The Strategic Plan of the American College of Clinical Pharmacy

(Endorsed by the ACCP Board of Regents on October 11, 2013)

In 2013, the American College of Clinical Pharmacy Board of Regents engaged in a process to formally revisit and update the College’s strategic plan as part of its ongoing planning process (see below). Like past planning efforts, the desired outcome of this process is to develop, implement, and monitor an integrated strategic plan for all facets of the organization. This process requires a shared vision of organizational direction and recognition that the individual missions of ACCP, the ACCP Research Institute, and Pharmacotherapy all contribute to achieving this vision in unique ways.

In organizing this strategic plan update, ACCP reviewed the critical issues identified in the 2010 strategic plan and, having determined that these issues were still relevant and critical, developed new or revised strategic directions for each critical issue and established new 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

Develop Clinical Pharmacists
ACCP will promote the development of clinical pharmacists as practitioners, educators, and researchers by:
- Increasing practitioner access to specialist certification, recertification, and other means of ensuring maintenance of competence.
- Providing new opportunities for clinical educator/preceptor development.
- Expanding opportunities for researcher and scholar development.
- Increasing student engagement that promotes long-term commitment to the clinical pharmacy discipline.

Advance Clinical Pharmacists
ACCP will advance clinical pharmacists by:
- Advocating for appropriate credentialing and privileging of clinical pharmacists.
- Seeking recognition of clinical pharmacists by employers, payers, regulators, and evolving care delivery systems.
- Generating scholarship that addresses the impact of comprehensive medication management.
- Developing and nurturing leaders to advance clinical pharmacy’s future.
- Supporting the advancement of clinical pharmacy beyond North America.

Position Clinical Pharmacists
ACCP will position clinical pharmacists by:
- Communicating and working with external constituencies to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute value to patient care.
  - Physicians, other patient care providers, professional societies
  - Public & private research funders
  - Employers & employer groups
  - Health care insurers
  - Consumers
  - Government regulatory agencies
- Supporting clinical pharmacist practice in team-based, patient-centered care environments.

Our Purpose
To help clinical pharmacists best serve patients and society.

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

Our Priorities

Figure 1. Overview of the 2013 strategic plan update.
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—which 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 on 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. ACCP’s vision was first articulated during the College’s 2002 strategic planning process and has been reaffirmed and/or revised in subsequent new strategic plans and updates. Consistent with ACCP’s core values and mission, such a vision should be attainable but should also fall well outside an enterprise organization’s comfort zone. It should be sufficiently bold and exciting to stimulate progress for many years to come. Finally, such a vision should have a relatively long-term horizon, looking as far as 10–30 years into the future.

In developing this update, the Board of Regents revisited and validated ACCP’s core values (Box 1) and mission (Box 2). The Board also reviewed the existing vision statements for the profession of pharmacy (Box 3) and ACCP (Box 4) and found them consistent with the College’s current view of the future. In both cases, the vision statements are accompanied by a series of brief descriptors to help determine when the vision is achieved. These accompanying statements also provide a general road map to suggest what should be accomplished to make the vision a reality.

ACCP’s Strategic Plan Update

The intention of the plan’s update is to guide the organization for the next few years. The plan remains focused on the three critical issues that formed the basis for the 2010 plan. Expressed concisely, the plan concentrates on how ACCP will continue to strive 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 across the entire spectrum of its membership.
- Advance details ACCP’s efforts to achieve recognition of the value of clinical pharmacists by payers, regulators, and the scientific/professional community throughout the world.
- 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 and to provide resources to support clinical pharmacists’ pursuit of these roles.

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 of the initiatives or priorities the College will pursue now or in the future. ACCP’s
The identification of these initiatives and priorities is a member-driven process. 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 continue to use its ongoing strategic planning process (Figure 2). It is hoped that this process will provide opportunities for all ACCP members to provide input and feedback regarding the College’s direction, far exceeding the number of members who provided input into previous strategic plans. Ways in which members can contribute to this ongoing planning process will be featured in forthcoming articles and announcements in the ACCP Report. In addition, specific input can be submitted at any time by accessing the ACCP Web site’s feedback page at www.accp.com/feedback/index.aspx.

**Box 1. Core Values That Characterize the American College of Clinical Pharmacy**

- Passion for extending the frontiers of clinical pharmacy
- Dedication to excellence in patient care, research, and education
- Commitment to challenge the status quo, state our beliefs, and act on them
- Integrity, honesty, reliability, and accountability in all actions
- Courage to lead while remaining responsive to the needs of members

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

- **JANUARY**
  - Publish story on updated strategic plan in ACCP Report.
  - Post plan updates to ACCP Web site.

- **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.

- **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.

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

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

- **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.

---

**Boxes**: 
- **BOD** = Pharmacotherapy Board of Directors
- **BOR** = ACCP Board of Regents
- **BOT** = ACCP Research Institute Board of Trustees
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/subspecialist certification, recertification, and other means of ensuring maintenance of competence.

Objective 1.1.1 By 2014, identify and evaluate new methods (and modes of delivery) to achieve and maintain competence that extend beyond the College’s current certification and recertification programs.

Objective 1.1.2 By 2015, develop programs and services to prepare clinical pharmacists to transition into evolving professional practice environments.

Objective 1.1.3 By 2015, establish mechanisms for emerging clinical pharmacists to develop the clinical knowledge and skills needed to provide direct patient care and contribute to optimized population health.

Objective 1.1.4 By 2014, Pharmacotherapy Publications, Inc. (PPI), and ACCP will explore the feasibility of developing collaborative new publications, including those that focus on professional development and maintenance of competence.

Objective 1.1.5 By 2015, ACCP and/or PPI will develop new publications focused on professional development and maintenance of competence.

STRATEGIC DIRECTION 1.2: Provide new opportunities for clinical educator/preceptor development.

Objective 1.2.1 By 2015, develop a series of educational offerings for clinical pharmacy faculty/preceptors, residency preceptors, and residency program directors that focus on teaching a consistent process of delivering direct patient care.

Objective 1.2.2 By 2015, develop a series of new educational offerings for clinical preceptors, residency program directors, and clinical faculty that address the unique challenges of clinician-educators.

Objective 1.2.3 By 2015, establish a mentoring program for new residency program directors.

Box 2. Mission of the American College of Clinical Pharmacy

The American College of Clinical Pharmacy’s purpose is to advance human health by extending the frontiers of clinical pharmacy.

Through strategic initiatives, partnerships, collaborations, and alliances, ACCP:

- Provides leadership, professional development, advocacy, and resources that enable clinical pharmacists to achieve excellence in practice, research, and education
- Advances clinical pharmacy and pharmacotherapy through the support and promotion of research, training, and education
- Promotes innovative science, develops successful models of practice, and disseminates new knowledge to advance pharmacotherapy and patient care

STRATEGIC DIRECTION 1.3: Expand opportunities for researcher and scholar development.

Objective 1.3.1 By 2014, pursue investigator and author/scholar development programs that fill the gaps in current ACCP offerings.

Objective 1.3.2 By 2015, PPI and ACCP will develop new, collaborative professional development opportunities for emerging authors and reviewers.

Objective 1.3.3 By 2014, the ACCP Research Institute will develop a plan for practitioner-investigator development that is accessible to PBRN members and other appropriate audiences.

Objective 1.3.4 By 2015, the ACCP Research Institute will offer practitioner-investigator development programs that are accessible to PBRN members and other appropriate audiences.

Objective 1.3.5 By 2015, revise, as necessary, ACCP’s call for meeting abstracts, abstract review process, poster and platform categories, and paper awards to reflect the current emphases and needs of clinical pharmacy researchers.

Objective 1.3.6 By 2014, ACCP and the ACCP Research Institute will collaborate to develop a plan to increase member engagement with research, scholarship, and the Research Institute’s programs and services.
Box 3. 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.

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; pharmacy technicians and automated systems will perform most distribution functions.
- 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.

Objective 1.3.7 By 2016, establish a self-sustaining research enterprise under the auspices of the ACCP Research Institute that promotes clinical pharmacy research and the development of clinical pharmacist researchers and scholars.

STRATEGIC DIRECTION 1.4: Increase student engagement with the College and its programs that promotes a long-term commitment to the clinical pharmacy discipline.

Objective 1.4.1 By 2015, 25% (and, by 2017, 50%) of U.S.-accredited colleges and schools of pharmacy will have established officially recognized ACCP student chapters.

Objective 1.4.2 By 2016, student retention rate and advancement to resident, fellow, graduate student, or associate/full membership will have steadily risen during the most recent 3-year period (2014–2016).

Objective 1.4.3 By 2015, ACCP will offer a portfolio of live, online, and published programs that promote student pursuit of postgraduate training and other clinical pharmacy career pathways.

Objective 1.4.4 By 2015, mechanisms will be developed to recognize individual student member and student chapter achievements.

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 In 2014, provide formal stakeholder input to the Board of Pharmacy Specialties and other groups (as appropriate) regarding restructuring of the certification framework to increase clinical pharmacist access to specialty/subspecialty certification and recertification.

