

ACCP Report

American College of Clinical Pharmacy

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

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Best Paper Competition Won by Dowling; Best Poster Competitions Won by Flowers and Cronic

The winner of the Best Paper Award from the 2011 ACCP Annual Meeting was announced on Tuesday, October 18, 2011, 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 17, 2011, and the winner of the Best Resident and Fellow Poster Award was announced on Tuesday, October 18, 2011. In all, 490 abstracts were presented at the Annual Meeting. Of these, 276 were reports of original research, 78 described innovative clinical pharmacy services, 36 described original research in progress, and 85 were student submissions. In addition, several papers were encore presentations of work that had been presented in abstract form at other scientific meetings.

Lydia Cronic from University of Georgia College of Pharmacy, Augusta, Georgia, won the Best Student Poster Award for "Angiogenic and Vascu-



Lydia Cronic (left) accepts the Best Student Poster Award from ACCP President Bill Kehoe (right).

Program in Clinical and Experimental Therapeutics, University of Georgia College of Pharmacy, Charlie Norwood VA Medical Center. The first runner-up in this category was Kalynn A. Rohde from University of Wisconsin School of Pharmacy, Madison, Wisconsin, for "Effectiveness and Safety of Influenza Vaccine in First 6 Months Post-lung Transplant." Ms. Rohde's coauthors were John J.M. Moran and Mary S. Hayney, also from University of Wisconsin School of Pharmacy. The other finalists in this category were Heena V. Patel from the Albany College of Pharmacy and Health Sciences, Albany, New York, and Diana N. Pinchevsky from University of Pittsburgh, Pittsburgh, Pennsylvania.



Stephanie Flowers (left) accepts the Best Resident and Fellow Poster Award from ACCP President Bill Kehoe (right).

Stephanie A. Flowers from the University of Tennessee, Memphis, Tennessee, won the Best Resident and Fellow Poster Award for "Sterol Uptake in *Candida albicans*: A Novel Mechanism of Fluconazole Resistance." Dr. Flowers had three coauthors: Katherine S. Barker from the University of

Tennessee, Sarah G. Whaley from University of Tennessee College of Pharmacy, and P. David Rogers from University of Tennessee Health Science Center. The first runner-up in the Best Resident and Fellow Poster category was Ahmed Alhusban from the Program in Clinical and Experimental Therapeutics, University of Georgia College of Pharmacy, Charlie Norwood VA Medical Center, Augusta, Georgia, for "Vascular Protection with Candesartan: Beyond Blood Pressure Reduction." Dr. Alhusban's coauthors, also from the Program in Clinical and Experimental Therapeutics,

University of Georgia College of Pharmacy, Charlie Norwood VA Medical Center, were Anna Kozak and Susan C. Fagan. The second runner-up in the Best Resident and Fellow Poster Award category was Colleen S. Kann from NEIMEF/University of Iowa College of Pharmacy, Waterloo, Iowa, for "Evaluation of Pharmacist Decision-making and Opinions Involving Prescriptions with a High Probability of Causing Patient Harm." Dr. Kann's coauthors, all from the NEIMEF/University of Iowa College of Pharmacy, were James D. Hoehns, John E. Sutherland, and James J. Pooch. The other finalists in this category were S. Travis King from Methodist University Hospital, Memphis, Tennessee, and Liana Mark from The Johns Hopkins Hospital, Baltimore, Maryland.

Thomas C. Dowling from University of Maryland School of Pharmacy, Baltimore, Maryland, won the Best Paper Award with the presentation titled "GFR Equations Overestimate Creatinine Clearance in Elderly Individuals Enrolled in the NIA-Baltimore Longitudinal Study on Aging (BLSA)." Dr. Dowling's coauthors were John D. Sorkin from University of Maryland School of Medicine and Luigi Ferrucci from Biomedical Research Center, National Institute on Aging. The first runner-up in the Best Paper competition was Steven Gabardi from Brigham & Women's Hospital; Department of Medicine, Harvard Medical School, Boston, Massachusetts, with the presentation titled "Efficacy and Safety of Six Months of Low- vs. High-Dose Valganciclovir for Prevention of Cytomegalovirus Disease in High-Risk Renal Transplant Recipients." Dr. Gabardi's coauthors were Lisa M. McDevitt from Tufts Medical Center, Christin Rogers from Beth Israel Deaconess Medical Center, Eric Tichy from Yale-New Haven Hospital, Renee Weng from University of California Irvine, and Ruth-Ann M. Lee from Massachusetts General Hospital.

The second runner-up in the Best Paper competition was Kimi Ueda Stevenson from California



Thomas Dowling (left) accepts the Best Paper Award from ACCP President Bill Kehoe (right).

Pacific Medical Center, San Francisco, California, with the presentation titled "Corticosteroid Withdrawal in Renal Transplant Recipients: An Analysis of the Mycophenolic Acid Observational Renal Transplant Registry." Dr. Stevenson's coauthors were Anne Wiland from Novartis Pharmaceutical Corporation, East Hanover, New Jersey, and Ram Peddi from California Pacific Medical Center. The other finalists in this category were Lama H. Nazer from King Hussein Cancer Center, Amman, Jordan; Michael B. Kays from Purdue University College of Pharmacy, Indianapolis, Indiana; Savanna Steele from Eshelman School of Pharmacy, University of North Carolina, Chapel Hill, North Carolina; Jahnvi Kharidia from Sunovion Pharmaceuticals, Inc., Marlborough, Massachusetts; and Adele R. Shields from the University of Cincinnati, Cincinnati, Ohio.

Each winner received a plaque and \$250 to help offset the travel expenses associated with attending the meeting. Serving as finalist judges for the three competitions in Pittsburgh were Michael Bottorff, Gilbert Burckart, Marcia Buck, Sheryl Chow, M. Lynn Crismon, Joseph DiPiro, Dawn Havrda, Mary Hayney, Sunny Linnebur, David Lourwood, Gary Matzke, Julie O. Maurey, Larry Segars, Sarah Spinner, and Robert Talbert.

The next abstract award competition will be held at ACCP's 2012 Virtual Poster Symposium in May 2012. The deadline to submit abstracts for the Virtual Symposium is January 13, 2012. ACCP will begin accepting abstracts for the 2012 Virtual Poster Symposium in late November 2011 at www.accp.com.

2011 ACCP Clinical Pharmacy Challenge: Campbell University Students Take Title

Congratulations to the student team from Campbell University College of Pharmacy and Health Sciences Center, as they emerged victorious to claim the title of Champion of the 2011 ACCP Clinical Pharmacy Challenge.

ACCP's novel pharmacy student team competition was expanded this year after the unexpectedly high level of interest in the 2010 competition. New features of the 2011 competition





The Campbell University championship team. Left to right, Karyn Fabo, Clayton Moore, and Erin Dickert.

included the addition of a local competition examination, an expansion of the number of preliminary online rounds, and an increase in the number of teams invited to compete in live round competition.

Teams of three students representing institutions across the United States and Saudi Arabia competed in a quiz bowl-type format. Each round of the competition challenged teams to answer questions in three distinct segments: Trivia/Lightning, Clinical Case, and Jeopardy-style. Beyond facing the challenges of the rigorous examination rounds, teams from Pennsylvania, Texas, and California battled the forces of nature, overcoming flooding, wildfires, and massive power outages just to compete.

From the initial [field of 84 teams](#), 8 advanced through four preliminary online rounds to represent their institution in the quarterfinal round of competition held at last month's Annual Meeting in Pittsburgh, Pennsylvania. Each member of the quarterfinal teams below received a certificate of recognition, a complimentary Annual Meeting registration, and a \$125 ACCP gift certificate.

2011 ACCP Clinical Pharmacy Challenge Quarterfinal Teams:

- Belmont University School of Pharmacy
Team Leader, Lee Rembert
Members: Rebecca Lucas and Kimberly Bentley
Alternates: John Barnwell and Cortney Manning
- Butler University College of Pharmacy and Health Sciences
Team Leader, Nicole Does
Members: Katie Cich and Carly D'Agostino

Alternate: Kirsta Hoose

- Campbell University College of Pharmacy and Health Sciences
Team Leader, Clayton Moore
Members: Erin Dickert and Karyn Fabo
Alternates: Dustin Bryan and Stephanie Zyra
- Massachusetts College of Pharmacy and Health Sciences Worcester School of Pharmacy
Team Leader, Khalid Alburikan
Members: James Lukose and Catherine Potak
Alternates: Tenley Balla and Kerry Mohrien (former team leader)
- University of Tennessee Health Science Center College of Pharmacy
Team Leader, Jake Smith
Members: Mark Dunnenberger and Jennifer Rivers
Alternates: Sloan Regen and Megan Perry
- University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences
Team Leader, Ryan Conrad
Members: Ian Ford and Jerline Hsin
Alternate: Nicole Martinez
- University of Utah College of Pharmacy
Team Leader, Jaren Koyle
Members: Scott Nelson and Edward Matterfis
Alternates: Emily Turley and Taben Main
- Western University of Health Sciences College of Pharmacy
Team Leader, Alidz Talatinian
Members: Carrie Bitterlich and Sangeeta Salvi

At the conclusion of the quarterfinal rounds on Saturday, October 15, teams from the Massachusetts University of Health Sciences-Worcester; University of Tennessee; Butler University; and Campbell University prevailed over their opponents to achieve a spot in the semifinal round of competition. Team Campbell and Team Tennessee emerged victorious from their semifinal-round matches to face off for the title of 2011 ACCP Clinical Pharmacy Challenge Champion.

