17, 2010, in Austin, Texas, during the 2010 ACCP Annual Meeting.]

Being the president of ACCP is a really unexpected experience for me. When finishing my residency in 19… well, a long time ago, Betty Dong told me about a
new organization formed to meet the needs of clinical pharmacists. She thought the goals of this new organization called the American College of Clinical Pharmacy fit with my personal goals and views on the profession. As I looked into it, I found she was right. I was excited to see a group like ACCP getting started just as I was finishing my training and still enthusiastic about the direction pharmacy was taking. So I thought I’d give this group a try.

In 1984, I decided to attend an Annual Meeting, which was being held in San Diego. I was a little starstruck since many if not most of the people I had looked up to as a student were there. I attended the platform presentations for research, where I got a pretty good picture of the intensity that was possible at one of these meetings. A fellow was presenting his research. At the end during questions, he was taken to task by someone in the audience. Seriously taken to task. In a few moments, his mentor was standing up and engaging his detractor. It was intense, more intense than I would have wanted to endure. Finally, the moderator said the time was up and basically told these guys they could take it outside. I told my wife later, “This was a great meeting, but I’ll never take any of my work to this shark tank.” So maybe I lived to eat my words.

Our History Informs Our Future
Lately, I’ve been reading the books by Bob Elenbaas and Dennis Worthen and Harvey Whitney about the history of clinical pharmacy, which of course include the formation of ACCP. Some of the comments you see from early pioneers of the movement are informative. A reflection written by Drs. Jere Goyan and Bob Day said the following: “But most of all, the new breed of pharmacist was proud, alert, feisty, and confident in a way that the profession has never known before (1984).” In his reflections on being a member of the well-known “9th Floor Project,” Dr. Richard DeLeon said,

Early on, anxiety dominated my emotions; fear of failure, fear of making a mistake and affecting a patient, fear of jeopardizing the Ninth Floor Pharmacy Project. However, I also recognized that I was happy being able to create and do something that others had not done; I was part of a team—the pharmacy team, the health care team. I knew I wasn’t wasting my time or education.

So what can we take home from a look back at some of the early clinical pharmacists as ACCP develops a renewed focus on its strategic plan? It’s clear that there was a sense of venturing into the unknown. The drive to do this was to improve the care patients got in terms of medication therapy. There was also the sense that clinical pharmacists had much more to offer, even if not recognized by patients or other health care providers. And even though, as Dr. DeLeon pointed out, there was often a sense of angst in actually stepping out and committing to providing a new kind of service, it was more than offset by the “feisty” and “confident” manner in which they did it. These latter qualities probably moved the profession off the dime, so to speak. What we face today is not entirely different, and maybe these qualities could serve us well.

There Is Angst in Not Knowing What the Future Holds
We live in uncertain times as we think about health care reform. Given what’s going on in Washington, DC, we can’t be certain that true reform is happening. We also don’t know what roles pharmacy will play in our system just a few years from now. What we do have are vision statements from organizations like ACCP, JCPP (Future Vision of Pharmacy Practice), ASHP (Vision 2015), and others that indicate the roles we might play, and the preparation to provide clinical pharmacy services, will change. Here’s the challenge for ACCP. We can’t fix all the problems pharmacy has, nor can we meet every challenge in the future. So what is our contribution going to be? In what area of pharmacy practice, as we think it will be, can we have the most impact? We have to focus on what we do best. That is what I’d like to talk about for a few moments.

ACCP Needs its Membership to Get the Job Done
Before I mention specifics, I’d like to say something to every member of the College. In my view, it’s “showtime.” We’re still on the ground floor of health care reform, and it’s going to take a concerted effort from our members to make sure we’re on the elevator. My being the incoming president is testimony to the fact that every member has the opportunity to serve the College. I spent my share of time in the background remaining unknown. But with the encouragement of friends who were involved (actually pushing), I began to serve in various capacities. And now you know the rest of the story. And I even presented some of my work here! I want to encourage you to get involved. But I’ll come back to this point.

We Have a Renewed Focus
For a little more than a year now, ACCP has looked at its strategic plan to sharpen its focus on top priorities. As I’ve already said, the central question was, Where in pharmacy practice can we have the most impact? The membership was engaged, and it gave us good feedback. From this process came three principal priorities: develop clinical pharmacists, advance clinical pharmacists, and position clinical pharmacists. ACCP is positioned to make significant contributions in each of these areas. So how do we approach them?

It’s About the Patients We Serve
The first step is to realize that it’s not about us, but rather the patients we serve. It’s not about the advancement or survival of a profession per se. Instead, it’s about looking at the opportunities clinical pharmacists have to improve medication use and avoiding the many well-recognized problems patients experience. In other words, will the services clinical pharmacists are able to provide be valued in the health care system of the future? I’m preaching to the choir here, but I’m betting that everyone in ACCP believes clinical pharmacists are up to the task. ACCP is committed to patient care. So how do we do this?