Objective 2.1.2 By 2015, publish official ACCP guidelines on the desired credentialing and privileging of clinical pharmacists.

Objective 2.1.3 By 2016, implement a communications plan for advocating credentialing and privileging of clinical pharmacists outside North America.

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

Objective 2.2.1 By 2015, secure congressional sponsors to introduce legislation that establishes as a Medicare benefit the provision of comprehensive medication management by qualified clinical pharmacists.
Objective 2.2.2 By 2015, receive endorsement from three or more key stakeholder groups (outside the pharmacy profession) of comprehensive medication management by qualified clinical pharmacists practicing team-based patient care.

STRATEGIC DIRECTION 2.3: Generate scholarship that demonstrates or attests to the impact on patient outcomes of clinical pharmacists’ comprehensive medication management activities in team-based care environments.

Objective 2.3.1 By 2015, initiate with a key stakeholder group one jointly developed and jointly funded demonstration project to examine the impact of comprehensive medication management provided by qualified clinical pharmacists on the quality and outcomes of team-based patient care.

Objective 2.3.2 By 2015, develop an RFP (request for proposal) process through ACCP and the ACCP Research Institute to conduct research on the impact of comprehensive medication management by qualified clinical pharmacists on medication therapy-related outcomes.

Objective 2.3.3 By 2016, publish a systematic review of the emerging evidence of the value of comprehensive medication management provided by qualified clinical pharmacists.

STRATEGIC DIRECTION 2.4: Develop and nurture leaders to advance clinical pharmacy’s future.

Objective 2.4.1 By 2014, create a plan for a pilot program to develop future leaders that is modeled after the Focused Investigator Training (FIT) Program and/or other successful professional development experiences.

Objective 2.4.2 By 2015, offer a pilot program to develop future clinical pharmacy leaders.

Objective 2.4.3 By 2015, engage past ACCP leaders and senior members in the development and implementation of the clinical pharmacy leaders program (see Objectives 2.4.1 and 2.4.2).

Objective 2.4.4 By 2014, explore the feasibility of developing a “Leadership Ambassador Program” that involves current and past ACCP leaders who serve as role models for emerging clinical pharmacy leaders (e.g., individuals assuming leadership roles in educational, health care, research, or policy-making environments).

Box 4. 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.

ACCP expects this vision to be achieved 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 and clinical pharmacy researcher development.
- 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.
STRATEGIC DIRECTION 2.5: Support the advancement of clinical pharmacy beyond North America.

Objective 2.5.1 By 2014, develop a portfolio of international programs and services to support the development of clinical pharmacists and clinical pharmacy education, practice, and research outside North America.

Objective 2.5.2 By 2015, establish formal agreements with at least four entities (e.g., health care organizations, governmental bodies) outside North America to support the development of clinical pharmacy education, practice, or research.

Objective 2.5.3 By 2014, explore the development of mechanisms to match international graduates with available U.S.-based traineeships (e.g., guided training experiences of 1–6 months in duration) in clinical pharmacy practice and/or research.

Objective 2.5.4 By 2015, complete a feasibility analysis of establishing an ACCP international office or division, with part- or full-time staff based outside the United States, that facilitates the delivery of ACCP’s international portfolio of products and services.

Objective 2.5.5 By 2016, make available professional development programming for clinical pharmacists outside North America that is delivered using distance learning technology.

CRITICAL ISSUE 3: How will ACCP position clinical pharmacists to best collaborate with other health professionals and patients to fully contribute our expertise to direct patient care?

STRATEGIC DIRECTION 3.1: Communicate and work with stakeholders outside the pharmacy profession to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute value to direct patient care.

Objective 3.1.1 By 2015, establish and/or expand working relationships with at least one representative from each of the following external constituencies:

- Physicians, other health care providers, professional societies, and interprofessional collaboratives
- Public/private funders of research
- Employers and employer collaboratives
- Health care financers and insurers
- Government agencies linked to health care

Objective 3.1.2 By 2015, one or more key external constituencies (see Objective 3.1.1) will promote clinical pharmacists’ direct patient care and/or research contributions.

Objective 3.1.3 By 2016, convene a conference involving key external constituencies (see Objective 3.1.1) to codify the roles and responsibilities of clinical pharmacists as essential providers of team-based care.

Objective 3.1.4 By 2016, begin releasing public service announcements, position statements, letters of support, or other communications detailing clinical pharmacists’ patient care and/or research contributions in collaboration with one or more key external constituencies (see Objective 3.1.1).

STRATEGIC DIRECTION 3.2: Support clinical pharmacist practice in team-based, patient-centered care environments.

Objective 3.2.1 By 2014, publish ACCP’s Standards of Practice for Clinical Pharmacists, which will include an articulation of the clinical pharmacist’s consistent process of care.

Objective 3.2.2 By 2014, publish ACCP’s Scope of Practice for Clinical Pharmacists, which will include the clinical pharmacist’s professional role, education, accountability, and responsibility.

Objective 3.2.3 By 2015, publish ACCP’s Guidelines for Clinical Pharmacy Practice, which will articulate the clinical pharmacist’s philosophy of practice, process of care, and practice management system.

Objective 3.2.4 By 2015, develop resources to support ACCP members involved in team-based, patient-centered practices.
Vu Wins Best Paper Competition
Bear and Burgess Receive Best Poster Honors

The winner of the Best Paper Award from the 2013 ACCP Annual Meeting was announced on Tuesday, October 15, 2013, 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. Winners of the Best Student Poster Award and Best Resident and Fellow Poster Award were announced on Monday, October 14, 2013. In all, 394 abstracts were presented at the Annual Meeting. Of these, 214 were reports of original research, 66 described innovative clinical pharmacy services, 24 described original research-in-progress, and 90 were student submissions. In addition, several papers were encore presentations of work that had been presented in abstract form at other scientific meetings.

Don Vu from the National Institute of Transplantation and the Western University of Health Sciences, Los Angeles, California, won the Best Paper award with the presentation titled “Genetic Variations in a Sestrin2/Sestrin3/mTOR Axis and Development of New-Onset Diabetes After Transplantation in Hispanic Kidney Transplant Recipients.” Dr. Vu’s coauthors were Robert Naraghi from the National Institute of Transplantation and the St. Vincent Medical Center, Los Angeles, California; Ian V. Hutchinson from the USC School of Pharmacy, Los Angeles, California; and David I. Min from the Western University of Health Sciences, Los Angeles, California. The first of the two runners-up in the Best Paper competition was Jo E. Rodgers from the University of North Carolina, Chapel Hill, North Carolina, for “Predictors of Medication Adherence: Results from the Atherosclerosis Risk in Communities Study.” Dr. Rodgers’ coauthors were Carla A. Sueta, Anna Kucharska-Newton, Sally Stearns, Patricia Chang, Hadi Beyhaghi, Lei Zhou, and Elizabeth A. Blair, also from the University of North Carolina, and Hanyu Ni from the National Heart, Lung, and Blood Institute, Chapel Hill, North Carolina. The second of the two runners-up in the Best Paper competition was Heather Snyder from the University of Tennessee Health Science Center/Methodist University Hospital, Memphis, Tennessee, with the presentation titled “Assessment of Rabbit Antithymocyte Globulin Dosing and Clinical Outcomes in Kidney Transplantation.” Dr. Snyder’s coauthors were Amy Krauss from Methodist University Hospital, Memphis, Tennessee; Vinaya Rao and Benjamin Duhart, from the University of Tennessee Health Science Center/Methodist University Hospital; and Dagney Ulrich from the University of Tennessee Health Science Center.

The other finalists in this category were Jonathan D. Edwards from Huntsville Hospital, Huntsville, Alabama; Megan Fleischman from the University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; Abir O. Kanaan from MCPHS University, Worcester, Massachusetts; Tina Khadem from the University at Buffalo School of Pharmacy and Pharmaceutical Sciences; and Joseph Vande Griend from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences.

Michael Bear from the University of Buffalo School of Pharmacy and Pharmaceutical Sciences, Buffalo, New York, won the Best Student Poster Award for “Novel Double and Triple Antibiotic Combinations at Clinically Relevant Concentrations Against Polymyxin B–Resistant Pseudomonas aeruginosa.” Mr. Bear’s coauthors on the poster were Amy Suen, Justin Lenhard, Zackery Bulman, Neang S. Ly, Gauri Rao, Patricia N. Holden, and Brian T. Tsuji, also from the University of Buffalo School of Pharmacy and Pharmaceutical Sciences. The first runner-up in this category was Timothy Howze from the University of Tennessee Health Science Center, Memphis,
Tennessee, for “Bile Acid–Induced Apoptosis and Inflammation Are Attenuated by Omega-3 Long-Chain Polyunsaturated Fatty Acids in a Macrophage Model.” Mr. Howze’s coauthors were Peihong Guan, Richard A. Helms, and Emma M. Tillman, also from the University of Tennessee Health Science Center. The second runner-up in this category was Jolie Gallagher from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, Aurora, Colorado, for “Assessment of Adverse Events and Predictors of Neurologic Recovery of an Institution-Specific Therapeutic Hypothermia Protocol.” Ms. Gallagher’s coauthors were Robert McLaren, Sara Varnado, Lam Nguyen, and John Shin, also from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences. The other finalists in this category were Jennifer Miao from the NewYork-Presbyterian/Columbia University Medical Center, New York, New York; Anh Vu and Kimberly Won, both from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences.