During the final round, students on Team Tennessee and Team Campbell answered items on pharmacology, pharmacokinetics/pharmacodynamics/pharmacogenomics, and pharmacy history in the Trivia/Lightning segment. The Clinical Case

segment challenged the students to answer five multiple-choice items based on a pediatric clinical case vignette. During the Jeopardy-style segment, the teams had a chance to answer questions of varying point values in five predetermined categories. Final-round categories included biostatistics, cardiovascular disorders, critical care, endocrinology, and infectious diseases.

ACCP Immediate Past President, Jim Tisdale, Pharm.D., FCCP, BCPS, served as moderator for the final round of competition. A large and enthusiastic crowd of supporters watched the finals, applauding spontaneously as the teams' scores remained close after the trivia and case segments. Team Campbell ultimately prevailed with a commanding performance in the Jeopardy segment. ACCP commends

Team Campbell on its significant achievement.

Members of Team Campbell each received a \$500 cash prize and a commemorative plaque, and they have the honor of bringing the championship trophy home to their school. Each member of the second-place team from the University of Tennessee received a \$250 cash prize, and the team was awarded a commemorative plaque to take home to its school of pharmacy.

Please join ACCP in recognizing the student teams from all 84 institutions who competed in this year's Challenge. For more information on the competition, please visit <http://www.accp.com/stunet/index.aspx>. The ACCP Clinical Pharmacy Challenge will return in 2012. Please check the Web site for updated information in January.

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, 2011 – Nominations for fall 2012 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the **2013** Therapeutic Frontiers Lecture, and **2013** elected offices.

Due February 15, 2012 – Nominations for the 2012 "New" Awards (New Clinical Practitioner, New Educator, New Investigator), 2012 Parker Medal, and 2012 ACCP Fellows (FCCPs).

2012 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, 2012.**

2013 Officers and Regents: President-Elect, 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, 2011.**

2012 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 from an ACCP member detailing the nominee's

qualifications for the award, the nominee's current curriculum vitae, and letters of support from two other 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. 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, 2011.**

2012 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 current curriculum vitae, and letters of support from two other 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. 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, 2011.**

2012 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 current curriculum vitae, and letters of support from two other 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. 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, 2011.**

2013 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 current curriculum vitae, and letters of support from two other 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. 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, 2011.**

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 current curriculum vitae, and letters of support from two other 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. 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, 2011.**

2012 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 to the Chair of the Selection Committee 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, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

2012 New Clinical Practitioner Award: This award recognizes and honors a new clinical practitioner who has made outstanding contributions to clinical pharmacy practice and patient care. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Board certification in a specialty is not required but will be given favorable consideration. 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 current curriculum vitae, and letters of support from two other 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. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

2012 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, 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 current curriculum vitae, and letters of support from two other 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. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

2012 New Investigator Award: This award's purpose is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been members of ACCP for more than 3 years; 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 current curriculum vitae, and letters of support from two other 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. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2012.**

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 many important membership benefits, including:

- **Deeply discounted rates to register for ACCP's Updates in Therapeutics®: The Pharmacotherapy Preparatory Review and Recertification Course and the Ambulatory Care Pharmacy Preparatory Review and Recertification Course in Reno, Nevada, April 27 to May 1:** Considering specialty certification in either Pharmacotherapy or Ambulatory Care Pharmacy? Take advantage of special member rates—registration will open in late November.
- **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 2012 Oncology Pharmacy Preparatory Review Course, in Denver, Colorado:** Take advantage of this highly acclaimed course for those pursuing a specialty career in oncology.

- **Discounted registration rates for the 2012 ACCP Annual Meeting in Hollywood, Florida, October 21–24:** 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/rf11promo. 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, 2011, to receive the discounted membership rate.

ACCP PBRN Presents the Results of the MEDAP Study

The results of the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study were presented in the Scientific Poster Session II at the ACCP Annual Meeting in Pittsburgh, Pennsylvania, on October 18, 2011. The MEDAP Study abstract appears below. A copy of the MEDAP Study poster may be viewed by visiting the ACCP Research Institute Web site at www.accpri.org.

Medication Errors Reported by U.S. Clinical Pharmacists: The ACCP PBRN MEDAP Study

Grace M. Kuo, Pharm.D., MPH, Ph.D.,¹

Daniel Touchette, Pharm.D., M.A.,² and

Jacqueline S. Marinac, Pharm.D.³

¹UCSD, La Jolla, CA.

²University of Illinois at Chicago, Chicago, IL.

³ACCP Research Institute, Lenexa, KS.

Purpose: Clinical pharmacists perform many tasks related to medication error (ME) detection, amelioration, and prevention. However, a national study that systematically describes these interventions had not, until now, been reported. One of our study objectives was to describe MEs and clinical pharmacist interventions within a national clinical

pharmacist practice-based research network (PBRN).

Methods: Clinical pharmacists were recruited from the ACCP PBRN to report their interventions to detect, ameliorate, and prevent MEs during a 14-consecutive day period in 2010. Participating pharmacists viewed online training materials about reporting MEs and the data collection tool. Institutional review board approval was obtained from AAFP first and then from local institutions as needed.

Results: Seventy-one individual pharmacists submitted 924 reports; however, only 782 reports had complete ME data. Medication errors occurred in the inpatient (61%), outpatient (29%), home (7%), and other (3%) settings. Therapeutic categories associated with MEs often reported were systemic anti-infective (25%), hematologic (21%), and cardiovascular (19%) medications. The top 5 most frequently reported medications were antibiotics (n=172), oral anticoagulants (n=76), injectable anticoagulants (n=68), β -blockers (n=37), and insulin (n=29). Most MEs (95%) did not result in patient harm; however, MEs resulted in temporary harm (n=33), permanent harm (n=6), harm requiring interventions to sustain life (n=2), and death (n=1). The reported MEs were caused by prescribing (54%), dispensing (10%), administering (13%), monitoring (13%), documenting (7%), and miscellaneous (3%) errors. Pharmacist interventions included communication (54%), medication change (35%), and monitoring (9%). Prescribers accepted about 82% of pharmacist recommendations (4% with modifications, 52% without modifications, and 26% because of pharmacist prescriptive authority).

Conclusion: Most MEs reported by U.S. clinical pharmacists did not result in patient harm; however, there were reports of severe harm and death. Half of the MEs detected were prescribing errors. Prescribers accepted most pharmacist recommendations to prevent or ameliorate MEs.

The ACCP PBRN is grateful for the contributions of the following clinical pharmacists who participated in the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study.

- Nicole Acquisto, Pharm.D.
- Brooke Baltz, Pharm.D.

- Kimberly Benner, Pharm.D., BCPS
- Suzanne Bollmeier, Pharm.D., BCPS, AE-C
- Jill Burkiewicz, Pharm.D., BCPS
- Kara Canty, Pharm.D.
- Kathryn Connor, Pharm.D., BCPS, BCNSP
- Brian Cryder, Pharm.D.
- Alicia Cymbala, Pharm.D., BCPS
- Lea Dela Pena, Pharm.D., BCPS
- Tina Denetclaw, Pharm.D., BCPS
- Anne Denham, Pharm.D., BCPS
- Erica Dobson, Pharm.D.
- Jennifer Dugan, Pharm.D., BCPS
- Margaret Felczak, Pharm.D., BCPS
- Jared Freml, Pharm.D., BCOP
- Cari Friesleben, Pharm.D., BCPS
- Maria Giannakos, Pharm.D., MBA, BCPS
- Christine Grenier, Pharm.D.
- Christine Groth, Pharm.D.
- Rebekah Hansmeier, Pharm.D., BCPS
- Heather Hazeldine, Pharm.D., BCPS
- Rachel Heilmann, Pharm.D.
- Olga Hilas, Pharm.D., BCPS, CGP
- Jeff Huntress, Pharm.D.
- Rob Hutchison, Pharm.D.
- Justine Janociak, Pharm.D.
- Katherine Juba, Pharm.D., BCPS
- Sarah Judd, Pharm.D.
- Amy Kauffman, Pharm.D., BCPS
- David Killough, Pharm.D.
- Mary Ann Kliethermes, Pharm.D.
- Kathy Komperda, Pharm.D., BCPS
- Don Lamprecht, Pharm.D., BCPS
- Lisa Lash, Pharm.D.
- David Lourwood, Pharm.D., FCCP, BCPS
- Jessica Morris, Pharm.D.
- Heather Nyman, Pharm.D., BCPS
- Nathan Painter, Pharm.D., CDE
- Adam Pesaturo, Pharm.D.
- Christy Pratt, Pharm.D.
- Jaymie Reiners, Pharm.D., BCPS
- Daniel Riche, Pharm.D., BCPS, CDE
- Heather Rouse, Pharm.D., BCPS

- Rochelle Rubin, Pharm.D., BCPS
- Kelly Rudd, Pharm.D., BCPS, CACP
- Leslie Ruppe, Pharm.D., BCPS
- Julie Sanchez, Pharm.D.
- Jennifer Schimmer, Pharm.D., BCPS
- Christie Schumacher, Pharm.D., BCPS
- Lisa Schwellenbach, Pharm.D., BCPS
- Marc Semprebbon, Pharm.D.
- Paul Shaw, Pharm.D.

