FOR STUDENTS, BY STUDENTS

accp STUDENT NETWORK

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ACCP STUNEWS

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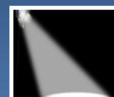
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An Interview with the 2016 ACCP Clinical Pharmacy Challenge Champions—East Tennessee State University Bill Gatton College of Pharmacy

By: Spencer Blohowiak

East Tennessee State University Bill Gatton College of Pharmacy has won two titles in just 3 years, first in 2013 and then again in 2016. The Student Network Advisory Committee sat down and talked with this year's winners to see just what makes East Tennessee State such a competitive team.

Wade, Brad, and Dan of the 2016 winning team are all fourth-year pharmacy students and currently on rotations in academia, institutional care, and ambulatory care, respectively. Although they used the learning opportunities during their rotations to brush up on potential material and help prepare for the clinical competition, they said that their goal was not to specify which subjects each individual was to study. Moreover, although each teammate had certain subjects that all could agree were their strong suits, each still reviewed all the subjects he believed they would encounter during the competition. One piece of the puzzle to creating their winning team was arguably preparation and studying, but one of the most important parts of the puzzle, they claim, has been their team's cohesiveness. Let's dig in and find out more about what made this team so successful. **Continued on Page 3**

Student Chapter Spotlight

University of Texas at Austin College of Pharmacy

John Patrick Sanchez, SCCP President, Pharm.D. Candidate 2018

University of Texas's (UT's) SCCP chapter gained university sponsorship in April 2016, marking 2016–2017 as our first full year as an official student organization of the University of Texas at Austin College of Pharmacy. One of our goals this year was to create a service project that would give students a unique opportunity to educate the community on an important topic and use clinical knowledge to counsel patients.

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Clinical Spotlight

Naki A. Duncan, Pharm.D., BCPS, CGP

Associate Professor, Texas Tech University Health Sciences Center School of Pharmacy

Interviewed by: Jihye Hoe, Pharm.D. Candidate 2017—Texas Tech University Health Sciences Center School of Pharmacy

What made you choose pharmacy as your career path?

I first started thinking about pharmacy as a career when I was in undergraduate school. I majored in biology and did benchmark research, initially working toward a Ph.D. degree. While working in the lab, I came in contact with a person who was working on a Ph.D./Pharm.D. dual-degree program and was participating in clinical research. That made me more interested in doing research in human subjects than in animal subjects. I did not mind animal subjects, but I like people interaction, and I found that in benchmark research, you are alone a lot. I still wanted to have the ability to publish and share knowledge with others about noble ideas, but doing it within the clinical aspect was what really appealed to me. It was then that I started working as a pharmacy tech and considering going to pharmacy school. I don't have any regrets about choosing a pharmacy career over a Ph.D. degree because I realize there are more avenues in pharmacy school, such as residency programs, that give you an opportunity to continue with research.

I notice that you are specialized in geriatrics pharmacotherapy; why did you pursue this specialty?

I worked at a retirement home and assisted living facility, which was my first job before I worked as a pharmacy technician, and I served many older people. I saw that a lot of them struggled with their medication bottles and with understanding the importance of taking medications. I remembered all of this when I got my job as a technician, and I felt that this population needed advocacy and attention from pharmacy. Considering the size of the older adult population and the limited professional resources involved, I realized that there was a great need [for geriatrics pharmacotherapy]. I wanted to fill that gap.

What career paths have you been through to get to where you are currently practicing?

Actually, I am more nontraditional. I was in school for 8 years, including 4 years of undergraduate school heading into more of a Ph.D. world. Then, I backtracked a little bit and went to pharmacy school. I tutored my fellow students during the first year of pharmacy school and found joy in that, and I wanted to continue that throughout my career path. I decided that I wanted to become a professor in the second year of pharmacy school. I was inspired by a professor—she was a pediatric pharmacotherapy professor. Even though [we were studying] a pediatric population, I liked the complexity and vulnerability of the patients and the need to advocate. My school did not have a formal geriatrics rotation, but I saw a similarity between pediatrics and geriatrics. So right then, I knew that I wanted to do a residency program and specialize in geriatrics. After I finished my PGY2, I applied to Texas Tech, and I have had this job ever since.