Lindsey Burgess, from Duke University Hospital, Durham, North Carolina, won the Best Resident and Fellow Poster Award for “Incidence of Vancomycin-Induced Nephrotoxicity in Hospitalized Patients With and Without Concomitant Piperacillin-Tazobactam.” Dr. Burgess’s coauthor was Richard Drew, also from Duke University Hospital. The runner-up in the Best Resident and Fellow Poster category was Lacey Shumate from Summa Health System, Akron, Ohio, for “The Effects of Melatonin and Trazodone on Delirium in Hospitalized Patients.” Dr. Shumate’s coauthors were Susan Fosnight from Northeast Ohio Medical University, Rootstown, Ohio, and David DiNuoscio and Rex Wilford, from Summa Health System. The other finalists in this category were Carmen Smith from West Virginia University Healthcare, Morgantown, West Virginia; Sophia Vainrub from the University of Arizona, Tucson, Arizona; and Laura Whited from Indiana University Health Methodist Hospital, Indianapolis, Indiana.

Each winner received a plaque and $250 to help offset travel expenses associated with attending the meeting. Serving as finalist judges for the Best Student Poster competition were Roland Dickerson, Lee Evans, Mary Lee, David Min, and Julie Murphy. Serving as finalist judges for the Best Resident and Fellow Poster competition were Sheryl Chow, Rachel Couchenour, Douglas Jennings, Jean Nappi, and Michael Peeters. Finally, serving as finalist judges for the Best Paper competition were Joseph DiPiro, Rex Force, Michael Gonyeau, Mary Beth O’Connell, Robert Parker, and Cynthia Sanoski.

The next abstract award competition will be held at ACCP’s 2014 Virtual Poster Symposium in May 2014. Abstracts can be submitted at accp.confex.com/accp/2014vp/cfp.cgi. The deadline to submit abstracts for the Virtual Symposium is January 17, 2014.

Call for Nominations

All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal is available at www.accp.com/membership/nominations.aspx.

PLEASE NOTE:

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


**2014 ACCP Fellows:** Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, or Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2014.**
2015 Officers and Regents: President-Elect, Treasurer, Regents, and Research Institute Trustees. Nominees must be Full Members of ACCP and should have (1) achieved excellence in clinical pharmacy practice, research, or education; (2) demonstrated leadership capabilities; and (3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Please note that any qualifying Full Member may nominate himself or herself for office. Nomination deadline: November 30, 2013.

2014 Clinical Practice Award: Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: November 30, 2013.

2014 Education Award: Recognizes an ACCP member who has shown excellence in the classroom and/or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: November 30, 2013.

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

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

2014 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service—including, but not limited to, patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter detailing the nominee’s qualifications for this award and his or her contributions to the profession of pharmacy; the nominee’s curriculum vitae, resume, or biographical sketch
as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee’s current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, the Parker Medal Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

**2014 New Clinical Practitioner Award:** This award recognizes a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

**2014 New Educator Award:** This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

**Registration Opens Soon for Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course and the Pharmacotherapy Preparatory Review and Recertification Course**

From April 11 to 15, 2014, Updates in Therapeutics®: The Ambulatory Care Pharmacy Preparatory Review Course and the Pharmacotherapy Preparatory Review Course will be held at Chicago’s conveniently located Hyatt Regency O’Hare. Designed by ACCP, the leader in preparatory materials for specialty certification, the Ambulatory Care Pharmacy Preparatory Review and Recertification Course and the Pharmacotherapy Preparatory Review and Recertification Course offer a fast-paced, yet comprehensive review of the full scope of the pharmacotherapy/ambulatory care specialty to help you reaffirm your areas of strength and identify potential weaknesses. Each course offers a detailed workbook with more than 1000 pages, including more than 350 case-based questions and explained answers. Each course also provides access to a systematic series of review activities designed to help one prepare for the Board of Pharmacy Specialties (BPS) examination for specialty certification.

Registration for this premier preparatory review course experience will open by November 30 at www.accp.com/ut. Even if you do not plan to sit for the BPS examination, you may still wish to assess your knowledge and skills in the area by taking advantage of one of these advanced specialty programs. Each course offers an excellent review for either pharmacotherapy or ambulatory care practitioners seeking to remain current in all aspects of clinical practice.

As noted above, both courses will be held April 11–15, 2014, at Chicago’s Hyatt Regency O’Hare, located just minutes from Chicago’s O’Hare International Airport, which features flights to 198 destinations around the world. Watch the ACCP Web site, www.accp.com, for complete meeting details.
Call for Abstracts for the 2014 ACCP Virtual Poster Symposium

Submit abstracts online at accp.confex.com/accp/2014vp/cfp.cgi.

All investigators in the field of clinical pharmacy and therapeutics, ACCP members and nonmembers alike, are invited to submit abstracts of papers to be considered for presentation at the ACCP Virtual Poster Symposium (May 20–21, 2014).

Posters will be on display May 20–21 for asynchronous viewing and comment. In addition, two interactive sessions will be scheduled on May 20 and May 21, 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, except for “Encore” presentations, will have abstracts published online in *Pharmacotherapy* and be automatically entered in the 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, pharmacoconomics, 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. The abstract must not have been published in abstract form or presented elsewhere before the ACCP Virtual Poster Symposium (May 20–21, 2014). 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 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 likelihood of project completion by date of presentation. The presenting author must be a resident or student. 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.

**Submission Deadline**

The deadline to submit abstracts in the Original Research, Clinical Pharmacy Forum, and Resident and Student Research-in-Progress categories is Friday, January 17, 2014, 11:59 p.m. (PST). Authors will be notified by e-mail of the acceptance of their papers by Monday, March 31, 2014. See complete submission instructions and guidelines at accp.confex.com/accp/2014vp/cfp.cgi.

2013 Clinical Reasoning Series Programs—Critical Appraisal and Application of Best Scientific Evidence to the Care of Patients in the Ambulatory Care Setting and Intensive Care Units

The 2013 home study editions of ACCP’s Clinical Reasoning Series programs are now available. Each program offers 6.0 hours of continuing pharmacy education (CPE) credit. The 2013 From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy program titled “Evidence-Based Screening and Prevention Strategies,” designed for board-certified ambulatory care pharmacists (BCACPs), provides an overview of contemporary evidence-based screening and prevention strategies for cardiovascular diseases, type 2 diabetes mellitus, and chronic kidney disease. The program summarizes the scientific evidence and patient care recommendations necessary for enhancing patient outcomes and includes activities designed to advance participants’ abilities to incorporate significant findings into daily practice. For more information on program content, learning objectives, and CPE and BCACP recertification credit, and to order your copy, visit www.accp.com/bookstore/crsam13.aspx.

The 2013 From Theory to Bedside: Clinical Reasoning Series program titled “Pain, Agitation, and Delirium in the Intensive Care Unit,” designed for board-certified pharmacotherapy specialists (BCPSs), provides an
overview of contemporary strategies for the assessment and optimal management of pain, agitation, and delirium. Sessions offer an in-depth analysis of published scientific evidence and learning exercises that help inform patient care decisions and advance the application of best evidence to clinical practice. For more information on program content, learning objectives, and CPE and BCPS recertification credit, and to order your copy, visit www.accp.com/bookstore/crsph13.aspx

The home study editions include audio/slide synchronized presentations, MP3 audio files, PDF files of the program book and associated documents, and an online posttest.

To be eligible for the 6.0 hours of specialty recertification credit offered in each program, BCACPs and BCPSs must successfully complete their respective program’s Web-based posttest by November 30, 2013.

2014 FIT Program Scheduled for July 10–14

The Research Institute is pleased to announce that the 2014 Focused Investigator Training (FIT) Program will be held at the University of Georgia College of Pharmacy in Athens, Georgia, July 10–14, 2014. The FIT Program pairs experienced and funded faculty mentors with mentees who have yet to receive significant funding for 5 days of intensive proposal development work. The program curriculum offers:

- Small-group proposal development sessions
- Tip-rich lectures and discussions
- One-on-one mentor appointments
- Protected time for proposal revisions

Beginning with “Writing Killer Aims” and working through to “Budget, Project Management, and Next Steps Toward Implementation” by program’s end, attendees take the necessary steps to ready a K, R01, or similar investigator-initiated application for submission/resubmission to the NIH or other major funding source. The 2014 FIT Program application will be available soon at www.accpri.org/investigator/. Applications will close on March 1, 2014.