- Andrew Smith, Pharm.D., BCPS
- Sheila Stadler, Pharm.D., BCPS
- Kayla Stover, Pharm.D.
- Kory Vanderschaaf, Pharm.D.
- Erin Vogel, Pharm.D., BCPS
- Laurie Warrington, Pharm.D.
- Amanda Winans, Pharm.D.
- Daniel Witt, Pharm.D.
- Julie Wright Banderas, Pharm.D.

Call for Abstracts for the 2012 ACCP Virtual Poster Symposium

All investigators in the field of clinical pharmacy and therapeutics, whether or not ACCP members, are invited to submit abstracts of papers to be considered for presentation at the ACCP Virtual Poster Symposium (May 22–24, 2012). Submit abstracts online at <http://accp.confex.com/accp/2012vp/cfp.cgi>.

Posters will be on virtual display May 22–24 for asynchronous viewing and comment. In addition, two interactive sessions will be scheduled during May 22–24, when authors will be available for real-time online question-and-answer sessions alongside their virtual posters. The technology required for presenters and participants is minimal—a broadband Internet connection, a current browser, and Skype (free software).

All papers accepted for poster presentation, with the exception of “Encore Presentations,” will have abstracts published online in *Pharmacotherapy* and be automatically entered in Best Poster Award competitions. Abstracts may be submitted in one of the following categories:

ORIGINAL RESEARCH: Abstracts must describe original research in education, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Abstracts that describe in vitro or animal research are welcome. Abstracts will be evaluated on originality, hypothesis/objectives, study design, results, and conclusions. All papers accepted will be assigned to a virtual poster format.

CLINICAL PHARMACY FORUM: Abstracts must describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with payments or cost analyses are encouraged. Abstracts may be descriptive only and need not contain an evaluative component. Abstracts must neither have been published in abstract form nor presented elsewhere before the ACCP Virtual Poster Symposium (May 22–24, 2012). Abstracts will be evaluated on originality of the service or program, adequacy of justification/documentation, adaptability to other settings, and significance to clinical pharmacy. All papers accepted will be assigned to a virtual poster format.

RESIDENT AND STUDENT RESEARCH-IN-PROGRESS: Submission and evaluation criteria are those of an “Original Research” presentation except that the research effort is still ongoing. Descriptions of planned research efforts without data should not be submitted. Submission of partly completed data is acceptable. Abstracts should provide an assessment of the likelihood of project completion by the date of presentation. The presenting author must be a resident (“resident” is defined as being either a PGY1 or PGY2 resident in a recognized and accredited residency program) or student (“student” is defined as one who is currently earning his or her first professional degree, 2012 graduates permitted). All papers accepted will be assigned to a virtual poster

format. Graduate students and fellows are invited to submit abstracts in the Original Research and/or Clinical Pharmacy Forum categories.

ENCORE PRESENTATION: Submission and evaluation criteria are those of an “Original Research” or “Clinical Pharmacy Forum” presentation except that abstracts may have been presented elsewhere (other than at another ACCP meeting) or published in abstract form only before this Virtual Poster Symposium. All papers accepted will be designated “Encore Presentations” and will be assigned to a virtual poster format.

Submission Deadline

All abstracts accepted for presentation (with the exception of Encore presentations) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Paper Award competition. All abstracts submitted in

the Resident and Student Research-in-Progress category will be entered in the Best Resident and Student Research-in-Progress Poster. The finalists in both categories will be notified by Tuesday, May 1, and will be judged during the Virtual Poster Symposium by a panel of judges. The winners and runners-up of both categories will also be invited to give a platform presentation at ACCP’s Annual Meeting in Hollywood, Florida, from October 21 to 24, 2012.

The deadline to submit abstracts in the Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is **Friday, January 13, 2012, 11:59 p.m. (Pacific Standard Time [PST])**. Authors will be notified by e-mail of acceptance of their papers by Monday, April 2, 2012. See complete submission instructions and guidelines at <http://accp.confex.com/accp/2012vp/cfp.cgi>.

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.

Midwest College of Clinical Pharmacy

- Heidi Brink, third-year student pharmacist, University of Nebraska Medical Center College of Pharmacy, Omaha, NE.
- Carin VanDyke, fourth-year student pharmacist, Creighton University School of Pharmacy and Health Professions, Omaha, NE.

Ohio College of Clinical Pharmacy

- Kristen Longstreth, Pharm.D., BCPS, Clinical Pharmacy Specialist and Pharmacy Residency Director, Northeast Ohio Medical University College of Pharmacy, Youngstown, OH.
- Pamela Moore, Pharm.D., BCPS, Clinical Lead Pharmacist, Summa Health System, Akron, OH.

Endocrine and Metabolism Practice and Research Network

- Nicole Pinelli, Pharm.D., M.S., CDE, Assistant Professor, Eugene Applebaum College of Pharmacy and Health Sciences–Wayne State University, and Clinical Pharmacy Specialist–Transplant Diabetes, Henry Ford Hospital, Detroit, MI.
- Marissa Quinones, Pharm.D., Clinical Pharmacy Specialist–Primary Care, Parkland Health and Hospital System, Southeast Dallas Health Center, Dallas, TX.

Ambulatory Care Practice and Research Network

- Jeanette Altavela, Pharm.D., BCPS, Vice President, Care Management and Pharmacy Services, GRIPA (Greater Rochester Independent Practice Association), Rochester, NY.
- Daniel S. Longyhore, Pharm.D., BCPS, Associate Professor, Pharmacy Practice, Wilkes University, Wilkes-Barre, PA.

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

President's Column

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

Boldly Positioning Clinical Pharmacy in Volatile Times



Many before me have said that being elected President of ACCP is a humbling experience, and it is! In fact, I hope many of you have this or a similar experience during your career, because it is so much more than humbling. It is intimidating, anxiety-provoking, and overwhelming, all at once. However, as soon as you stand back and realize how much support you receive from your colleagues, friends, family, and the staff of ACCP, you are comforted and you recognize what a gift it is to be able to serve our membership. What sets ACCP apart from other large organizations is that it is truly a member-driven, member-run organization with exceptional staff. The ACCP membership is critically important to the future of both the College and clinical pharmacy, and our future rests as much on the shoulders of our student, resident, and trainee members as it does on our more seasoned members. In ACCP, your opinions and actions really do matter.

During my brief presentation at the Opening Session in Pittsburgh, I reflected on a handful of volatile issues of the day related to health care and a number of much more global concerns. Those who attended my presentation may recall that I described the importance of keeping your eye on the ball and that, when there are many balls in the air, there is power and importance in all of us, as members of ACCP, collectively and collaboratively keeping our respective eyes on the ball for the mutual benefit of us and our patients. Let me explain. For those who have actually tried to juggle more than two balls at a time, you know how difficult it can be. We currently live in a very challenging time of change. Consider just a few of the issues frequently in the news today—the Patient Protection and Affordable Care Act, the patient-centered medical home, accountable care organizations, dwindling state budgets seriously affecting the sustainability of education and

health care, potential cuts in Medicare/Medicaid coverage for vulnerable Americans, global climate change, peak oil costs as well as escalating gasoline and other transportation costs, a volatile U.S. and foreign stock market with corresponding volatility of retirement funds, worldwide economic instability—and the list goes on and on. Being aware of much more than just our focused areas of expertise will continue to be vitally important, reinforcing the importance of having a much more global perspective.