I was recently looking at a picture of a clinical pharmacist at the bedside of a young woman. It struck me that if I thought about that young lady in the bed as my daughter, I had very high expectations of that clinical pharmacist. Who would I want helping to take care of her? What training and credentials would I expect? Maybe that’s how we should frame discussions of the training of future clinical pharmacists.

Opportunities Exist
The new ACCP strategic plan states, “ACCP will position clinical pharmacists.” Recognition of and demand for clinical pharmacy services remain critical factors for the
advancement of the discipline if it is to flourish in the future. Without demand for our services, not much else matters. This has been one of the most difficult hurdles for us since the beginning. It’s easy to become discouraged by the slow pace of recognition and payment for clinical pharmacy services as essential components of our health care system. Yet if one scans the health care environment, there are many opportunities we should grasp. For example, the concept of “medical homes” is gaining ground. Groups like the Patient-Centered Primary Care Collaborative include pharmacists and advocate for them as essential members of the team. We are actively engaged with this group. The concept of “team” is catching on among purchasers of health care. Indeed, one of the common themes we hear during conversations about health care reform is the team approach. The ACCP priority of “positioning clinical pharmacists” is about bringing recognition to the value of our services. We all know that failure to optimize drug therapy and medication misadventures are national problems. But where problems exist, opportunities to show our stuff also exist. As Dr. Ed Webb put it in an e-mail to me, “what are we waiting for – a formal invitation to be change agents?” ACCP is firmly committed to positioning clinical pharmacy and clinical pharmacists to meet these challenges and demonstrate its value in our health care system.

So how are we going to address this priority? First, we have a very effective staff in our Washington, DC, office that keeps us not only informed but also involved with various other stakeholder groups to advance clinical pharmacy. We have also charged several committees with work that will focus on this priority. For instance, the discipline is going to need process indicators as defined by external agencies, accrediting bodies, or others involved in ensuring quality performance so that constituents know what to expect of us. The Public and Professional Relations Committee has been charged with developing a set of process indicators that mean something to external constituents for clinical pharmacy services during transitions of care. One of the problems we have faced is a lack of recognition of what clinical pharmacists actually do for patients. The Residency Advisory Committee has been charged to develop a set of talking points directed at external constituents describing what we do and to look at the feasibility of developing a “care report” that patients can be given after an encounter with a clinical pharmacist. Our Presidential Task Force has been asked to develop a report providing recommendations on how ACCP can facilitate the appointment of qualified members to national treatment guideline panels and committees.

Wisdom from the Past Applies Today

Another part of this priority speaks to our need to work collaboratively with groups inside and outside of the profession to advance clinical pharmacy. I am reminded of something Harvey Whitney said in an editorial written in 1979 as ACCP came into being. He said,

“It will be important for the ACCP to work in harmony with the organizations that represent the various facets of pharmacy and medicine. In this way, the ACCP can foster the clinical pharmacy movement, and promote the clinical pharmacist as a professional with an important position in the decision-making process of drug therapy. This wisdom is still valid today. An old proverb says, “in an abundance of counselors there is victory.” ACCP will work with other organizations to bring the strengths of each to bear on the challenges we face. Because ACCP is a member-driven organization, its leadership assertively advocates for the priorities you, the membership, tell us to. These will be central to our activities. At the same time, we will strive to work collaboratively with other stakeholders to advance the discipline. Successful advocacy requires a balance between “feisty” assertiveness and humility. We will try to strike that balance.

Who Will Be in a Position to Provide Solutions?

Another strategic direction included in the 2010 ACCP strategic plan is, “ACCP will advance clinical pharmacists.” This priority is about getting clinical pharmacists in places of opportunity. How do we gain recognition of clinical pharmacists as the most qualified health care professionals to solve our system’s medication-related problems? As I’ve already said, ACCP believes that credentialing and privileging of clinical pharmacists will be important as future roles develop. Consumers, other members of the health care team, and payers expect some way of documenting qualifications. It is standard in other health care disciplines. As it stands today in pharmacy, credentialing may be through a pharmacy degree and licensure, postgraduate training, and certification. Some may be recognized experts because of several years of practice. But how will clinical pharmacy specialists be recognized in the future? There remain widely divergent views within the profession about the process and roles certification should play. But it is reasonable to assume that in the future, consumers and payers will expect a system that documents expertise in a recognizable way. ACCP and the Board of Pharmacy Specialties both value certification as a means to bring this about. What we need to do now is find ways to work collaboratively to increase certification opportunities, increase recognition of what certification brings to the care of patients, and continue to document the value of services provided by appropriately credentialed clinical pharmacists.