Where are you currently practicing, and how did you get there?

After I got the job at Texas Tech, my first practice site was at the VA hospital community living center, and it was mainly for long-term care. My geriatrics pharmacotherapy residency was three pronged and focused on long-term care, hospital palliative care, and geriatrics psychopharmacotherapy, whether it was inpatient or **Continued Page 4**

accp American College of Clinical Pharmacy

Clinical Pharmacy Challenge Winners (cont.)

So, what are your future career goals in pharmacy?

Wade: I definitely want to do a PGY1 (residency) and hopefully a PGY2 after that. I'm just trying to narrow down my interests and figure out what I'd like to do. I have an interest in cardiology, infectious disease, and ambulatory care.

Brad: I am looking to do a residency as well, a PGY1. I have an interest in ambulatory care, so it might warrant a PGY2 as well.

Dan: I'm kind of late to deciding here but am split between two things right now. I kind of want to go into ownership eventually and have always had an interest in owning my own [independent] pharmacy. I'm still looking into applying for a PGY1 with an interest in infectious disease and emergency medicine. I like both the community and the clinical aspect, so it's crunch time for me to make a decision.

How did you prepare for the competition as a team?

Wade: We tried to practice together a little bit, especially before the live rounds, to conceptualize what the whole thing would look like. But once we got down here (to the 2016 ACCP Annual Meeting in Jacksonville, Florida), we probably didn't do as much as you would think; we just made sure we were sticking together, hanging out, bonding a lot, and building those rituals every morning.

Wade: We kind of used the BCPS practice questions and modules we had access to. Yet even though the questions were similar in difficulty, [the competition] questions were shorter and faster, so it was a little harder to transition from practice to actually doing it.

Brad: We would do practice questions and set a timer. So we would practice collaborating quickly to get a quick conclusion that was as accurate as it could be under the 10 seconds of time we had.

Dan: A lot of the time we were up [on the stage], we would change our answer at the last second, just because we collaborated.

What tips and tricks do you have for future competitors?

Dan: Take time to relax on the trip, especially before you go on(stage); don't have your nose in the book.

Wade: It's not all about being masters of content, and it's really important to find people you can work with to get the synergy going.

Brad: If you get one question wrong or right, you have the other two [teammates] pick you up. It helped me to know that I was not up there by myself—that I had two other guys up there to help me out. I think sticking together will really help you out a lot.

In hindsight, is there anything you would do differently to prepare?

Wade: I would put more time into some of [our] weaknesses to be more prepared. It's one of those things you can't be equally comfortable about in every area, so you just have to be able to weather the storm, but I think the whole point is to be hit in the jaw a little bit.

What motivated you to compete in the competition?

Wade: I think the answer to that question really changed as we moved through the competition. At first, it was a cool opportunity to compete and something cool to jump into; then, as we got through the rounds and they got more and more serious, our goals got more serious, and it was about representing the school and all the hard work the professors put in to prepare us. We wanted to represent them and all the hard work they put in.

Did you have a specific game plan in choosing the questions in the Jeopardy round?

Wade: If we had a lead, we tended to pick what we were more comfortable with to get the jump; so if we got the lead, we could kind of park the bus a little bit. Sometimes when we were down, we picked tougher questions, because

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Clinical Pharmacy Challenge Winners (cont).

if we could figure out a way to dig those out and maybe grow a lead, we could get the ones we were more comfortable with later in the round, when there was more pressure.

Brad: If we were down or in the hole and [other teams] were answering a lot of questions fast, we would pick a larger-numbered question because these tended to be longer. In this way, we could slow things down and hopefully get the question right to shift the momentum in our favor.

Wade: We let Dan pick everything unless we felt strongly about something; in that case, we would nudge over to him, but it seemed that all three of us were thinking the same way most of the time.