We were fortunate to have Dr. Debra Yeskey from the Office of the Assistant Secretary for Preparedness and Response as our keynote speaker. I was struck by her suggestion that the health of our nation is a matter of national security. To put her statement in context, if our citizens are not healthy, almost everything in our nation is at risk of falling apart. Imagine, for example, if the H1N1 pandemic really did become as severe as projected! If law enforcement officers, postal workers, bus drivers, nuclear plant operators, hospital workers, sanitation workers, and other key personnel became unable to work, placing our country seriously at risk. Furthermore, all too often, when we think about emergency preparedness, we think about terrorists, biological hazards, or dirty bombs, but a much more believable scenario is that our power grid will go down or that the price of gasoline and other essentials won't be affordable for most of us and our patients. In my address, I shared that a few years ago, we surpassed "peak oil," meaning that globally, all the liquid fossil fuels from that point on cost more per barrel, as well as require more energy, to extract. A great many ACCP members approached me during the meeting to share that they had never considered this perspective and its impact on access to and affordability of health care. The importance of this to those of us in the health care professions is that we depend on petrochemicals for many of the products we use (e.g., plastics used in hospitals; solvents, waxes, lubricants, plastics, and other products used in pharmaceutical manufacturing and packaging; and almost everything that is manufactured and transported from the site of manufacturing to the end user and the many stops along the way), and if costs rapidly escalate, the impact will be devastating. So, why all of the doom and gloom? Most of you know me as a person with a very positive outlook. My

point is that as clinical pharmacists, we should be informed, looking beyond our profession-specific silos to consider the impact of the dramatic changes in our environment, which could rapidly and dramatically alter what we do in providing quality services for our patients.

Throughout my presentation, I shared with you many magazine covers with headlines from both lay and professional journals. One cover I shared described physician alignment, collaboration, and quality care; the articles within that issue further described shifting priorities as independent practitioners sell their practices and become employees of hospitals or health systems. Another story in a publication for health care leaders and administrators described innovators who are negotiating for significantly higher reimbursement by developing a new model to provide specialized treatment of high-risk and long-term-care patients often avoided by some health systems because of limited reimbursement and the risks associated with poor treatment outcomes. Some of these strategies also included changes in practitioner compensation and shifting incentives to attract and retain employees. We must understand this changing environment so that we can continue to be actively engaged in delivering quality care, with a focus on optimizing pharmacotherapeutic outcomes for our patients, as well as understand and adjust to shifts in the funding model for health care.

As clinical pharmacists, we are familiar with the importance of treatment adherence and of engaging patients in their own wellness. Together with some of the changes being considered as we witness the migration of health care toward patient-centered medical homes and accountable care organizations, it is likely that providers will be increasingly accountable for health care outcomes—in fact, we anticipate that they will be financially at risk if outcomes are not in-line with established and ever-tightening metrics. Clinical pharmacists have a long history of providing patient education and counseling as a means of improving treatment adherence and outcomes. However, we have not frequently enough documented and publicized our activities. As health care funding becomes more limited and accountability for outcomes becomes a means of clawing-back reimbursement, convincing consumers to be partners in their own

wellness may be essential to optimizing both treatment outcomes and reimbursement. And who is better suited than clinical pharmacists to lead the way! Can we document our effectiveness? Of course, we can, and many of us have done so over the years. Nonetheless, it would be extraordinary and very powerful if, collectively, we could demonstrate what we as clinical pharmacists can achieve! The ACCP PBRN may be a natural place to facilitate such an effort by fostering collaboration on a large-scale demonstration project.

As I mentioned in my opening address, it is during times of crisis or volatility that we recognize the importance and power of all of us collectively and collaboratively keeping our respective eye on the ball! Collectively, we have a fund of knowledge unique from that of any other group of health professionals. A good example of keeping your eye on the ball is related to one of the current national initiatives concerning clinical decision support systems (CDSSs) that can be applied to pharmacotherapeutic decision-making. *Pharmacy*-based informatics systems predate many of the health information systems (HITs) developed for health systems in recent years that may affect us as well as our health professional colleagues. For example, HITs typically involve computerized physician order entry and e-prescribing, distribution (including automation), electronic medication administration records, monitoring (including laboratory and other data), and patient education and other information consistency checks and balances (medication reconciliation). Other initiatives involve the necessity for interoperability. Systems from different facilities and various modes of care must be able to effectively interface in order to provide safe and continuous patient care. A soon-to-be-published paper from the ACCP Public and Professional Relations Committee in fact addresses the clinical pharmacist's vital role during care transitions. Throughout this process, medication-related clinical decision support is a vital and critically important component. Believe it or not, including clinical pharmacists in the development of these initiatives on a national level probably would not have occurred without the active advocacy of our exceptional Washington-based staff and the professional affairs staff of other pharmacy associations, together with some of our well-informed members. Without

these key individuals keeping their eye on the ball, we would have had very limited opportunities to provide input regarding clinical decision support software. This is important because in the future, some may “suggest” that managing medication therapy can be done primarily by a CDSS without a clinical pharmacist’s input. Again, collectively, we can monitor and observe many geographic locations, different health care settings, and processes related to the delivery of health care, sharing our knowledge to help the profession navigate this volatile and rapidly changing environment.

It is also critically important to be watchful for changes and volatility peripherally associated with our professional “sphere” or domain. For example, a recent trade journal had a cover story on the potential merger of Express Scripts and Medco, asking whether such a merger could put “your business” at risk. Without making any judgment regarding this particular corporate business decision, it should be considered whether this could affect the clinical pharmacist’s ability to weigh-in regarding a patient’s drug therapy management in order to recommend the best therapeutic option to keep him or her well and able to avoid more expensive levels of care. As a clinician, have you found yourself unable to prescribe or recommend the best treatment option for one of your patients, given your knowledge of the patient’s history and other clinical factors caused by a formulary restriction? Although other agents available on the formulary may be *acceptable* alternatives, your knowledge of patient-specific variables might draw you to an agent that is unavailable. Sound familiar? Having served in the past as a statewide director of pharmaceutical services with responsibility for inpatient and outpatient services, I can say with confidence that, although in some instances, formulary restrictions can save money in the pharmacy budget, they may result in less-than-desirable consequences (e.g., cost shifting to other budgets) that could significantly increase total health care costs, thereby negating any net savings. Although it may be an unintended consequence, such limitations at times may also interfere with and reduce the clinical pharmacist’s ability to be effective in improving patient outcomes, an important metric in some environments, including accountable care organizations.

This week, I participated in a conference call for

an editorial board with a group of psychiatrists and a primary care physician. As we discussed potential topics for upcoming issues, one of the psychiatrists raised the issue of drug interactions and spoke of being “pestered” by calls from pharmacists. The only pharmacist on the call, I quietly listened as the physicians on the call complained about these annoying calls and consults from pharmacists who “just read from their computers” and demanded that they make medication therapy changes “due to an alert that almost all of the time is irrelevant, rarely occurs, and is not a significant cause for concern.” In fact, they specifically complained about the overreaction by pharmacists because of a recent FDA alert regarding the use of citalopram (Celexa) at doses above 40 mg in patients considered at risk of QT prolongation. After politely listening, I said, “Do you really disregard communications from pharmacists and alerts and notices from the FDA? It seems to me your patient safety and quality improvement staff, and even your malpractice carriers, may have a real interest in these issues!” I was contacted a short time after the conference call by the managing editor of the journal regarding my interest in helping to develop and facilitate a roundtable discussion on the subject. We can be part of the conversation. Several of our current committees and task forces recently addressed the issue of interprofessional relationships and documenting our roles in the evolving health care delivery system. I’ll provide a progress report on these efforts in my next column.

Through ACCP, many opportunities exist to be involved in this conversation, and it has been my experience that many, if not most, ACCP members are happy to render an opinion on important issues of the day. I recently had the daunting task of making committee and task force assignments for the 2011–2012 year. I was so proud of the member response to the survey earlier this year. I spent more than 3 days reviewing the comments and interests of hundreds of qualified and motivated ACCP members interested in serving on an ACCP committee or task force. Unfortunately, there were not enough committee member slots to accommodate everyone! I filled more than 250 committee/task force openings, but I wish I could have filled more! If you or anyone you know applied to volunteer to participate and I was unable to assign him or her to a committee or

task force, PLEASE complete the next annual survey and express your interest again—every effort will be made to eventually place on a committee or task force those who respond to successive surveys. We need your active involvement and welcome your opinions, so please join me as we continue to **Boldly Position Clinical Pharmacy in Volatile Times.**

ACCP Academy Recognizes 2011 Graduates



AMERICAN COLLEGE OF CLINICAL PHARMACY

ACADEMY

ACCP honored 43 Academy enrollees for completing the requirements for graduation at the ACCP Academy graduation ceremony held at the 2011 Annual Meeting in Pittsburgh, Pennsylvania. ACCP Past President, Bill Kehoe, welcomed the graduating class together with members of the Academy faculty and ACCP leadership at a special breakfast ceremony on October 18.

The ACCP Academy was established to provide high-quality and readily accessible professional development opportunities for members of the College. This educational program officially began in August 2006, when the Teaching and Learning Certificate Program was launched under the direction of Thomas Zlatic (Professor at the St. Louis College of Pharmacy). In 2007, the Leadership and Management Certificate Program was introduced under the direction of Robert Smith (Professor and Assistant to the Dean for Professional Affairs at the Harrison School of Pharmacy, Auburn University). Today, the ACCP Academy includes the Research and Scholarship Certificate Program, led by Gary Yee (Professor and Associate Dean of Academic Affairs at the University of Nebraska Medical Center), as well as the recently renamed Career Advancement Certificate Program, led by Joseph Saseen (Professor at the University of Colorado Denver). In 2006, there were 43 participants in the Academy. Today, there are more than 400 participants enrolled in an Academy certificate program.