Donate to the Frontiers Fund and Receive a Gift

For a limited time, while supplies last, the ACCP Research Institute is offering an 8-gigabyte slap bracelet flash drive to anyone who makes a donation of $100 or more to the Frontiers Fund. Your tax-deductible donation to the Frontiers Fund will further advance the mission of the Research Institute to develop clinical pharmacists as researchers, expand the ACCP Practice-Based Research Network, and generate evidence to demonstrate the value of clinical pharmacy as a profession. Please visit us online at www.accpri.org and donate today. Thank you for your support!

President’s Column

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

Stay the Course

At the recent ACCP Annual Meeting, I shared my theme for the year: “Stay the Course.” The phrase probably originated with sailors who had to endure harsh weather conditions at sea. More recently, the phrase has been used in the context of pursuing a goal regardless of any obstacles or criticism. I selected this theme because it builds on ACCP’s recent decision to launch a comprehensive initiative that will pursue legislative and regulatory changes to the U.S. Medicare program and relevant sections of the Social Security Act to recognize the direct patient care services of qualified clinical pharmacists as a covered benefit under the Medicare program. This initiative has launched ACCP on a long and difficult journey for an unknown period with an unknown likelihood of success. It is truly uncharted territory for the pharmacy profession because no pharmacy association has ever undertaken such an effort.

ACCP should stay the course only if we, as an organization, are certain this is the right course. Has ACCP carefully considered this new initiative? We should not seek recognition as providers of collaborative comprehensive services under Medicare without first answering what services we are asking clinical pharmacists to provide. Only after answering that question can we begin to consider the qualifications of the clinical pharmacists who will provide those defined services. The ACCP Board spent more than a year discussing and debating the “what” and the “who” as it related to the Medicare initiative. The ACCP leadership did this because we knew we had to have a focused and well-thought-out approach.

ACCP is prepared and committed to stay the course, despite criticism and obstacles. The legislative process is
Although few of the founding members are still involved in ACCP leadership, they made a lasting contribution to the association. The founding members’ most important contribution is that they established a culture for the association. You could say that the founding members provided ACCP with its organizational DNA. In a *Harvard Business Review* blog, the success of an organization is expressed as a function of purpose, talent, and culture:

\[
\text{Success} = (\text{Purpose} \times \text{Talent})^\text{Culture}
\]

Purpose denotes when people come together because they believe in what they are there to do. Talent is what Jim Collins describes as “getting the right people on the bus.” And culture is defined as the “invisible stuff that holds organizations together.” If an organization has purpose and talent, limited success will occur, even if culture is zero. *Culture* is an exponential term, so the likelihood of success increases dramatically as culture improves, and there’s no limit to how successful the organization can be. Although the early members of ACCP were extremely talented and were united in their purpose, I believe the *culture* of the founding members was the “secret sauce” in ACCP’s recipe.

Dr. Bill Evans, one of ACCP’s founding members, was honored last year as the recipient of the Remington Medal, one of the highest honors in pharmacy. In his Remington Lecture, titled “Culture Trumps Strategy,” he shared about his experience at St. Jude Children’s Research Hospital and suggested that some of those lessons be applied to pharmacy.

We can influence the culture of our institutions and our profession. We must take advantage of that and take steps to ensure the next generation of pharmacists finds a culture where they, too, can flourish and where they see beyond current boundaries. Help them see the limitless possibilities that we have as pharmacists and tell them that their current vision of what they can do is not sufficient to see all the possibilities that lie ahead.

From the beginning, the founding members of ACCP had a vision for clinical pharmacy that included specialty recognition. Thanks to their leadership, an entire generation of clinical pharmacists has the opportunity to advance their careers by pursuing board certification. ACCP must now “look beyond current boundaries” and develop a new vision for clinical pharmacy. That new vision includes the provision of direct patient care by qualified clinical pharmacists, in team-based care environments, as a covered benefit under Medicare. This is the opportune time to explore changes in the health care delivery system as payers move away from fee-for-service reimbursement and toward accountable care organizations.
patient-centered medical homes, and team-based care. To fulfill that vision, however, ACCP needs the support of every member. Remember the simple equation showing that success is a function of purpose, talent, and culture? ACCP has the culture and the talent. The only thing missing is purpose: inspiring people to come together because they believe in a common goal. ACCP needs every one of its members to share its vision and support its Medicare benefit initiative.

References:

ACCP Academy Honors the 2013 Class of Graduates

ACCP honored 32 new Academy graduates during the ACCP Academy graduation ceremony held during the 2013 Annual Meeting in Albuquerque, New Mexico. ACCP President Curtis Haas welcomed the graduating class, together with members of the Academy faculty and ACCP leadership, at a special commencement breakfast event on October 15. The commencement address was delivered by ACCP past president, Dr. Jim Tisdale.

The ACCP Academy was established to provide high-quality and readily accessible professional development opportunities for members of the College. The Academy was established in August 2006, when the Teaching and Learning Certificate Program was launched under the direction of Thomas Zlatic (St. Louis College of Pharmacy). In 2007, the Leadership and Management Certificate Program was introduced under the direction of Robert Smith (Harrison School of Pharmacy, Auburn University). Today, the ACCP Academy includes the Research and Scholarship Certificate Program, led by Julie Banderas (University of Missouri-Kansas City, School of Medicine), and the Career Advancement Certificate Program, led by Joseph Saseen (University of Colorado Denver). In 2006, there were 43 participants in the Academy. Today, more than 500 participants are enrolled in an Academy certificate program, with almost 200 graduates who have successfully completed one or more Academy tracks since 2008.

The new graduates recognized during the graduation ceremony completed all the required modules in their respective programs, as well as selected electives. In addition to participating in live, interactive Academy courses, graduates develop online portfolios, complete a series of required readings, and receive feedback on course assignments from one or more mentors. ACCP congratulates all of these graduates on their accomplishments:

Career Advancement Certificate Program
- Yu (Ivy) Ge, Pharm.D., BCPS, Kaiser Permanente Redwood City Medical Center
- John Brock Harris, Pharm.D., BCPS, Wingate University School of Pharmacy
- Golden Peters, Pharm.D., BCPS, St. Louis College of Pharmacy

Leadership and Management Certificate Program
- Douglas C. Anderson Jr, Pharm.D., CACP, Cedarville University School of Pharmacy
- Jeb E. Ballentine, Pharm.D., Cedarville University School of Pharmacy
- Tracy L. Brooks, Pharm.D., BCPS, BCNSP, Manchester University College of Pharmacy
- Elias B. Chahine, Pharm.D., BCPS (AQ-ID), Palm Beach Atlantic University
- Stacey L. Curtiss, Pharm.D., Shire Pharmaceuticals
- Patrick J. Gallegos, Pharm.D., BCPS, Northeast Ohio Medical University/Akron General Medical Center
- Laura J. Hanson, Pharm.D., BCPS, CDE, Harborview Medical Center
- Kristi W. Kelley, Pharm.D., BCPS, CDE, Auburn University Harrison School of Pharmacy
- Chengqing Li, Pharm.D., M.S., BCPS, BCPP, BCNSP, Walter Reed National Military Medical Center/Uniformed Services University
- Christopher T. Powers, Pharm.D., BCPS, Select Medical/University of Florida College of Pharmacy
- Rosalyn Padiyara Vellurattil, Pharm.D., CDE, University of Illinois at Chicago College of Pharmacy

Research and Scholarship Certificate Program
- Charles K. Babcock, Pharm.D., West Virginia University School of Pharmacy
- Melody L. Hartzler, Pharm.D., AE-C, Cedarville University School of Pharmacy
- Stacey S. MacAulay, Pharm.D., BSc(Pharm), Horizon Health Network
- Pamela M. Moye, Pharm.D., BCPS, AAHIVP, Mercer University College of Pharmacy, Wingate University School of Pharmacy
- Treavor T. Riley, Pharm.D., BCPS, Wingate University School of Pharmacy
- Mate M. Soric, Pharm.D., BCPS, University Hospitals and Northeast Ohio Medical University
Teaching and Learning Certificate Program

- Lynn E. Anliker, Pharm.D., BCPS, University of Missouri-Kansas City School of Pharmacy at University of Missouri-Columbia
- Kelly E. Caudle, Pharm.D., Ph.D., BCPS, St. Jude Children’s Research Hospital/University of Tennessee Health Science Center
- Kelly A. Cochran, Pharm.D., BCPS, University of Missouri-Kansas City School of Pharmacy
- Kamila Dell, Pharm.D., BCPS, University of South Florida College of Pharmacy
- Michele R. Hanselin, Pharm.D., BCPS, Regis University School of Pharmacy
- Amanda M. Howard-Thompson, Pharm.D., BCPS, University of Tennessee Health Science Center
- Jessica L. Johnson, Pharm.D., BCPS, Xavier University of Louisiana
- Pamela H. Koerner, Pharm.D., B.S., BCPS, Duquesne University Mylan School of Pharmacy
- Jamie L. McConaha, Pharm.D., BCACP, CGP, Duquesne University Mylan School of Pharmacy
- Katherine G. Moore, Pharm.D., BCPS, BCACP, Presbyterian College School of Pharmacy
- Yekaterina Opsha, Pharm.D., Ernest Mario School of Pharmacy at Rutgers
- Bradley M. Wright, Pharm.D., BCPS, Auburn University Harrison School of Pharmacy

ACCP would also like to recognize and thank those who have served as faculty for Academy programs and the mentors who were selected by these graduates. The Academy certificate programs are designed to foster both professional and personal growth to promote individual professional success. 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.