This year, we’ll be addressing this priority in several ways. The Certification Affairs Committee will be developing an editorial for the College that discusses the training and credentials of clinical pharmacists that warrant recognition by care providers and that discusses the value of credentialing to the public. Clinical Practice Affairs will be asked to describe best practices for the delivery of clinical pharmacy care to areas where these services are not routinely available or where there are no clinical pharmacists. They will be looking for example models that can be made available to target audiences. The Research Institute is concluding the first project of the Practice-Based Research Network related to medication errors and the impact of clinical pharmacists.

“ACCP will promote the development of clinical pharmacists as practitioners, educators, and researchers” is also one of the three primary directions of the new ACCP strategic plan. Many pharmacy organizations including ACCP have vision statements that describe what we think practice will be like in the future. A common thread is a patient-oriented, rather than product-oriented, approach. This transition is occurring at a frustratingly slow pace. Nevertheless, we need to consider what it will take to prepare clinical pharmacists to fill the roles many are predicting. ACCP is firmly committed to advancing practitioner, educator, and researcher development. We also
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 http://www.accp.com/membership/nominations.aspx.

PLEASE NOTE:

Due November 30, 2010 – Nominations for fall 2011 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2012 Therapeutic Frontiers Lecture, and 2012 elected offices.

Due February 15, 2011 – Nominations for the 2011 Parker Medal and 2011 ACCP Fellows (FCCPs).

2011 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 the Credentials: FCCP Committee are ineligible for consideration.

Nomination deadline: February 15, 2011.

2012 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/herself for office. Nomination deadline: November 30, 2010.
2011 Education Award: Recognizes an ACCP member who has shown excellence in the classroom or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to clinical pharmacist continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: November 30, 2010.

2011 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 detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: November 30, 2010.

2011 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 detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: November 30, 2010.

2012 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 detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: November 30, 2010.

The recipients of the 2011 New Clinical Practitioner, New Educator, and New Investigator Awards (formerly awarded during the ACCP Spring Meeting but now given during the Annual Meeting, beginning in 2011) have already been selected and will be announced in 2011. The call for the 2012 New Clinical Practitioner, New Educator, and New Investigator Awards will be issued next fall.
Calling All Clinical Pharmacists:
The MEDAP Study Needs Your Support

Although more than 600 ACCP colleagues have joined the ACCP PBRN, only a handful of ACCP associates are participating in the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study, launched on August 5, 2010. It is not too late to make a difference by joining the MEDAP Study.

What is the purpose of the MEDAP Study?
The MEDAP Study was formed with the intent of gathering information regarding the interventions made by clinical pharmacists across the country that are related to medication error detection, amelioration, and prevention.

What will I be asked to do in the MEDAP Study?
For the MEDAP Study, the ACCP PBRN pharmacist is the study subject. As a participating pharmacist, you will be asked to collect data about any intervention made pertaining to medication errors during a consecutive 14-day period. For each intervention related to a medication error detection, prevention, or amelioration during these 14 days, you will be asked a series of questions. For example, data will be collected about the type of error (or prevented error), the intervention(s) made, the medication(s) involved, and the patient outcome(s), if known. However, only de-identified patient information will be collected.

Is the MEDAP Study IRB approved?
Yes, the AAFP (American Academy of Family Physicians) IRB has reviewed and approved the study. All IRB-related documents are available on the PBRNConnect (www.accpri.org/pbrnconnect).

How do I join the MEDAP Study?
First, you must join the ACCP PBRN. Go to accpri.org to join by answering questions pertaining to you, your practice site, and the clinical services you provide. You can complete the registry tool from within the PBRNConnect (www.accpri.org/pbrnconnect).

I’ve joined the ACCP PBRN. What else do I need to do?
Once you join the registry, you need to complete a portfolio with the PBRNConnect that will make you eligible to participate in any PBRN project (www.accpri.org/pbrnconnect).

What is the PBRNConnect?
The PBRNConnect is the name given to the one-stop resource created for all PBRN-related materials. Located at www.accpri.org/pbrnconnect, this resource allows ACCP PBRN members to view, print, and download all research and PBRN-related documents. In addition, the PBRNConnect will serve as a repository for all PBRN-related training. Each ACCP PBRN member will need to upload his/her own portfolio documents within the secure PBRNConnect site to participate in ACCP PBRN studies. ACCP PBRN members will access this site using their usual ACCP.com log-in.

How do I get my MEDAP Study log-in and password?
All eligible ACCP PBRN members who have completed all required steps within PBRNConnect will receive a unique Discover registry user name and password through e-mail.

What are the anticipated study dates for the MEDAP Study?