The new graduates recognized during the graduation ceremony completed all the core required modules for their respective programs, as well as selected electives. In addition to live educational programming, the graduates developed online

portfolios, completed a series of required readings, and underwent evaluations by one or more mentors. ACCP congratulates each of these graduates on their accomplishments.

Currently, more than 100 participants are enrolled in the Leadership and Management Certificate Program. This year, we are pleased to recognize 17 graduates of the program:

- Wayne C. Adams, Pharm.D.,
University of Colorado School of Pharmacy
- Vijaykumar T. Bavda, Pharm.D.,
Massachusetts College of Pharmacy
- Paul P. Belliveau, Pharm.D.,
Southern Illinois University
- Jennifer L. Donovan, Pharm.D.,
Massachusetts College of Pharmacy
- Wendy Everhart, Pharm.D.,
Abbott Laboratories
- David G. Fuentes, Pharm.D., BCPP, CGP,
Roosevelt University College of Pharmacy
- Charlene A. Hope, Pharm.D., BCPS,
Auburn University
- Courtney I. Jarvis, Pharm.D.,
Massachusetts College of Pharmacy
- Abir O. Kanaan, Pharm.D.,
Abbott Laboratories
- Stacy L. Martin, Pharm.D., MBA,
Lipscomb University
- Mark D. Mills, Pharm.D., BCPS,
Summerlin Hospital
- Julie H. Oestreich, Pharm.D., Ph.D.,
University of Nebraska Medical Center
- Debra L. Parker, Pharm.D., BCPS,
Physicians, Inc.
- Merideth L. Rodgers, Pharm.D., BCPS,
Abbott Laboratories
- Sally J. Sato, Pharm.D., MBA, M.S., Champ VA
- Carlos Valdes, Pharm.D., MBA, Roche
- Susan R. Winkler, Pharm.D., BCPS,
Midwestern University

Currently, more than 100 participants are enrolled in the Research and Scholarship Certificate Program. This year, we are pleased to recognize four graduates of the program:

- Sarah L. Anderson, Pharm.D., BCPS,
Carle Hospital

- Elias Chahine, Pharm.D., BCPS, Palm Beach Atlantic University
- Laura A. Perry, Pharm.D., BCPS, University of Findley School of Pharmacy
- Elizabeth Pogge, Pharm.D., BCPS, Midwestern University

More than 200 participants are now enrolled in the Teaching and Learning Certificate Program, and we are pleased to recognize 22 graduates of the program:

- Scott J. Bergman, Pharm.D., BCPS, Wingate University School of Pharmacy
- Alaina M. Borries, Pharm.D., Wingate University School of Pharmacy
- Andrew J. Crannage, Pharm.D., BCPS, St. Louis College of Pharmacy
- B. DeeAnn Dugan, Pharm.D., McWhorter School of Pharmacy
- Christa M. George, Pharm.D., BCPS, CDE, University of Tennessee College of Pharmacy
- Christy S. Harris, Pharm.D., BCPS, BCOP, Massachusetts College of Pharmacy
- Kira Brice Harris, Pharm.D., BCPS, Norwegian American Hospital
- Lori B. Hornsby, Pharm.D., BCPS, Massachusetts College of Pharmacy
- Lauren K. McCluggage, Pharm.D., BCPS, Campbell University
- Amber N. McLendon, Pharm.D., BCPS, St. John Medical Center
- Angela H. Pegram, Pharm.D., CDE, Wingate University School of Pharmacy
- Ann M. Philbrick, Pharm.D., BCPS, University of Minnesota School of Medicine
- Jamie M. Pitlick, Pharm.D., St. Louis College of Pharmacy
- Timothy Reilly, Pharm.D., BCPS, Ernest Mario School of Pharmacy at Rutgers
- Jennifer A. Reinhold, Pharm.D., BCPS, University of the Sciences in Philadelphia
- Rochelle F. Rubin, Pharm.D., BCPS, Midwestern University
- Trent G. Towne, Pharm.D., BCPS (AQ-ID), Philadelphia College of Pharmacy

- Alison M. Walton, Pharm.D., BCPS, Butler University
- Christopher S. Wisniewski, Pharm.D., BCPS, South Carolina College of Pharmacy
- Susan C. Woodard, Pharm.D., BCPS, CGP, Nashville VA Medical Center
- J. Andrew Woods, Pharm.D., BCPS, Wingate University School of Pharmacy
- Clifford A. Young, R.Ph., CGP, University of the Pacific

In addition to these graduates, ACCP would like to recognize and thank those who have served as faculty for Academy courses, as well as the mentors selected by these graduates. The Academy certificate programs are designed to provide both professional and personal growth in one's selected areas of study. ACCP congratulates these professionals on their hard work and dedication and wishes them success in their efforts toward improving the care of the patients we serve.

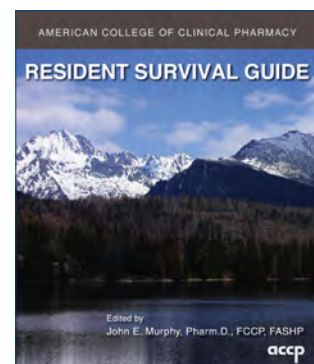
Need Gifts for the Holiday Season? Shop the ACCP Bookstore

Looking for that perfect holiday gift for the pharmacist colleagues on your shopping list—clinicians, residents, students, and/or faculty members? Visit the [ACCP Bookstore](#) and order your copies of the following outstanding ACCP Publications.

The [Resident Survival Guide](#) offers a valuable road map for negotiating the clinical pharmacy residency experience. Potential and current clinical pharmacy residents can begin their residency experience armed with advice from the leaders in the clinical pharmacy profession. John Murphy, editor, has assembled a peerless group of authors who impart their wisdom, experience, and advice regarding all aspects of preparing for and traversing the various components of a residency.

Chapters include:

- Finding a Quality Training Program



- Changing Your Perspective: Transitioning from Student to Practitioner
- What to Expect: Navigating New Professional Territory
- Clinical Practice: Taking Responsibility for Patient Care
- Teaching and Precepting: Assuming the Role of an Educator
- Research: Becoming a Scholar
- Balancing Professional and Personal Priorities
- After Residency: Determining Career Direction
- Professional Networking and Career Advancement
- Lifelong Learning as a Professional Obligation

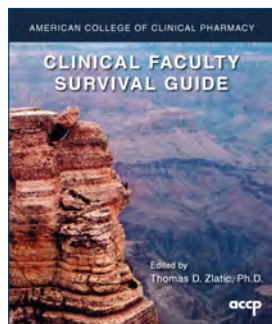
Each chapter includes a reflective essay written by a pharmacy resident—giving a personal account of what to expect from the residency experience. *Resident Survival Guide*: Member price \$29.95; Non-member price \$35.95

Clinical Faculty Survival Guide provides new clinical faculty with practical information, advice, and encouragement for succeeding in the roles of practitioner, teacher, researcher, and scholar. Editor Thomas D. Zlatich and a team of seasoned authors and reviewers share their expertise and provide a guide for a successful clinical faculty career.

For new faculty members, this book is helpful and easy to read. For residents, fellows, or graduate students preparing to pursue an academic position, this text gives a head start on a long and successful career. And for more seasoned faculty members serving as mentors to younger colleagues, the book's content is useful and advantageous for imparting career advice.

This book integrates with the ACCP Academy programs on Leadership and Management, Research and Scholarship, Career Advancement, and Teaching and Learning.

Clinical Faculty Survival Guide: Member price \$32.95; Nonmember price \$40.95.



Clinical Pharmacy in the United States: Transformation of a Profession is a beautiful full color coffee-table book that will be the perfect gift for any pharmacist.



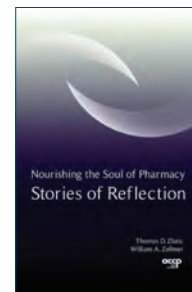
Drs. Robert M. Elenbaas and Dennis B. Worthen have written a fascinating historical analysis of the profession of clinical pharmacy. An annotated timeline outlining the development of clinical pharmacy is presented, together with lively personal reflections from key players in the profession's history. These stories are told in the context of the social, cultural, political, economic, and scientific developments of the past century. The resulting book will educate and enlighten newcomers to the profession and is a must-read for anyone engaged in advancing the clinical pharmacy profession.

Clinical Pharmacy in the United States: Transformation of a Profession: Member price \$39.95; Non-member price \$59.95

Scheduled for release this month, *Nourishing the Soul of Pharmacy: Stories of Reflection* is a collection of essays designed to embrace the use of reflective inquiry to enhance empathy for patients and elicit deeper bonds among practitioners. This goal is consistent with the imperative for practitioners to show care and compassion for the patients they serve as an essential ingredient in pharmacy's continual evolution as a health profession. These stories are intended to lead the reader to more complex insights and, thus, improved patient care.