Candidates Pursuing Residency/Fellowship Positions Kick Off Their Search at the 2013 Residency and Fellowship Forum

More than 190 residency and fellowship candidates met with preceptors and program directors of some of pharmacy’s most highly acclaimed programs at the 2013 Residency and Fellowship Forum held during the 2013 ACCP Annual Meeting. The forum continues to provide preceptors and program directors an affordable and effective way to promote their programs and get a head start on their search for residency and fellowship candidates. Preceptors and program directors from the following programs met with candidates pursuing PGY1 and PGY2 residency positions:

- Albany College of Pharmacy and Health Sciences, Albany, NY
- Auburn University, Harrison School of Pharmacy, Mobile, AL
- California Northstate University College of Pharmacy, Rancho Cordova, CA
- Campbell University College of Pharmacy & Health Sciences, Cary, NC
- Christiana Care Health System, Newark, DE
- Creighton University, Omaha, NE
- Duquesne University, Pittsburgh, PA
- Fairview Health Services & University of Minnesota Medical Center, Maple Grove, MN
- Fletcher Allen Health Care, Burlington, VT
- Intermountain Healthcare, Salt Lake City, UT
- Le Bonheur Children’s Hospital, Memphis, TN
- Lipscomb University, Nashville, TN
- Methodist University Hospital, Memphis, TN
- Midwestern University, Downers Grove, IL
- Monroe Clinic, Monroe, WI
- NewYork-Presbyterian Hospital, New York, NY
- North Memorial Medical Center, Robbinsdale, MN
- PeaceHealth St. Joseph Medical Center, Bellingham, WA
- Princeton Baptist Medical Center, Birmingham, AL
- Purdue University College of Pharmacy, Indianapolis, IN
- St. John Hospital and Medical Center, Detroit, MI
- Saint Joseph Regional Medical Center, Mishawaka, IN
- St. Jude Children’s Research Hospital, Memphis, TN
- Texas Tech University Health Sciences Center School of Pharmacy/Northwest Texas Healthcare System, Amarillo, TX
- UC Davis Medical Center, Sacramento, CA
- UNC Hospitals, Chapel Hill, NC
- University at Buffalo School of Pharmacy & Pharmaceutical Sciences, Buffalo, NY
- University of Arizona, Tucson, AZ
- University of California, San Diego (UCSD) Skaggs School of Pharmacy and Pharmaceutical Sciences and UCSD Medical Center, San Diego, CA
- University of Charleston, Charleston, WV
- University of Florida College of Pharmacy, Gainesville, FL
- University of Illinois at Chicago, Chicago, IL
- University of Kentucky HealthCare, Lexington, KY
- University of Minnesota College of Pharmacy, Minneapolis, MN
- University of Mississippi, Jackson, MS
- University of New Mexico Hospitals, Albuquerque, NM
University of Rochester Medical Center, Rochester, NY
University of Rochester Medical Center/Strong Memorial Hospital, Rochester, NY
University of Wisconsin Hospital and Clinics, Madison, WI
UPMC St. Margaret Medical Education, Pittsburgh, PA
WakeMed Health and Hospitals, Raleigh, NC
West Virginia University Healthcare, Morgantown, WV
Western University of Health Sciences, Pomona, CA
Yale-New Haven Hospital, New Haven, CT

The following programs met with candidates pursuing graduate and fellowship positions:

- East Coast Institute for Research, Jacksonville, FL
- Jefferson School of Population Health, Thomas Jefferson University, Philadelphia, PA
- MCPHS University, Boston, MA
- University of North Carolina at Chapel Hill, Chapel Hill, NC
- Virginia Commonwealth University School of Pharmacy/American College of Clinical Pharmacy/American Society of Health-System Pharmacists, Richmond, VA
- Western University of Health Sciences, Pomona, CA

ACCP thanks each program representative and candidate for participating in this year’s Residency and Fellowship Forum and for making it a great success.

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 $40—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 Ambulatory Care Pharmacy Preparatory Review and Recertification Course and the Pharmacotherapy Preparatory Review and Recertification Course at Chicago’s Hyatt Regency O’Hare, April 11–15: Are you considering specialty certification in either pharmacotherapy or ambulatory care pharmacy? Take advantage of special member rates—register by the early-bird deadline 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.
- Reduced pricing on any module in the Pharmacotherapy Self-Assessment Program (PSAP) or Ambulatory Care Self-Assessment Program (ACSAP) module: The PSAP and ACSAP series are approved by the Board of Pharmacy Specialties for use in BCPS and BCACP recertification.
- 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.

To take advantage of this special one-time offer, you can join or renew your ACCP membership online at www.accp.com. Alternatively, you can download and complete a specially marked membership application from our Web site 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 as either a resident or fellow member). Applications must be received by December 31, 2013, to receive the discounted membership rate. Applications must include preceptor/program director’s name and anticipated date of residency/fellowship completion.
Ms. Cedona Watts is currently a fourth-year student pharmacist at the University of Southern California (USC) School of Pharmacy and is expected to graduate in May 2014. She recently completed her first advanced pharmacy practice experience in ambulatory care, during which she gained experience managing patients with cardiovascular diseases, diabetes, and HIV. She is also an intern pharmacist at City of Hope, a National Cancer Institute (NCI)-designated comprehensive cancer center. Last summer, Watts completed a 10-week research internship at the NCI, part of the National Institutes of Health, where she assisted in developing an assay to detect endocrine-disrupting chemicals in water sources. At USC, Watts was the recipient of two research scholarships to study the use of CXCR1/2 antagonists in the treatment of triple-negative breast cancer. Before joining USC, Watts earned a B.S. degree in biological sciences with a minor in chemistry and a B.A. degree in philosophy from the University of Alabama in Huntsville.

Watts applied to pharmacy school to become a clinical pharmacist, and her goal is to become a faculty member. She was intrigued by clinical pharmacy after shadowing a clinical pharmacist. This experience provided her the opportunity to learn about the role of clinical pharmacists in recommending appropriate drug therapy and precepting students and residents as part of a multidisciplinary health care team. Although she is aware of the many areas of pharmacy practice, she is particularly interested in learning more about oncology. Watts’ career choices were influenced the most by the faculty at USC and the pharmacists at City of Hope—experts in their respective fields and leaders in the pharmacy profession. Her experience in research helped her understand the basic science behind therapeutics, and her experience in cardiology led her to realize the importance of looking at the patient as a whole before making clinical decisions.

Watts joined ACCP during her second year of pharmacy school and attended “Emerge from the Crowd: How to Become a Standout Residency Candidate” at the ACCP spring meeting in Reno, Nevada. Her favorite part of the conference was the workshop in which she learned the importance of scholarly activities and the ways in which students can get involved during pharmacy school. She also participated in the online CV review service, from which she learned great tips for improving her CV. This year, Watts is excited to serve on the ACCP National Student Network Advisory Committee as a member-at-large.

Despite her busy schedule, Watts finds time for community service. She participates in organizing health fairs for the underserved patient population, where students not only screen for blood pressure, provide immunizations, and counsel patients, but also develop an appreciation for cultural competency. Watts is currently assisting in organizing a student conference for undergraduate, graduate, and professional students to promote diversity in higher education.

Finally, people would be surprised to know that Cedona Watts wanted to be a foreign correspondent before starting college!

Wealth of Ambulatory Care Resources Offered in New Edition of Survival Guide

The latest release from ACCP Publications is an e-media version of the ACCP Ambulatory Care Pharmacist’s Survival Guide, Third Edition. This digital product, downloadable from your My Account page, displays the Survival Guide text and figures on all popular e-readers and tablets, including the Apple iPad family of products, Barnes & Noble Nook family of products, Amazon Kindle and Kindle Fire family of products, Sony and Kobo e-readers, Android tablets, and more.

As in previous editions, all content in the new Survival Guide was contributed by members of the ACCP Ambulatory Care Practice and Research Network, ensuring its applicability and relevance. Now expanded to more than 500 pages, the new Survival Guide is a comprehensive resource that offers practical assistance to both new and seasoned clinicians. More than 70 guidance documents cover a wealth of areas, including:

- Ambulatory Care Basics – Scholarship for Clinicians; Reimbursement for Pharmacist Services in Ambulatory Care
- Clinical Practice – Bridge Therapy for Patients on Chronic Oral Anticoagulation; Managing Clinics for Asthma, Diabetes, Lipids, Immunizations, and Smoking Cessation
- Education – Student and Resident Rotations; Anticoagulation Competency; Therapeutic Debate Evaluation; Journal Clubs
Practice Management – Collaborative MTM; Practice Agreements; Peer Evaluations; Practice Design for Transitions of Care; Proactive and Reactive Referrals Within a PCMH

The ACCP Ambulatory Care Pharmacist’s Survival Guide, Third Edition, is available in print ($49.95), as e-media ($47.95), and as interactive PDFs ($42.95). View it now, or purchase it with free or discounted shipping at the Online Bookstore.