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How will I be trained to do ACCP PBRN–related projects?
Pharmacists may access all training materials online on the PBRNConnect. Before entering any study data, you will be asked to watch the two new training videos located at www.accpri.org/pbrnconnect. There, you will find the brief Module 3: Introduction to Discovere, and under step 4, you will find MEDAP Study Training Module. You can also print the new MEDAP PocketGuide to help you with data collection at your clinical practice site.

I have more questions. Where can I send them?
Contact us at pbrn@accp.com with any questions. Thank you for your interest in the ACCP PBRN MEDAP Study.

Volunteer Recognition

The following individuals have made significant contributions to ACCP during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization.

Cardiology Practice and Research Network

Robert L. Page II, Pharm.D., MSPH, FCCP, FAHA, FASHP, BCPS, CGP, Associate Professor of Clinical Pharmacy and Physical Medicine, Clinical Specialist, Division of Cardiology, University of Colorado, School of Pharmacy and Medicine, Aurora, CO.

Sarah Spinler, Pharm.D., FCCP, FAHA, FASHP, BCPS, Professor of Clinical Pharmacy, Residency Programs Coordinator, Philadelphia College of Pharmacy, University of the Sciences in Philadelphia, Philadelphia, PA.

Barbara Wiggins, Pharm.D., FCCP, FAHA, FNLA, CLS, Senior Pharmacy Leader, Spotsylvania Regional Medical Center, Department of Pharmacy, Fredericksburg, PA.

Robert Talbert, Pharm.D., FCCP, FAHA, BCPS, Professor, College of Pharmacy, University of Texas at Austin, Pharmacotherapy Division, Professor, School of Medicine, University of Texas Health Science Center at San Antonio, Pharmacotherapy Education & Research Center (PERC), San Antonio, TX.

Samuel Johnson, Pharm.D., BCPS, Clinical Pharmacy Specialist - Cardiology/Heart Failure, Department of Cardiology, Kaiser Permanente Colorado, Denver, CO.
Nephrology Practice and Research Network

Thomas C. Dowling, Pharm.D., Ph.D., FCCP, Associate Professor and Vice Chair, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy, Baltimore, MD.

Mark Mills, Pharm.D., BCPS, Clinical Pharmacist, Nephrology, St. John Medical Center, Tulsa, OK.

Chai L. Low, Pharm.D., BCPS, Clinical Nephrology Pharmacist, PGY2 Nephrology Pharmacy Residency Director, VA San Diego Healthcare System, San Diego, CA.

Rolee Pathak, Pharm.D., BCPS, Clinical Assistant Professor/ Clinical Coordinator, Ernest Mario School of Pharmacy/ Englewood Hospital and Medical Center, Englewood, NJ.

Lori Wazny, BSc (Pharm), Pharm.D., Pharmaceutical Care Coordinator, Manitoba Renal Program, Winnipeg Health Sciences Centre Department of Pharmaceutical Services, Winnipeg, Manitoba, Canada.

Meri Hix, Pharm.D., BCPS, CGP, Associate Professor of Pharmacy Practice, Clinical Pharmacist - Internal Medicine, Midwestern University Chicago College of Pharmacy, Downers Grove, IL.

Gary R. Matzke, Pharm.D., FCP, FCCP, FASN, FNAP, Professor and Associate Dean for Clinical Research and Public Policy, Director ACCP/ASHP/VCU Congressional Health Care Policy Fellow Program, School of Pharmacy, Virginia Commonwealth University-MCV Campus, Richmond, VA.

Bruce A. Mueller, Pharm.D., FCCP, FASN, Professor and Department Chair, Department of Clinical, Social, and Administrative Sciences, College of Pharmacy, University of Michigan, Ann Arbor, MI.

Thomas D. Nolin, Pharm.D., Ph.D., Assistant Professor, Department of Pharmacy and Therapeutics, Center for Clinical Pharmaceutical Sciences, School of Pharmacy, University of Pittsburgh, Pittsburgh, PA.

Wendy L. St. Peter, Pharm.D., FCCP, FASN, BCPS, Professor, College of Pharmacy, University of Minnesota and Investigator, United States Renal Data System & Chronic Disease Research Group, Minneapolis, MN.

Deborah A. Pasko, Pharm.D., Project Manager/Clinical Pharmacist, University of Michigan Health System, Children's and Women's Project, Mott Administration, Ann Arbor, MI.

Darren W. Grabe, Pharm.D., Associate Professor of Pharmacy Practice, Albany College of Pharmacy and Health Sciences, Member, Albany Nephrology Pharmacy Group (ANephRx), Adjunct Assistant Professor of Medicine, Albany Medical College, Albany, NY.

Geriatrics Practice and Research Network

Lisa C. Hutchison, Pharm.D., MPH, FCCP, BCPS, Associate Professor, College of Pharmacy, University of Arkansas for Medical Sciences, Little Rock, AR.