Demonstrating that such reflection can be valuable at all stages of education and practice, Editors Thomas D. Zlatich and William A. Zellmer have chosen essays that were contributed by senior professors and beginning faculty, pharmacy directors and new clinicians, preceptors and residents, Pharm.D. students, and pharmacists from industry and government.

This book is intended for a variety of audiences: practitioners, educators, and students; and perhaps



patients, caregivers, and health care professionals seeking a better understanding of pharmacists and the roles they perform.

Nourishing the Soul of Pharmacy: Stories of Reflection: Member price \$32.95; Nonmember price \$39.95

Visit the [ACCP Bookstore](#) to choose these meaningful gifts for the pharmacists on your list this holiday season. To ensure that your copy arrives in time for the holidays, please allow 7–10 days for shipment.

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 or her research fellowship program for peer review by December 31, 2011. 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 about the peer review of fellowships, visit <http://www.accp.com/resandfel/peerReview.aspx>. Download the ACCP peer-review application form at <http://www.accp.com/docs/resandfel/Fellowship-PeerRevApplic11.doc>.

Science and Practice of Pharmacotherapy Is the Latest PSAP-VII Release

Clinical pharmacists need to know about opportunities to advance their practice and expand the profession. However, the evolving role of the pharmacist and the potential impact of health care reform make it difficult for pharmacists in all areas of practice to stay current with advances in the pharmacy profession. This is the focus of *Science and Practice of Pharmacotherapy*, the eighth book in the *Pharmacotherapy Self-Assessment Program*, seventh edition (PSAP-VII).



Released on October 17, *Science and Practice of Pharmacotherapy* provides evidence-based information on both advances in patient care approaches and innovative practice models. The book has two learning modules offering a total of 11.5 continuing pharmacy education credits.

The first module covers practitioner-based skills and tools such as motivational interviewing, cultural competence, drug information retrieval, and medication therapy management. The second module focuses on innovations at the health care system level, describing new opportunities for clinical pharmacists and the potential impact of health care reform. Chapters cover the patient-centered medical home, transitions of care, quality measurements in managed care, and practice-based research networks.

Science and Practice of Pharmacotherapy is designed to assist pharmacists who want to:

- Design a communication strategy to help patients decide to engage in healthy behaviors so that chronic disease outcomes are positively affected.
- Incorporate cultural competence into their practice by using an understanding of the patient's culture to provide culturally and linguistically competent care.
- Use current technology to efficiently retrieve and effectively use drug information resources, including at the patient's bedside.
- Identify the expanding professional opportunities afforded by medication therapy management and incorporate these into clinical practice.
- Explore patient-centered medical home models and identify the pharmacist's role in delivering individual patient care in the medical home.
- Positively affect care transitions through an understanding of the process, areas for improvement, and local and national initiatives related to transitional care.
- Recognize how pharmacists contribute to the quality of patient care and serve in a unique role to optimize pharmacotherapy by meeting national quality of care standards.
- Investigate the role that pharmacists can play in practice-based research networks to research quality and safety issues in everyday practice.

All PSAP-VII chapters include an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist. PSAP books are available in both print and online formats and as either single books or the full series (11 books). Other books in the series are *Cardiology*, *Critical and Urgent Care*, *Women's and Men's Health*, *Pediatrics*, *Chronic Illnesses*, *Oncology*, *Geriatrics*, *Infectious Diseases*, *Neurology/Psychiatry*, and *Gastroenterology/Nutrition*.

Each PSAP-VII book offers the most up-to-date and comprehensive information to expand your knowledge in the area covered. For specific information on the release date, continuing pharmacy education credits, and activity numbers for each book, or to place your online order, visit www.accp.com/bookstore/psap7.aspx. Books are priced as follows; shipping and handling charges apply to print books only.

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



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

Candidates Make Essential Connections Within Residency and Fellowship Programs

More than 200 residency and fellowship candidates met with preceptors and program directors of some of pharmacy's most highly acclaimed programs at

the Residency and Fellowship Forum held at the 2011 ACCP Annual Meeting. The Residency and Fellowship Forum continues to provide preceptors and program directors with an affordable and effective way to promote their programs and interview candidates who are seeking advanced-training positions. The following programs met with candidates pursuing fellowship positions:

- Medical College of Virginia/Virginia Commonwealth University/ACCP/ASHP
- National University of Singapore
- Rutgers University
- University at Buffalo School of Pharmacy and Pharmaceutical Sciences
- University of North Carolina at Chapel Hill
- University of Pittsburgh
- Western University of Health Sciences

The following programs met with candidates pursuing residency positions:

- Boston Medical Center
- Carroll Hospital Center
- Department of Veterans Affairs, Tennessee Valley Healthcare System
- Fairview Health Services and University of Minnesota Medical Center
- Geisinger Medical Center
- Iowa City VA Health Care System
- Kaleida Health – Buffalo General Hospital
- Malcom Randall VA Medical Center
- Methodist University Hospital
- Midwestern University Chicago College of Pharmacy
- Palm Beach Atlantic University
- Penn Presbyterian Medical Center
- Purdue University
- The University of Pittsburgh Medical Center
- UAMS College of Pharmacy
- University at Buffalo School of Pharmacy and Pharmaceutical Sciences
- University of Maryland School of Pharmacy
- University of Minnesota
- University of Oklahoma Health Sciences Center

- UPMC St. Margaret
- VCU School of Pharmacy
- West Virginia University Healthcare Pharmaceutical Services
- Western University of Health Sciences
- Yale-New Haven Hospital

ACCP thanks each program representative and candidate for participating in this year's Residency and Fellowship Forum.

From the Desk of the ACCP PBRN Network Director



Daniel Touchette, Pharm.D., M.A.

We are at an important point in our nation's history. A poor economy, coupled with decades of high health care inflation, has resulted in extreme economic pressures that threaten the very fabric of the health care system. To be considered a solution to these health care problems, providers have been challenged with improving the quality of patient care without increasing overall costs. Clinical pharmacist practitioners may be in an ideal position to achieve this goal.

Although it is generally acknowledged that clinical pharmacists are highly qualified practitioners who can play an important role in improving medication use, there is considerable competition for this role from other practitioners. The added complexity of coordinating care and the need to provide care at a lower cost interfere with adding another professional to health care teams. Although the impact on patient outcomes is usually not known, health services can often be provided using lower-cost labor, and the inability of clinical pharmacists to bill and generate profits exacerbates this practice. As such, clinical pharmacists have become an integrated team member in only a few select medical fields or in select geographic areas.

There is plenty of evidence supporting the impact of clinical pharmacists on patient care teams. However, this research often does not address the issues of efficiency raised above. Furthermore, much of the research has been done in a selected

population, with small sample sizes, and in specialized academic settings. The literature likely suffers from considerable publication bias, as analyses that do not show benefit are rarely published. Opponents of the inclusion of clinical pharmacists on patient care teams can often easily cite the lack of external validity of these studies as a critical limitation. Larger, practice-based studies are needed to generate evidence of the effectiveness and cost-effectiveness of clinical pharmacist activities. More detailed information is required to be able to assess differences between practices and identify ways to make clinical practices more efficient. This same detailed information on what pharmacists do can also inform decision-makers regarding the clinical pharmacist activities that are crucial to optimizing patient care and the activities that are value-added.

Recognizing the need for a new direction in the research agenda, the ACCP Practice-Based Research Network (PBRN) is undertaking an initiative that will help delineate the differences among clinical practices. Essentially, we are developing a plan to address the question "Of everything a clinical pharmacist does, what are the most important activities that lead to improved patient outcomes?" Answering this question will allow us to develop high-quality, efficient patient care services. The answer to this question should also allow us to identify why a clinical pharmacist is the appropriate health professional to improve medication use. Finally, answering this question will help set the agenda for educating and training effective future clinical pharmacists. In developing the ACCP PBRN's research agenda, some important considerations made advancing the research on clinical pharmacist activities a priority. In the following paragraphs, I present some of these points for your review and comment.

There are important differences between practice standards and best practices. Practice standards are defined as a minimum acceptable level of practice and are often widely adopted by health care systems. Best practices are well-defined procedures known to produce near-optimal results. However, best practices may not always be efficient or sustainable. The research being developed by the PBRN will focus on identifying sustainable practices that produce positive outcomes efficiently. From a plethora of published studies assessing clinical

pharmacist practices, we know that the inclusion of clinical pharmacists on the care team *generally* leads to improved outcomes. However, some of the most thoughtfully designed research has failed to show a benefit to clinical pharmacist services, indicating the presence of important unmeasured factors that may influence patient outcomes. The problem is, we don't really know what a clinical pharmacist does that has the greatest impact on the health of patients. We need to identify the activities, characteristics, or traits that lead to better outcomes. The PBRN is developing a method to measure some of those previously unmeasured factors.