ACCP Publications Popular at Annual Meeting

Even if you missed the recent 2013 Annual Meeting in Albuquerque, New Mexico, you can still buy one or more of the many valuable resources that were popular with meeting attendees. All are available from ACCP’s Online Bookstore:

Pediatric Pharmacotherapy. This new ACCP textbook is available in a hardcover edition as well as online (as PDFs). An essential resource for students, residents, and any clinician involved in the care of pediatric patients, Pediatric Pharmacotherapy addresses specific disease states as well as drug selection and use, monitoring of effectiveness and toxicity, prevention of medication errors, and patient/caregiver education.

ACCP Ambulatory Care Pharmacist’s Survival Guide. Featuring detailed examples of successful clinical practices contributed by members of the Ambulatory Care PRN, this comprehensive reference offers 70 guidance documents organized in four sections—Ambulatory Care Basics, Clinical Practice, Education, and Practice Management. The Survival Guide is available in print, online (as PDFs), and in a new e-media version for use with e-readers and tablets.

The ACCP Field Guide to Becoming a Standout Pharmacy Residency Candidate. Written by experienced and dedicated experts in pharmacy residency training, this guide offers detailed, practical information for use throughout a student’s pharmacy education—information that can help chart the course to a successful postgraduate career. The ACCP Field Guide is available in print, e-media, or a combination of both formats.

Resources for research and the application of research include:

Clinical Pharmacist’s Guide to Biostatistics and Literature Evaluation. Developed to bolster the clinical pharmacist’s understanding of biostatistical tools, this guide can aid in interpreting the medical literature, thereby optimizing patient care, improving health outcomes, and generating hypotheses for research.

Designing Clinical Research. This text, now in its fourth edition, continues to set the standard as a practical guide for pharmacists, physicians, nurses, and other health professionals involved in all forms of clinical, translational, and public health research. It presents advanced epidemiologic concepts in a reader-friendly way and suggests common-sense approaches to the challenging judgments involved in designing, funding, and implementing.

Easy-to-use handbooks provide quick, practical, and comprehensive advice on topics of importance in the clinical setting:

Pharmacotherapy Bedside Guide. A handy reference developed for use at the point of care, this carry-anywhere companion is designed to help the clinical pharmacist select which pharmacotherapy to employ in specific clinical situations.

The Johns Hopkins ABX Guide: Diagnosis and Treatment of Infectious Diseases provides current, authoritative, and comprehensive information on antimicrobial agents, infectious diseases, and commonly encountered pathogens in one portable volume. This must-have resource features expert recommendations, clinical and diagnostic decision-making tools, and drug-to-drug interactions.

Antibiotic Basics for Clinicians: Choosing the Right Antibacterial Agent shows how to apply your knowledge of pharmacology and microbiology when selecting the appropriate antibiotic. The text focuses on antibacterial agents, an examination of individual antibiotics and antibiotic classes, and definitive and empiric therapies—providing a framework for prescription and clinical preparation for students as well as clinicians needing a quick reference or review.
**Antibiotic Essentials** is a leading antimicrobial/infectious disease pocket guide for clinicians. Practical, concise, and authoritative, *Antibiotic Essentials* is also a mini-ID book, discussing the diagnosis and therapy of infectious diseases—including clinical presentations, diagnostic considerations, diagnostic pitfalls, and therapeutic considerations.

The **ACCP Online Bookstore** is your best source for publications in the practice areas of **Therapeutics**, **Research and Outcomes Assessment**, **Teaching and Learning**, **Practice Development**, and **Leadership and Administration**. Visit the bookstore Web site today to order copies of the titles most popular among your colleagues.