Todd P. Semla, Pharm.D., M.S., FCCP, BCPS, AGSF, Clinical Pharmacy Specialist, Pharmacy Benefits Management Services, U.S. Department of Veterans Affairs, Hines, IL, and Associate Professor, Clinical, Departments of Medicine and Psychiatry & Behavior Sciences, The Feinberg School of Medicine, Northwestern University, Evanston, IL.

Visit the following link http://www.accp.com/membership/vrp.aspx to view the current listing of volunteers recognized and their specific contributions to the College.

Limited Time Offer

Donate to the Frontiers Fund and Receive a Gift

For a limited time, while supplies last, the ACCP Research Institute is offering a 1-gigabyte flash drive on a lanyard—to those willing to make a donation of $100 or more. Your tax-deductible donation will...

- Develop researchers;
- Build a research network called the ACCP Practice-Based Research Network (ACCP PBRN); and
- Generate evidence

... to further document the value of clinical pharmacy services and advance pharmacy research. Donate online at www.accpri.org. Thank you for your support!

Frontiers Fund Partners with Pharmacy Students for Fundraising Phone Drive

The St. Louis College of Pharmacy hosted a telephone fundraising campaign in early October. Our special thanks go to Dean Wendy Duncan for the invitation to host the event on-campus. Spearheaded by Zachary Stacy, ACCP Liaison, and Terry Seaton, Board of Regents, the event had more than 20 student participants. The student group of ACCP students, led by Kyle Amelung and Paras Vakharia, created a training slideshow for the students. The event lasted 6 hours, during which several thousand dollars in new donations were received. In exchange for its efforts, the St. Louis College of Pharmacy received a small portion of the donations to be earmarked for student ACCP-related activities.

The students involved in the phone drive were as follows: Kyle Amelung, Paras Vakharia, Puja Patel, John
End-of-Year Special: Residents and Fellows Can Join ACCP for Half Price!

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

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

- Deeply discounted rates to register for ACCP’s Updates in Therapeutics: The Pharmacotherapy Preparatory Review Course and the new Ambulatory Care Pharmacy Preparatory Review Course in Columbus, Ohio, April 8–12: Considering specialty certification in either Pharmacotherapy or Ambulatory Care Pharmacy? Take advantage of special member rates—register by February 25, 2011, for maximum savings!

- Reduced rates on board certification preparatory materials for home study: Prepare for your specialty board examination with electronic or print study materials available to you at discounted rates.

- Member discounts on any module in the Pharmacotherapy Self-Assessment Program (PSAP) module: The PSAP series has been approved by the Board of Pharmacy Specialties for use in BCPS recertification, and it is available in electronic and print formats.

- Free 1-year membership in an ACCP Practice and Research Network (PRN): Join one of ACCP’s 22 PRNs and network with specialists in your focused area of interest.

- Complimentary subscription to Pharmacotherapy: Resident and fellow members receive an electronic subscription to this essential reference for the clinical pharmacist.

- Special member registration rates for the 2011 Oncology Pharmacy Preparatory Review Course, April 28–30, in San Antonio, Texas: Take advantage of this highly acclaimed course for those pursuing a specialty career in oncology.

- Discounted registration rates for the 2011 ACCP Annual Meeting in Pittsburgh, Pennsylvania, October 16–19: Update your clinical skills and network with colleagues nationwide.

To take advantage of this special one-time offer, you can join or renew your ACCP membership online at www.accp.com/membership/join.aspx. Alternatively, you can download a specially marked membership application at www.accp.com/rf10promo. Complete the application and mail or fax it back to our office.

This offer is only valid for first-time ACCP resident or fellow members, including previous student members of ACCP renewing either as a resident or fellow member. Applications must be received by December 31, 2010, to receive the discounted membership rate.

Opportunity for ACCP Members to Support ClotCare.org

ClotCare.org, an award-winning interactive information service for clinicians and patients, is seeking individual support from clinicians across disciplines to help the organization continue its work. This online information service (http://clotcare.org/index.aspx) is a 501(c)3 charitable organization whose Web-based services are growing at a rate of more than 40% annually. ClotCare.org currently provides information to more than 1,500 individuals daily and receives more than 500,000 visitors per month. However, these services can be sustained only through outside contributions.

A 2009 survey of over 800 respondents revealed that more than 90% considered ClotCare.org one of the top five resources they turn to for information on prevention and/or treatment of blood clot–related conditions (such as stroke, heart attack, deep vein thrombosis, and pulmonary embolism). In addition, almost 90% of respondents could identify specific therapeutic management changes they had made as a result of information obtained through this service.