Our laboratory space is the partnership the PBRN develops with you. Before the PBRN was initiated, investigators evaluating clinical pharmacist services continuously had to build their laboratories and watch them be dismantled at the end of the study. The PBRN is a laboratory in which to conduct comparative effectiveness research on clinical pharmacist services. We also anticipate that the results of this initiative will provide great benefits to the clinical pharmacist community.

There is tremendous interest from federal agencies (including CMS, AHRQ, and NIH) on identifying effective, forward-thinking practice models. Many pharmacist practitioners are already practicing in such models. The PBRN is interested in collaborating with a range of sites, from those currently working in innovative practices to those beginning their practices and interested in developing innovative practices in the future.

I hope that this article has been thought provoking and that it will encourage an ongoing conversation about the research direction the PBRN is taking and your potential role in helping to define that direction. Your feedback is welcome at pbrn@accp.com.

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 2-gigabyte flash drive on a lanyard—to those willing to make a donation of \$100 or more.



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- 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 <http://www.accpri.org/donate/index.aspx>.

Thank you for your support!

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*.

ACCP Welcomes New Arkansas Chapter

The ACCP Board of Regents voted last month to approve the application of the Arkansas College of Clinical Pharmacy as ACCP's newest chapter. The approval of the Arkansas chapter brings the number of ACCP chapters to 19 nationally and internationally.

News of the approval of the chapter's application was met with enthusiasm by chapter members. Chapter President Amy Franks, Pharm.D., talked with *ACCP Report* about the fledgling chapter's plans for the future.

"We are thrilled to become the newest chapter of ACCP!" she said, adding:

We have received tremendous support from our membership. Everyone is excited and ready to start work toward meeting our goals for 2012. We are looking forward to supporting cutting-edge clinical pharmacy practice and forming strong collaborations among our members from institutions across Arkansas.

The new chapter's geographic area encompasses the state of Arkansas. More than 50 members already have joined the chapter as charter members. For more information on the newly approved Arkansas College of Clinical Pharmacy, contact Chapter President Amy Franks, afranks@uams.edu.

Update Your ACCP Member Profile Online

Have you recently graduated from pharmacy school? Or perhaps you have just completed your residency or fellowship training and begun a new job. Or maybe you've recently changed positions. Whatever your current situation, it is possible that changes in your circumstances will also necessitate a new mailing address, phone number, and/or e-mail address. Now is an ideal time to take a moment to update your ACCP member profile.

Keeping your member profile updated maximizes your ACCP membership experience and enables you to continue receiving important member services,

including access to ACCP's electronic Practice and Research Network (PRN) e-mail lists and the Online CE Center, your monthly issue of *Pharmacotherapy*, information about ACCP national meetings, notifications about important legislation affecting clinical pharmacy, and much more. Keeping your member profile current also enhances your networking ability by enabling other members to identify you in the *ACCP Membership Directory* on the basis of your name, company, state/province, country, practice/research interest area, and PRN membership.

Updating your member profile is fast and easy. Simply [sign in](#) to the ACCP Web site and click on My Profile on the left. Updating your profile also provides an excellent opportunity to determine whether it's time to renew your ACCP membership. Verify the term of your current membership by viewing the My Account page. If you owe membership dues, you will see a notification under My Announcements with a link you can click on to renew them. If you don't know your ACCP sign-in information, use the [password reminder system](#), or contact us at accp@accp.com or (913) 492-3311.



2011 ACCP Fellows Honored

A highlight of the October 16 Opening General Session during the ACCP Annual Meeting in Pittsburgh was the induction of 29 new ACCP Fellows. These newly installed ACCP Fellows are as follows. *Standing, left to right:* Michael Gonyeau, Boston, MA; Leigh Ann Ross, Jackson, MS; Brian Irons, Lubbock, TX; Rebecca Sleeper, Lubbock, TX; June F. Johnson, Des Moines, IA; Jeremy Flynn, Lexington, KY; Brian Overholser, Indianapolis, IN; Mark Malesker, Omaha, NE; Ian McNicholl, San Francisco, CA; Kerry Pickworth, Columbus, OH; Donna Kraus, Chicago, IL; B. Joseph Guglielmo, San Francisco, CA; Craig Lee, Chapel Hill, NC; Thomas Nolin, Pittsburgh, PA; and Sheryl Chow, Playa Vista, CA

Seated, left to right: Steven Gabardi, Wilmington, MA; Christin Rogers, Boston, MA; Lisa McDevitt-Potter, Quincy, MA; Collin Hovinga, Austin, TX; Kelly Lee, La Jolla, CA; Jennifer Le, La Jolla, CA; Grace Kuo, La Jolla, CA; Elizabeth Chester, Aurora, CO; Joanna Hudson, Memphis, TN; Shannon Finks, Memphis, TN; Catherine Crill, Memphis, TN; Amy Seybert, Pittsburgh, PA; Reginald Frye, Gainesville, FL; and Kari Olson, Aurora, CO

New Members

Nada Abou-Karam	Kathryn Burnett
Mohammed Abu-Rubeiha	Jesse Burroughs
Julie Akens	Stephanie Burton
Majda Alattas	Roni Butts
Aeshah Al-Azmi	Eleni Catsimalis
Mshaan Albgomi	Dalibor Cerny
Khalid Alburikan	Nicholas Chang
Mohammed Alessa	Pak Yan Chau
Ahmad Alghamdi	Melaine Chema
Rana Al-Jaber	Chujun Chen
Thamer Almangour	Siying Chen
Ali Alrasheed	Hui Lin Cheng
Maria Candida Alves De Brito	Victoria Chew
Atit Amin	Calvin Chin
Jonathan Ancheta	Yu-Yuan Chiu
Justin Anderson	Chung Cho
Keith Anderson	Boyoon Choi
Marcy Andrews	Chukwuemeka Chukwurah
Mary Anwar	Katie Cich
Hanife Ardolic	Nicole Cieri
Irina Aronova	Megan Clairmont
Juanetta Asare-Wassow	Kristen Claywell
Ahmed Babiker	Ari Cofini
Amber Bacak	Robin Coleman
Michelle Baker	Brandon Collins
Rana Balsheh	Katelyn Conklen
Hope Barnes	Ryan Conrad
John Barnwell	Valerie Cooper
Lindsey Baumgartner	Mackenzie Cottrell
Suzanna Bedy	Joshua Crowe
Kimberly Bentley	Alejandra Cuevas
Albert Bergagnini	Carly D'Agostino
Steven Bessler	Tam Dang
Neeta Bhasin	Marlene Delavalle
Jwalant Bhatt	Erin Dickert
Wesley Bickler	Cassandra Dillon
Cory Blacksmith	Jennifer Ding
Hannah Blank	Samantha Dise
Tricia Bockenstedt	Christopher Distel
Lucas Boehm	Mark Donnelly
Anna Bondar	Nicole Does
Amy Borchert	Michael Drozdowicz
Stephen Bradley	Kirsty Duff
Chintan Brahmhatt	Leah Edenfield
Rachel Branstad	Connie Elejalde
Michael Brosnan	Tracy Elliott
Elizabeth Bunk	Angelina Eustaquio
Stuart Burke	Danielle Evans
	Karyn Fabo

Shirley Fang
 Kristine Fasbender
 Kara Ferguson
 Mark Filicetti
 Natalie Finch
 Russell Findlay
 Chelsea Fitzgerald
 Joy Flugge
 Ian Ford
 Jeaniece Ford
 Hugh Franck
 Francisco Franco
 Mary Fredrickson
 Michael Galbraith
 Lindsay Gebhart
 Michael Geishauser
 Kellly Gibas
 Michael Gioia
 Natalie Gist
 Julia Giuga
 Charleen Gnisci
 Amanda Graham
 Joseph Granata
 Matthew Griffin
 Amanda Griffith
 Meghan Groth
 Isha Gupta
 Sukhleen Gurai
 Allen Ha
 David Ha
 Soyang Ha
 David Hadden
 Yoona Hahm
 Maha Hakim
 Christine Hamel
 Kyle Hampson
 Jacqueline Hanna
 Sharmin Haque
 Chelsea Harrison
 Amanda Harvey
 Amy Haver
 Michael Hawash
 Alyssa Hawranko
 Erik Hecht
 Jenna Hendershot
 Brittany Hester-Marsh
 Megan Hewitt
 Jeremy Hicks
 Andrew Himsel
 Ashley Hughes
 Ben Hyde