---

**2013 ACCP Fellows Honored**

A highlight of the October 13 Opening General Session during the ACCP Annual Meeting in Albuquerque, New Mexico, was the induction of 33 new ACCP Fellows. These newly installed ACCP Fellows are *(front row, from left)*: William L. Baker, Ashford, Connecticut; Nancy S. Yunker, Richmond, Virginia; Jeffrey S. Stroup, Jenks, Oklahoma; Vanthida Huang, Atlanta, Georgia; Zachary A. Stacy, Glen Carbon, Illinois; Pramodini B. Kale-Pradhan, Troy, Michigan; Michele Y. Splinter, Oklahoma City, Oklahoma; Sarah M. Westberg, Minneapolis, Minnesota; Sarah E. McBane, La Jolla, California; and Jennifer Trofe-Clark, Philadelphia, Pennsylvania. *(Middle row, from left)*: Karen J. McConnell, Castle Rock, Colorado; Alan J. Zillich, Indianapolis, Indiana; Nathan P. Clark, Broomfield, Colorado; Pamala A. Jacobson, Minneapolis, Minnesota; Eric M. Tichy, Oxford, Connecticut; Toby C. Trujillo, Superior, Colorado; Michael L. Bentley, Ferrum, Virginia; Kelly C. Rogers, Memphis, Tennessee; Juliana Chan, Chicago, Illinois; and Robert J. DiDomenico Jr, Chicago, Illinois. *(Back row, from left)*: Samuel G. Johnson, Aurora, Colorado; Stephen F. Eckel, Chapel Hill, North Carolina; Richard H. Parrish II, Edmonton, AB, Canada; J. Mark Ruscin, Springfield, Illinois; Christopher R. Frei, San Antonio, Texas; Tiffany E. Kaiser, Cincinnati, Ohio; Sandra L. Chase, Ada, Michigan; Jason C. Gallagher, Philadelphia, Pennsylvania; Alicia B. Forinash, St. Louis, Missouri; Jack E. Brown, Livonia, New York; Candice L. Garwood, Detroit, Michigan; and Mariann D. Churchwell, Toledo, Ohio. *Not pictured*: Eric W. Mueller, Cincinnati, Ohio.
<table>
<thead>
<tr>
<th>New Members</th>
<th>New Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laila Abbasi</td>
<td>Ashley Campbell</td>
</tr>
<tr>
<td>Ahmed Abdelaal</td>
<td>Sasha Cernea</td>
</tr>
<tr>
<td>Gaelle Abittan</td>
<td>David Chandonnet</td>
</tr>
<tr>
<td>Josil Abraham</td>
<td>Gurudatt Chandorkar</td>
</tr>
<tr>
<td>Stephanie Adams</td>
<td>Jianhong Che</td>
</tr>
<tr>
<td>Ava Afshar</td>
<td>Josephine Chi</td>
</tr>
<tr>
<td>Abagail Agler</td>
<td>Joshua Chou</td>
</tr>
<tr>
<td>Sabrina Ahmed</td>
<td>Esther Chun</td>
</tr>
<tr>
<td>Sohee Ahn</td>
<td>Jane Chun</td>
</tr>
<tr>
<td>Holly Ahnen</td>
<td>Julia Chung</td>
</tr>
<tr>
<td>Fahad Al-Dhahri</td>
<td>Caragh Clayton</td>
</tr>
<tr>
<td>Mike Alexsen</td>
<td>Jason Cleppe</td>
</tr>
<tr>
<td>Khouloud Al-Joudi</td>
<td>Amanda Compton</td>
</tr>
<tr>
<td>Saleh Almekhloof</td>
<td>Greg Cook</td>
</tr>
<tr>
<td>Tawfeeg Al-Najjar</td>
<td>Paul Cornelison</td>
</tr>
<tr>
<td>Janiris Alsina-Rivera</td>
<td>Jennifer Courtney</td>
</tr>
<tr>
<td>Amal Alsomali</td>
<td>Julianna Crain</td>
</tr>
<tr>
<td>Tagreed Altau</td>
<td>Caitlyn Cummings</td>
</tr>
<tr>
<td>Abdulhmid Althaghi</td>
<td>Youqin Dai</td>
</tr>
<tr>
<td>Miroslav Anguelov</td>
<td>Michael Dail</td>
</tr>
<tr>
<td>Natalie Beth Aquino</td>
<td>Michelle Daryanani</td>
</tr>
<tr>
<td>Nichole Arcelay-Feliciano</td>
<td>Anne Davis-Karim</td>
</tr>
<tr>
<td>Maria Arella</td>
<td>Charisse De Castro</td>
</tr>
<tr>
<td>Saira Ashraf</td>
<td>Orietta Del Real Pujol</td>
</tr>
<tr>
<td>Cynthia Aung</td>
<td>Jasmina Demirovic</td>
</tr>
<tr>
<td>Sara Ayele</td>
<td>Alysha DeWees</td>
</tr>
<tr>
<td>Yuliya Azirbayeva</td>
<td>Shaina Dich</td>
</tr>
<tr>
<td>Quyen Bach</td>
<td>Jenna Dietrich</td>
</tr>
<tr>
<td>Lindsey Banister</td>
<td>Michael DiNapoli</td>
</tr>
<tr>
<td>Lauren Barbour</td>
<td>James Dingman</td>
</tr>
<tr>
<td>David Barile</td>
<td>Melissa Dinkins</td>
</tr>
<tr>
<td>Emalee Barkley</td>
<td>Daniel Dipsia</td>
</tr>
<tr>
<td>Karen Barton</td>
<td>Liping Du</td>
</tr>
<tr>
<td>Kelly Bartsch</td>
<td>Carly Dukart</td>
</tr>
<tr>
<td>Lloyd Beauchamp</td>
<td>Shyreen Dulanya</td>
</tr>
<tr>
<td>Jamie Benken</td>
<td>Ariel Dunn</td>
</tr>
<tr>
<td>Betelham Berhane</td>
<td>Elizabeth Ebensperger</td>
</tr>
<tr>
<td>Kai Berkenfeld</td>
<td>Soha Elshaboury</td>
</tr>
<tr>
<td>Michael Bernauer</td>
<td>Kaity Erickson</td>
</tr>
<tr>
<td>Eric Betka</td>
<td>Amanda Esades</td>
</tr>
<tr>
<td>Matthew Biszewski</td>
<td>Mina Eskandar</td>
</tr>
<tr>
<td>Brian Bohn</td>
<td>Kimberly Evans</td>
</tr>
<tr>
<td>Tyler Bosley</td>
<td>Qinxia Fang</td>
</tr>
<tr>
<td>Alexis Bridges</td>
<td>Jose Feio</td>
</tr>
<tr>
<td>Sarah Britt</td>
<td>Scott Fettner</td>
</tr>
<tr>
<td>Sarah Brousard</td>
<td>Cameron Finch</td>
</tr>
<tr>
<td>Carl Buhay</td>
<td>Aleyna Fong</td>
</tr>
<tr>
<td>Kathryn Bui</td>
<td>Cheerlyn Fredrick</td>
</tr>
<tr>
<td>Christine Butler</td>
<td>Blake French</td>
</tr>
<tr>
<td>Erica Caffarini</td>
<td>Xifan Ge</td>
</tr>
<tr>
<td>Jessica George</td>
<td>Brittney Gerber</td>
</tr>
<tr>
<td>Britan Ghatan</td>
<td>Greg Giant</td>
</tr>
<tr>
<td>Kay Giford</td>
<td>Jessica Goff</td>
</tr>
<tr>
<td>Leslie Gofney</td>
<td>Kheelan Gopal</td>
</tr>
<tr>
<td>Navreet Goswami</td>
<td>Evy Grafton</td>
</tr>
<tr>
<td>Jessica Grahl</td>
<td>Jenna Green</td>
</tr>
<tr>
<td>Hanna Green</td>
<td>Hilary Gremminger</td>
</tr>
<tr>
<td>Shasta Grotewiel</td>
<td>Jiahui Guan</td>
</tr>
<tr>
<td>Abby Guderian</td>
<td>Abigail Halsey</td>
</tr>
<tr>
<td>Vasudha Gupta</td>
<td>Laura Halsey</td>
</tr>
<tr>
<td>Seema Haider</td>
<td>Anas Hamad</td>
</tr>
<tr>
<td>Desiree Haisley</td>
<td>Shin Han</td>
</tr>
<tr>
<td>Oscar Herrera</td>
<td>Cheryl Heard</td>
</tr>
<tr>
<td>Michele Heuer</td>
<td>Tyler Heiderscheid</td>
</tr>
<tr>
<td>Mara Hofherr</td>
<td>Emily Hellmann</td>
</tr>
<tr>
<td>Patrick Hoheisel</td>
<td>Adrienne Herman</td>
</tr>
<tr>
<td>Yumi Honda</td>
<td>Jacinta Herman</td>
</tr>
<tr>
<td>Chandani Honest</td>
<td>Oscar Herrera</td>
</tr>
<tr>
<td>Stephenie Hong</td>
<td>Michele Heuer</td>
</tr>
<tr>
<td>Alexis Howell</td>
<td>Mara Hofherr</td>
</tr>
<tr>
<td>I-Kuan Hsu</td>
<td>Patrick Hoheisel</td>
</tr>
<tr>
<td>John Hughes</td>
<td>Yumi Honda</td>
</tr>
<tr>
<td>Nancy Hui</td>
<td>Chandani Honest</td>
</tr>
<tr>
<td>Christopher Hulstein</td>
<td>Stephenie Hong</td>
</tr>
<tr>
<td>Ha Huynh</td>
<td>Alexis Howell</td>
</tr>
<tr>
<td>Pearl Huynh</td>
<td>I-Kuan Hsu</td>
</tr>
<tr>
<td>Jessie Hwang</td>
<td>John Hughes</td>
</tr>
<tr>
<td>Won Tack Hwang</td>
<td>Nancy Hui</td>
</tr>
<tr>
<td>Jenny Im</td>
<td>Christopher Hulstein</td>
</tr>
<tr>
<td>Anthony Intonti</td>
<td>Ha Huynh</td>
</tr>
<tr>
<td>Lauren Jackson</td>
<td>Pearl Huynh</td>
</tr>
<tr>
<td>Candice Jacobs</td>
<td>Jessie Hwang</td>
</tr>
<tr>
<td>Collin Jakubecz</td>
<td>Won Tack Hwang</td>
</tr>
<tr>
<td>Paul James</td>
<td>Jenny Im</td>
</tr>
<tr>
<td>Nadya Jammal</td>
<td>Anthony Intonti</td>
</tr>
<tr>
<td>Caitlin Jenkins</td>
<td>Lauren Jackson</td>
</tr>
<tr>
<td>Dechun Jiang</td>
<td>Candice Jacobs</td>
</tr>
<tr>
<td>Brittney Johnson</td>
<td>Collin Jakubecz</td>
</tr>
<tr>
<td>Renu Johnson</td>
<td>Paul James</td>
</tr>
<tr>
<td>Connor Jones</td>
<td>Nadya Jammal</td>
</tr>
<tr>
<td>Gleen Josaphat</td>
<td>Brittney Johnson</td>
</tr>
<tr>
<td>Lukose Joseph</td>
<td>Connor Jones</td>
</tr>
<tr>
<td>Jeany Jun</td>
<td>Gleen Josaphat</td>
</tr>
<tr>
<td>Liandi Kai</td>
<td>Lukose Joseph</td>
</tr>
<tr>
<td>Bonnie Kaminsky</td>
<td>Jeany Jun</td>
</tr>
<tr>
<td>Bronson Kawewehti</td>
<td>Liandi Kai</td>
</tr>
<tr>
<td>Brian Kaye</td>
<td>Bonnie Kaminsky</td>
</tr>
<tr>
<td>Sam Keeven</td>
<td>Bronson Kawewehti</td>
</tr>
<tr>
<td>Mandy Kellogg</td>
<td>Brian Kaye</td>
</tr>
<tr>
<td>Anne Kennedy</td>
<td>Samantha Kuten</td>
</tr>
<tr>
<td>Janon Khedir Al-Tiae</td>
<td>Janon Khedir Al-Tiae</td>
</tr>
<tr>
<td>Jungrun Kim</td>
<td>Kimberly Koop</td>
</tr>
<tr>
<td>Melissa Kincaid</td>
<td>Jungrun Kim</td>
</tr>
<tr>
<td>Jessica Koehler</td>
<td>Kimberly Koop</td>
</tr>
<tr>
<td>Jesse Konneker</td>
<td>Samantha Kuten</td>
</tr>
<tr>
<td>Jamie Ky</td>
<td>Melissa Laub</td>
</tr>
<tr>
<td>Jonathan Lai</td>
<td>Elizabeth Le</td>
</tr>
<tr>
<td>Melanie Laine</td>
<td>Than Le</td>
</tr>
<tr>
<td>Michael Lall Dass</td>
<td>Sophie Lecompte</td>
</tr>
<tr>
<td>Dustin Lane</td>
<td>Hannah Lee</td>
</tr>
<tr>
<td>Blake Larson</td>
<td>Rebecca Lee</td>
</tr>
<tr>
<td>Melissa Laub</td>
<td>Elizabeth Lemma</td>
</tr>
<tr>
<td>Lisa Laub</td>
<td>Jake Lemon</td>
</tr>
<tr>
<td>Piyamat Lertworasiri</td>
<td>Piyamat Lertworasiri</td>
</tr>
<tr>
<td>Huande Li</td>
<td>Ai-Chieh Lin</td>
</tr>
<tr>
<td>Jim Li</td>
<td>Xiaolan Lin</td>
</tr>
<tr>
<td>Na Li</td>
<td>Yi-Fang Lin</td>
</tr>
<tr>
<td>Nan Li</td>
<td>Jonathan Linder</td>
</tr>
<tr>
<td>Jennifer Liang</td>
<td>Shiting Liu</td>
</tr>
<tr>
<td>Victor Liang</td>
<td>Yue Liu</td>
</tr>
<tr>
<td>Mirian Lim</td>
<td>Jackoline Livingston</td>
</tr>
<tr>
<td>Wai in Lim</td>
<td>Jordan Lo</td>
</tr>
<tr>
<td>Ai-Chieh Lin</td>
<td>Taylor Lockowitz</td>
</tr>
</tbody>
</table>
### The following individuals recently advanced from Associate to Full Member:

| Stefanie Baker | Kathryn Connor | 
| Bryan Bishop  | Tina Denetclaw | 
| Katherine Fitz | Jennifer DeVos | 
| Aaron Hartmann | Shyreen DeVos | 
| Katherine Jennings | Sandy Estrada | 
| Lisa Kim | Vanthida Huang | 
| Joanne Logsdon | Donald Langan | 
| Jaclyn McKeen | Dylan Lindsay | 
| Sherri Merritt | Jennifer Miao | 
| Syed Mohiuddin | Lindsey Munsch | 
| Jonathan Newsome | Julie Murphy | 
| Yvonne Phan | Keyvan Nekouei | 
| Tenley Poulin | Rachael Olsufka | 
| Ivan Reveles | Samie Sabet | 
| Michael Rio | Sharon See | 
| Matthew Saylor | Gurpreet Singh | 
| Michele Swihart | Jodi Taylor | 
| Valerie Wilson | Chad VanDenBerg | 
| Maria Wopat | Ann Wittkowsky | 