If you would like to support ClotCare.org so that it can continue to provide these important services, please consider:

- Making a tax-deductible donation online at http://clotcare.org/clotcaredonations.aspx or by mail to ClotCare, 19260 Stone Oak Parkway, Suite 101, San Antonio, Texas 78258. All donations are acknowledged on Clotcare.org and may be made in honor or in memory of a friend or loved one. Donors receive a receipt for their tax-deductible donations.

- Forwarding this request to friends, colleagues, and others whom you think should be interested in supporting this service.

- Contacting ClotCare at webmaster@clotcare.com if you are aware of funding opportunities that may be of interest to a group, corporation, or institution that you think would be a potential supporter of the organization’s activities.

- Holding a public awareness fundraiser. Contact webmaster@clotcare.com if you are interested in coordinating or participating in such an activity.

Learn more about some of the ACCP members who are participating in ClotCare.org by viewing the organization’s editorial board at http://clotcare.org/eb.aspx.

According to Stuart Haines, chair of the Frontiers Fund Committee,

It’s terrific to see so many pharmacy students getting involved and supporting ACCP’s research mission! Whether or not you received a call from a student asking for a donation, I hope we can count on your annual gift to the Frontiers Fund to support the important work of the Research Institute.

Thanks to all who made this event a real success.
A Special Offer from ACCP Publications
Enhance Your Library with Year-end
Savings at the ACCP Bookstore

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Call for Notification of Awards, Promotions, Grants, Etc.

Have you or a colleague recently been honored with an important award? Have you or a colleague received a major grant or key promotion? ACCP periodically publishes a feature in the *ACCP Report* citing such member accomplishments. To gather a “critical mass” of such honors that warrant publishing such a feature, even on an irregular basis, we need to hear from you. So, please forward this information to us at accp@accp.com, and we will seek to include it in a forthcoming issue of the *ACCP Report*.

Application Fee Waived for Fellowship Program Peer Review

ACCP is pleased to announce that it will waive the application fee for any ACCP member who wishes to submit his/her research fellowship program for peer review by December 31, 2010. In addition, a rolling application review process will be employed during this period. It is expected that all qualifying applicants will complete the review and approval process within 6 weeks of submitting their application. Both new programs and programs due for re-review are invited to submit a no-fee application. For more information, and to download a peer-review application form, visit [http://www.accp.com/docs/resandfel/FellowshipPeerRevApplic10.doc](http://www.accp.com/docs/resandfel/FellowshipPeerRevApplic10.doc).

In Memoriam

Thomas Scott Foster (1947–2010)

The ACCP family was deeply saddened by the death of founding member Tom Foster on October 14, 2010. Dr. Foster was a past member of the Board of Regents and an ACCP Fellow. At the time of his death, he was professor of pharmacy and anesthesiology in the Colleges of Pharmacy and Medicine and professor in the College of Public Health at the University of Kentucky Medical Center. Many longtime ACCP members are aware of the countless contributions made by Dr. Foster to the pharmacy profession and to the University of Kentucky. He is survived by his wife, Marijo; children Megan and Grant; and six grandchildren.

Contributions in Dr. Foster’s name can be directed to The Lexington School, 1050 Lane Allen Rd., Lexington, KY 40504; or to the University of Kentucky College of Pharmacy, 789 S. Limestone St., Lexington, KY 40536.

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**Member Interest Requested in Forming Possible “Legal Support” PRN**

ACCP members are asked to read the letter at [http://www.accp.com/docs/prns/LegalPRNCallforInterest.doc](http://www.accp.com/docs/prns/LegalPRNCallforInterest.doc) to help determine the level of interest in forming a new “Legal Support” PRN that could fill a perceived gap among current ACCP PRNs. Members are asked to respond to this call for interest by December 15, 2010.
Checks should bear a notation with Dr. Foster’s name and be drawn payable to the Lexington School or the University of Kentucky.