Rachel Jankowski
 Victoria Jenne
 Patricia Jeppson
 Nikita Jindal
 Ann Johnson
 Claire Johnson
 Kady Johnson
 Vincent Jones
 Anish Jose
 Geena Joseph
 Raj Joseph
 Da-Hae Jun
 Maggie Kafilinski
 Anita Kashyap
 Lauren Kawabata
 Brittney Keller
 Shahrezad Kelly
 Leigh Anne Keough
 Jahnvi Kharidia
 Allison Komatsu
 Jill Kort
 Brian Kozar
 Tripti Kurup
 Mitchell Larsen
 Stacey Ledin
 Alice Soek Lee
 Kyunh Mee Lee
 Seok-Yong Lee
 Susan Lee
 Lily Li
 Mary Li
 Weiquan Liang
 Sherman Liao
 Diana Lopez-Figueroa
 Jason Loutsenhizer
 Rebecca Lucas
 Alina Lyubarskaya
 Nicholas Ma
 Rene Magoon
 Rehan Mahmeed
 Phil Maletich
 Nohum Mandil
 Tahani Mansour
 Britney Manthey
 Nicholas Mariani
 Liana Mark
 Jenna Marks
 Edward Matterfis
 Elizabeth McCormick
 Matthew McCrossin
 William McDaniel

Julie McGinley
 Mary McHugh
 Tara McKee
 Brady McNulty
 Saba Mehkri
 Justine Meierhofer
 Kerri Mendes
 Kendra Metz
 Allison Meyer
 Kelsey Mileur
 Matt Miller
 Rachelle Miller
 Chelsea Minor
 Maira Mirza
 Ashley Modany
 Milena Monskaya
 Clayton Moore
 Ayad Mudarris
 Belma Muharemovic
 Bisrat Mulugeta
 Mary Naeger
 Shaun Nagy
 Sulayma Naser Agha
 Matthew Nelson
 Patrick Netherland
 Garret Newkirk
 Lauren Newton
 Siu Kwan (Angel) Ng
 Anh-Dai Nguyen
 Thao Tracey Nguyen
 Jennifer Niccolai
 Duong Nishiguchi
 Sara Norris
 Frank North
 Kate O'Donnell
 Christine Oh
 Ekundayo Osho
 Janet Pang
 Drew Pansing
 Kim Parello
 Ji-Hye Park
 Katie Park
 Bhavik Patel
 Darshi Patel
 Nirav Patel
 Rajan Patel
 Mark Patterson
 Brittany Payeur
 Briele Payne
 Angela Peake

Diana Pinchevsky
 Aaron Plaster
 Jennifer Popa
 Catherine Potak
 Amilee Poucher
 Bill Poulos
 Peter Quilala
 Ronnie Rael
 Ciara Rauckhorst
 Karen Reeves
 Wesley Reeves
 Lee Rembert
 Derek Rhodes
 Stuart Rhodes
 Jessica Richardson
 Armando Riggi
 Catherine Riggs
 Amanda Romine-Nelson
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 Jacqueline Ruiz
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 Sangeeta Salvi
 Dimple Sangani
 Halena Sautman
 Lisa Scherkenbach
 Cynthia Schmeichel
 Gila Schreier
 Kylie Scimio
 Amanda Scott
 Ruth Seiffert
 Daniel Seiffert
 John Sekab
 Jennifer Selvage
 Alexa Sevin
 Sneha Shah
 Melanie Sharon
 Bahiyeh Shirazy
 Scott Siegert
 Brian Simmons
 Robin Singer
 Jenna Siskey
 Lisa Skedzielewski
 Joshua Snodgrass
 Rose Sohraby
 Jelena Sparavalo
 Jonathan Spry
 Nicholas Stark
 Daniel Stevens
 Marshall Stewart
 Mason Stewart

Zach Stoecker
 Meena Sugumaran
 Shawn Sun
 Joseph Surek
 Alidz Talatinian
 Simon Tam
 Tonia Tarter
 Tyler Taylor
 Sarah Tesoro
 Jonathan Thigpen
 Vanessa Thomas
 Erin Thompson
 Joey Thorson
 Markus Tiitto
 Tejal Tolat
 Morgan Trepte
 Kierra Tunstall
 Paula Ulsh
 Adnan Vahora
 Adam Vanderman
 Be Vang
 Elizna Van Zyl
 Vivian Victoria
 Mara Villanueva
 Ruben Villanueva
 Carolyn Volpe
 Laura Voss
 Beven Wai
 Joanna Wakeman
 Laura Wang
 Ming-Fang Wen
 Robert West
 Kimberly Wheat
 Rachelle Whiteside
 Meghan Williams
 Rachel Williams
 Matthew Wilson
 Lisa Wohlford
 Lam Wong
 Shun Wong
 Samantha Woon
 Jenny Xiong
 Malia Yang
 Kevin Yingling
 Suzan Zaghloul
 Veronica Zarou
 Lee Zbichorski
 Fa Shun Zhang
 Kelsey Zielke
 Rhonda Zillmer

The following individuals recently advanced from Associate to Full Member:

David Bright
 Shirmil Clark
 Lauren Garton
 Chad Gentry
 Joseph Guidos
 Nathan Mah
 Jason Majernik
 Emily McCoy
 Megan McIntyre
 Lisa Meyer
 David Nardolillo

New Member Recruiters

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

Michelle Albin
 Shawn Anderson
 Megan Austin
 Kalumi Ayala
 Heidi Brainerd
 Daniel Cleveland
 Peter Dumo
 Henry Dunnenberger
 Dawn Havrda
 Andrew Hendrickson
 Cris Hogue
 Samantha Karr
 Ryan Koca
 Abigail Kurtz
 Elizabeth Lipkin
 Pamela Maxwell
 Amy Barton Pai
 William Taylor



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- Nurturing Eminent Practice - Strategies to Success
- Appraising Clinical Excellence - What Have We Achieved and How Do We Measure It?

Symposia

- Ambulatory Care
- Cardiology
- Geriatrics and Patient Education
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Located in Riyadh, KAMC is a health sciences center that includes colleges of medicine, dentistry, pharmacy, nursing, applied medical sciences, and public health and informatics. The campus is expanding from its current 1500 inpatient beds to 2400 beds by 2014, including the construction/addition of a children's hospital, neuroscience center, oncology center, transplant center, women's center, and psychiatric and addiction institute. In addition, the Medical City is increasing and enhancing its ambulatory care services across its centers and clinics.

Successful candidates will participate in the further growth and development of an already established clinical pharmacy program by optimizing pharmacotherapy outcomes in a progressive, U.S.-style academic/team care environment. Opportunities are available to educate pharmacy students, medical students, and pharmacy residents. Research participation and publication is encouraged. Attendance

at professional and scientific meetings for presenting research and other scholarly work is supported.

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KAMC offers an excellent salary and benefits package. Salary includes tax-free earnings with an additional 15% cost-of-living allowance and free, furnished, and completely outfitted housing in a modern, state-of-the-art housing complex. Benefits include 30 days of annual leave, 11 holidays, an annual vacation with an airline ticket to your family home/point of origin, and a "midyear benefit" of an airline ticket to London or 10 extra days of leave; free medical care and emergency dental care; Internet access, a telephone code for personal national and international phone calls, and free cable TV with up to 100 channels; free sports and social club access; and bus transportation to/from KAMC and shopping malls and shopping districts. Contracts are 1 year in duration; a sign-on bonus equal to 1 month's salary is awarded upon contract renewal.

Positions are available immediately. Qualified candidates should send a letter of interest, a curriculum vitae, and three letters of reference by e-mail to:

Ms. Sarah Al Mahri
King Abdulaziz Medical City
Corporate Nursing and Clinical Recruitment Services
AND
Abdulkareem M. Al Bekairy, Pharm.D., M.Sc.
Assistant Director, Clinical Pharmacy (KAMC)
E-mail: cncrs.clinical@gmail.com AND BekairyA@ngha.med.sa

**Clinical Pharmacists
Ambulatory Care, Drug Information,
Hematology-Oncology, Internal Medicine
King Abdulaziz Medical City
Riyadh, Saudi Arabia**

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AND
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Assistant Director, Clinical Pharmacy (KAMC)
E-mail: cncrs.clinical@gmail.com AND BekairyA@ngha.med.sa**



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The ideal candidate will have an earned professional pharmacy degree (B.S. or Pharm.D.) and a terminal degree if the professional degree is not a Pharm.D. In addition, the ideal candidate will have 10 years of relevant experience in pharmacy education with at least 5 years in an administrative position, including duties and responsibilities in academic and fiscal management and documented accomplishments in teaching, research, and service at a level to be appointed as a tenured professor in one of the SOP's academic departments. The dean reports directly to the TTUHSC president and is a participating member of the President's Executive

Council, which governs major decisions of the HSC. The dean works collaboratively with the deans of the other five TTUHSC schools and has oversight of the primary SOP campus located in Amarillo and regional campuses in Abilene, Lubbock, and Dallas/Fort Worth. The dean is responsible for the average annual budget of \$20 million as well as 121 faculty and 69 staff.

To ensure full consideration, application materials should be received no later than January 1, 2012. Application review will begin immediately and continue until the dean is appointed. All candidate information will be held in strict confidence. Interested individuals must visit www.ttuhsc.edu/sop/deansearch for a detailed position description. Visit <http://jobs.texastech.edu> to submit an application for Requisition No. 84576. More information about TTUHSC-SOP is at www.ttuhsc.edu/sop.

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