### New Member Recruiters

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

| John Abby Bailey | 
| Michael Bottorff | 
| Jeffrey Bratberg | 
| Mark Bremick | 
| John Bucheit | 
| Matthew Cantrell | 

| John Abby Bailey | 
| Michael Bottorff | 
| Jeffrey Bratberg | 
| Mark Bremick | 
| John Bucheit | 
| Matthew Cantrell |
The King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) is located in Riyadh and houses six colleges: Medicine, Pharmacy, Dentistry, Public Health and Health Informatics, Applied Medical Sciences, and Nursing. Two satellite KSAU-HS campuses are located in the cities of Jeddah and Al Ahsa. The close affiliation of KSAU-HS with the Joint Commission International–accredited National Guard Health Affairs (NGHA) 1200-bed hospital, the most advanced medical complex in the region, has enabled KSAU-HS to enhance its curricula and academic programs and has given the university and its students full access to clinical teaching sites that are staffed with highly competent health professionals.

**Open Faculty Positions – Department of Pharmacy Practice:** The KSAU-HS College of Pharmacy, established in 2011, is seeking applicants from multiple clinical specialties for non–tenure-track faculty positions in the Department of Pharmacy Practice at the assistant, associate, or professor level. Responsibilities include developing, coordinating, and delivering didactic education; precepting students and residents; developing and maintaining innovative clinical practice sites at the affiliated, state-of-the-art National Guard Hospital; and conducting scholarly activities, including collaborative research and publication.

The KSAU-HS College of Pharmacy provides an innovative curriculum design in a unique collaborative partnership with the University of Tennessee College of Pharmacy and the consultative support of major U.S. schools of pharmacy. The KSAU-HS College of Pharmacy faculty is composed of clinicians of diverse nationalities who have been educated and trained in the United States.

The affiliated pharmaceutical care department at the NGHA hospital, where pharmacy faculty practice, has a long-term consultative agreement with the American College of Clinical Pharmacy, which assists in advancing pharmaceutical education, training, and clinical practice. Application for residency program accreditation has been submitted to the American Society of Health-System Pharmacists.

Qualified candidates must possess a Pharm.D. degree from an Accreditation Council for Pharmacy Education (ACPE)-accredited institution, together with a PGY1 and PGY2 residency, fellowship, or equivalent clinical experience. Board certification is preferred.

KSAU-HS offers an excellent salary and benefits package commensurate with education and experience. Salary and other benefits include tax-free earnings, free furnished housing, educational allowance of up to three eligible dependents enrolled in grades 1–12, 60 days of annual vacation leave, three holiday periods totaling 21 days, an annual roundtrip airline ticket for faculty members and eligible dependents to and from their home country/point of origin, an annual paid professional leave, free medical care and emergency dental care, and free access to campus exercise facilities. Other services include Internet access, landline telephone, cable TV, social club access, and bus transportation to/from the campus and shopping malls/business districts.

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

Abdulkareem Albekairy, Pharm.D.  
Associate Dean, Academic & Student Affairs  
College of Pharmacy, KSAU-HS  
E-mail: bekairy@ngha.med.sa

OR

Nabil Khalidi, Pharm.D.  
Chairman, Pharmacy Practice  
Associate Professor, Pharmacy Practice  
College of Pharmacy, KSAU-HS  
Associate Professor Emeritus  
University of Michigan  
E-mail: khalidin@ksau-hs.edu.sa
The Department of Pharmacy Practice at the Texas Tech University Health Sciences Center is actively seeking to recruit a pediatric non-tenure-track faculty member based on its Abilene, Texas, campus.

Pediatrics Division members practice in all areas of pediatric health care, including ambulatory care, general pediatrics, and neonatal and pediatric intensive care. Currently, all members are clinical track faculty who thus spend the majority of their time in the clinician-educator role. Each member of the Pediatrics Division conducts scholarship in the area of pediatric pharmacotherapy. Division members have attained excellence in pediatric patient care and are recognized at the state and national level.

The ideal candidate will have a Pharm.D. degree with a specialty residency in pediatrics or equivalent practice and teaching experience. Licensure or eligibility for licensure in Texas is required. Professional level will be determined according to the candidate’s experience and qualifications. For more information, please contact:

Mark Haase, Pharm.D., FCCP, BCPS
Search Committee Chair
1300 South Coulter Street
Amarillo, TX 79106-1712
E-mail: Mark.Haase@ttuhsc.edu
Telephone: (806) 414-9295

To receive full consideration, applicants are asked to electronically submit a curriculum vitae, a letter of intent, and the names and contact information of three references to https://jobs.texastech.edu/postings/48952.

*Equal Employment Opportunity/Affirmative Action Employee*

*TTUHSC SOP seeks cultural diversity by actively recruiting and retaining a wide blend of employees.*
Geriatrics

The Department of Pharmacy Practice is seeking to recruit a nontenured faculty member within the Geriatrics Division based on our Abilene, Texas, campus. The successful candidate will work with the division head, regional dean, and faculty to develop a geriatrics practice site in the Abilene area. In addition, the faculty member’s primary teaching responsibilities will include developing and delivering didactic, laboratory, problem-based, and experiential teaching within the Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy (SOP) curriculum. The successful candidate will also have the opportunity to work with pharmacy practice residents.

The dynamic and growing TTUHSC SOP spreads across four campuses located in Amarillo, Abilene, Dallas/Fort Worth, and Lubbock, Texas. Geriatrics Division faculty are located on each of the four campuses, providing new faculty mentorship and allowing multiple opportunities for scholarly collaboration both within and between the different clinical practice divisions. The SOP provides new faculty members with programs designed to help them transition into the academic environment.

The ideal candidate will have a Pharm.D. degree with a residency in geriatrics or the equivalent and teaching experience. Licensure/eligibility for licensure in Texas is required. Professional level will be based on experience and qualifications.

Amie Blaszczyk, Pharm.D.
Geriatrics Search Chair
E-mail: Amie.Blaszczyk@ttuhsc.edu
Telephone: (214) 372-5300

To receive full consideration, applicants are asked to electronically submit a curriculum vitae, a letter of intent, and the names and contact information of three references to http://jobs.texastech.edu/postings/54059.

Equal Employment Opportunity/Affirmative Action Employee
TTUHSC SOP seeks cultural diversity by actively recruiting and retaining a wide blend of employees.
Practice Management Faculty

The Department of Pharmacy Practice at Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy (SOP) is seeking to recruit a non–tenure-track faculty member within the Pharmacy Practice Management Division based on our Amarillo or Abilene, Texas, campus. The faculty member’s primary responsibilities will include developing and teaching in the Pharm.D. program; and research and school service.

The growing TTUHSC SOP spreads across four campuses located in Amarillo, Abilene, Dallas/Fort Worth, and Lubbock, Texas. New faculty have multiple opportunities for scholarly collaboration with division members practicing in correctional health care, two operating pharmacies, and a poison control center. Additional opportunities for collaboration exist throughout other divisions in the department. The TTUHSC SOP provides new faculty members with a mentoring program designed to help them transition into the academic environment.

The ideal candidate will have a Ph.D., DBM, or Pharm.D./MBA degree or some combination thereof, with an emphasis in pharmacy administration, management/business, public health, health services administration, or related fields. Additional preference will be given to candidates licensed or eligible to become licensed to practice pharmacy in Texas. Professional level will be determined according to the candidate’s experience and qualifications. For further information, contact:

Joel Epps, MBA
Search Committee Chair
E-mail: joel.epps@ttuhsc.edu
Telephone: (806) 414-9292

To receive full consideration, applicants are asked to electronically submit a curriculum vitae, a letter of intent, and the names and contact information of three references to https://jobs.texastech.edu/postings/58286

*Equal Employment Opportunity/Affirmative Action Employee*

TTUHSC SOP seeks cultural diversity by actively recruiting and retaining a wide blend of employees.