**New Members**

Mohamed Al-Arifi  
Maha Alayouny  
Michelle Albin  
Shazia Ali  
Minal Amin  
Mehdi Amiri  
Elizabeth Ashcraft  
Casey Baker  
Gina Banks  
Kylie Barnes  
Elizabeth Barthelemy  
Chris Bartlett  
Sharmane Basheey  
Fiona Begley  
Ralph Bellocco  
Lainie Bendiner-Valk  
Ronay Bjerke  
Herman Black  
Alan Blau  
Toya Bowles  
Daniel Brackin  
Betsy Brinson  
Stacy Brown  
Mason Buckley  
Alexis Bylina  
Chris Campbell  
Michelle Campbell  
Bethanne Carpenter  
Amanda Carter  
Heather Cave  
David Cequeira  
Amitra Chabria  
Soo An Choi  
Jessica Christian  
Russell Christie  
Jana Church  
Dennis Churchill  
Kristen Clancy  
Shirmil Clark  
Morgan Comee  
Jennifer Coppole  
Margaret Croom  
Ashley Crowl  
Lauren Coy  
Thomas Cubbin  
Daniel Dailey  
Adwoa Darkwa  
Krista DeLissio  
Deepa Desai  
Suraj Devasthali  
Lacey DeVreese  
Zenobia Dotiwala  
Elizabeth Dow  
Tanya Draucker  
Belinda Duncan  
Karsten Duncan  
Brianne Dunn  
Lori Dunn  
Sarah Eckman  
Susan Edwards  
Joshua Eklund  
Lorie Ellis  
Katelyn Enderle  
Clayton English  
Karly Erickson  
Steve Erickson  
P. Erwin  
Tanya Fabian  
Emmanuel Fadiran  
Oyekoke Fasoranti  
Amy Fegenbush  
Andrew Feld  
Leah Fields  
Joseph Flynn  
Jessica Follmer  
Kierstyn Fornoff  
Linda Fred  
Christopher Fuchs  
Jessica Garcia  
Krista Gaston  
Dena Gaw  
Steven Geiger  
Kathy Giannmona  
BoYoung Goh  
Stacey Gordon  
Shauna Graham  
John Greathouse  
Lanh Green  
Paul Green  
Veronica Guerra  
Michael Guillen  
Elizabeth Gurski  
Heeyoung Ham  
Steven Hammond  
Hsien Hwei Hannah Han  
NaYoung Han  
William Harris  
Bethany Heckert  
Jessica Henggeler  
Amanda Hetland  
Patrick Ho  
Anna Holguin  
Michael Holt  
Jeannie Hong  
Christina Hsu  
Vicky Huang  
Xing-Yue Huang  
Heidy Huang  
Kook Huang  
Michael Innes  
Jaison Issac  
Gwen Itomitsu  
Amanda Jacques  
Tiffany Jagel  
Shanna James  
Ryan Janeway  
Christopher Jankowski  
John Jemison  
Meredith Jernigan  
Monica Jimenez  
Lulu Jin  
Anna Johnson  
Ashley Johnson  
Bruce Jones  
Adrianna Jordan  
Jaison Joseph  
Aditi Kadakia  
K. Joy Kainer  
Bethany Kalich  
Jitesh Kawedia  
Zachary Keene  
Kimberly Keeth  
Marwa Khamis  
Gihun Kim  
Kevin Kim  
Miluska Kizur  
Katie Knapp  
Arkadios Kofidis  
Natalie Kolehmainen  
Kimberly Kosloski  
Abigail Kurtz  
Sherry Ruth Laguardia  
Angela Lam  
Ladonna Landmesser  
Tracey Lasak-Myall  
Jasmine Law  
Brian LeBaron  
Dong Eun Lee  
Sang-Min Lee  
Maria Das Graças Leopardi  
Gonçalves  
Sarah Lindauer  
Angela Link  
Sarah Lipphardt  
Elaine Lo  
Ryan Long  
Stephen Lozano  
Eid Lumang  
Brenda Lumpkin  
Josephine Luong  
Suzanne Maahs  
Liviv Mackley  
Thomas Majka  
Gerwyn Makai  
Brian Malecek  
Jessica Marin  
Kendra Masson  
Somashaker Masuram  
Reenu Mathew  
Arun Mattappallil  
Alicia Mattson  
Blair Maxwell  
Amber Mayo  
Talia Mazidi  
Madalyn McCarthy  
Linda McCormick  
Micah McCuistion  
Ashley McKinley  
Eric McLain  
Brittany McLaughlin  
Philip Medon  
Shivani Mhatre  
Michele Michaels  
John Miller  
Tim Miller  
Albert Moon  
Jason Mordino  
Jeremy Moretz  
Jonethan Morris  
Amy Moss  
Ramzy Moubarak  
Paul Muney  
Jordan Murdoch  
Patrick Murphy  
Ivy Muteithia  
Hazim Nasr  
Annelise Nelson  
Stephanie Newman  
My-Linh Nguyen  
Truong Nguyen  
Xuan Nguyen  
Rodney Nicolas  
Beena Ninan  
Katie Oja  
Rob Ono  
Laura Palombi  
Julia Pate  
Jaipal Patel  
Ketan Patel  
Manish Patel  
Puja Patel  
Sajel Patel  
Cynthia Perez  
Sebastian Perez  
Anthony Perissinotti  
Megan Perkins  
Elizaboth Perry  
Julie Anne Petticlerc  
Olivia Phung  
Kassy Picou  
Dennise Pina  
Bee Yen Poh  
Samanah Pourali  
Cheryl Powell  
John Powers  
Xinhua Qu  
Marco Ragins  
Laine Rapp  
Derek Ray  
Matthew Rim  
Teresa Roane  
Michelle Rychalsky  
Drilon Saliu  
Dominick Salvatore  
Mohamad Samiei  
Lisa Sanchez Trask  
Matthew Schaecher  
Bruce Schechter  
Nicole Schenk  
Clarence Schiltz  
Kevin Schutz  
LaKia Scoggins  
Phillip Scott  
Hardy Sebastien  
Ankit Shah
The following individuals recently advanced from Associate to Full Member:

Heidi Calvin
Carol Crawford
Lindsey Eick
Jo Ann Gibbs
Mani Kammula
Sean Mirk
Janin Monterrey
Kate Oltrogge
Akta Patel

New Member Recruiters

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

Ragini Bhakta
Andrea Carr
Lingtak-Neander Chan
Rebecca Cofsky
Jane Dateshidze
Matthew Eckley
Diane Erdman
Alicia Forinash
Jennifer Goldman-Levine
Keith Hecht
Ashley Jones
Alan Kaul
Brittany Marshall
Nicholas Norgard
Deborah Raithel
Glen Schumock
Terry Seaton
Mary Beth Shirk
Michael Thomas
J. Maria Whitmore
Faculty Positions in the College of Pharmacy

The University of Findlay invites applications for two full-time faculty positions in the university’s College of Pharmacy. Candidates will be expected to participate in teaching and scholarly activity in a curriculum devoted to promoting the collaborative practice of pharmacy. Continued practice in the field of pharmacy is both encouraged and expected. A doctoral degree and eligibility for pharmacy licensure in Ohio are required. A residency or fellowship and prior college teaching experience are preferred. Rank and salary are commensurate with qualifications. Candidates must be committed to innovative practice and student-centered education as well as professional development and scholarship.

One **full-time, tenure-track 12-month position** is available. Responsibilities include teaching pathophysiology, pharmacology, and therapeutics, as well as research and scholarly activity. Expertise in neurology/psychiatric disease, palliative care, pediatrics, or hematology/oncology will be favored.

Candidates for a **full-time, nontenure-track 12-month position** will be expected to supervise experiential education for Pharm.D. students. Scholarly activity, service responsibilities, and classroom teaching are also expected.

The University of Findlay is a Carnegie Master’s/L institution and is the largest private university in northwest Ohio. The College of Pharmacy is the newest professional school at the university and enrolls around 375 students in a 6-year program leading to the Pharm.D. degree. Related professional programs at the university include physician assistant, physical therapy, athletic training, occupational therapy, health informatics, and nuclear medicine technology, as well as environmental, safety, and occupational health management. The city of Findlay, population 39,000, is recognized as one of the best micropolitan communities in Ohio, with a strong business base and friendly atmosphere.

Applications should be sent to:

Dr. Don Stansloski  
Dean, College of Pharmacy  
The University of Findlay  
1000 North Main Street  
Findlay, OH 45840  
E-mail: stansloski@findlay.edu

Applications should include a letter of application, a curriculum vitae, a one-page description of teaching philosophy and research interests, and three letters of reference. Review of applications will begin immediately and continue until the positions are filled. For more information on The University of Findlay, visit [http://www.findlay.edu](http://www.findlay.edu).

*The University of Findlay is an equal opportunity employer and educator.*
Providence is calling a Clinical Pharmacist Coordinator.

This is a newly developed role to assist the manager in making a positive impact on overall pharmacy operations in a growing community and department. The clinical coordinator will be empowered to improve and develop department operations. The coordinator assists the pharmacy manager in the provision of pharmacy services. These activities include staff development, formulary management, drug information, medication use evaluation, medication safety initiatives, Joint Commission readiness, adverse drug event reporting, coordination of drug therapy guidelines and protocols, and quality improvement data collection at the facility. The coordinator will also develop a residency program for pharmacy students and develop and coordinate a preceptor program for pharmacy intern and clerkship students.

**Position Specifics:**
Location: Providence Medford Medical Center in Medford, Oregon
FULL-TIME position – Rotating/Variable Shift

Southern Oregon offers a wide variety of outdoor activities as well as world-class theater, music venues, dining, wineries, and shopping. The rain associated with the Pacific Northwest bypasses Medford, making it drier and sunnier than the Willamette Valley.

**Requirements:**
- **Education:** Pharm.D. degree with residency.
- **Licenses/Certifications:** Current registration and licensure by the Oregon State Board of Pharmacy.
- **Experience:** Minimum 2 years’ experience as a clinical coordinator. Minimum 2 years’ experience in a hospital setting.

**Answer the call. Providenceiscalling.org**
When applying online, please reference job number 70008.

Apply Online:
http://www.jobclub.com