Who was the most influential mentor in preparing for the competition?

Wade: Definitely Dr. Cluck (team coach). He had a team that had been here before, so he was able to advise us every step of the way with how to prepare and how to mindset things. He told us it's easy to think it is bad being down early on, but historically, it doesn't really matter. There are more points in the case and in the Jeopardy rounds.

Brad: Dr. Cluck reinforced the teamwork aspect with sticking together, and the one thing before the first round he had said to us, which came true to us after the first game when we were down pretty big, was, "No matter what the score is, never give up until it's done. Stick together and keep fighting until it's over." So that was our mentality from that first round all the way to this point, to keep sticking with it and never give up.

Wade: We have to give a special shout-out to Dr. Thigpen; he was able to hit us with the right amount of humor at just the right time so that we wouldn't be so nervous.

Clinical Spotlight (cont.)

ambulatory care. After 3–4 years, I started working more in pain management. I found that even within the geriatric subset, there is smaller group of people that need help with pain management and palliation. Now, I am more focused in that area and am currently working in pain and palliative care with a hospice focus. My current practice site, UT Southwestern, has a large population with oncology-related issues. However, I also get a lot of patients with heart failure and dementia with other hospice diagnoses such as HIV and LVAD. The average age of my general pool of patients is about 62 years old, so it is still older adult patients who come through the practice site, even for palliation and hospice management.

2016-2017
accp National student network advisory committee

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Student Chapter Spotlight (cont.)

With that in mind, UT's SCCP, together with the Student Pharmacist Recovery Network (SPRN), started Operation Naloxone. Texas recently passed a law that allows pharmacists to obtain a standing order for naloxone, giving pharmacists the authority to prescribe naloxone under physician authority. The goal of Operation Naloxone is to increase the awareness of opioid abuse in the community and educate community members on how to use a medication that can save someone's life and reverse an opioid overdose.

First, we trained pharmacy students, giving them the basic epidemiology of opioid abuse, pharmacotherapy of opioids and naloxone, signs of an overdose, and how and when to use naloxone. Then, we reached out to college cooperative housing and dormitories to hold training sessions for interested residents. These training sessions are split into two parts: (1) large-group presentation and (2) small-group discussion. One or two P3s give a presentation similar to the one they received in training by two of our professors, Drs. Lucas Hill and Nile Barnes. After the presentation, the audience is divided into small groups, with P1s, P2s, and P3s leading group discussions in pairs. They emphasize where patients can get naloxone, signs of an overdose, and when and how to use naloxone, and we've found that the audience is very engaged and asks a variety of questions about the topic of opioids. There is a preceptor at each event to aid the students in answering questions that they may not have the education or experience for, but these events are mostly student-led, with the preceptor giving the students the opportunity to showcase their knowledge and patient counseling abilities.

Fighting opioid abuse starts at home. As future health care providers, we have the ability to change the future of opioid addiction rates and help prevent future patients and abusers from becoming addicted to and dying of opioid overdoses. If you have any interest in starting an opioid overdose education outreach program, please reach out to us, and we'll be happy to help you get started.

The Pharmacist's Role in Palliative Care

Paria Sanaty Zadeh, Pharm.D. Candidate 2017 & Paul R. Hutson Pharm.D., MS, BCOP
University of Wisconsin-Madison School of Pharmacy
Reviewed by: Suzanne Nesbit, Pharm.D., FCCP, BCPS, CPE Clinical Pharmacy Specialist, Pain Management, Residency Program Director, PGY2 Pain Management & Palliative Care

In the National Consensus Project for Quality Palliative Care, the National Quality Forum describes palliative care as striving to meet the "physical, intellectual, emotional, social, and spiritual needs" of patients with advanced disease in lieu of cure.[1] Palliative care is a philosophy of care founded on the basis of empowering patients with autonomy in decisions on their care provision and, in the case of terminal illness, choice of how to spend the last moments of life. The goal is to focus care on achieving patient comfort, by offering therapies that provide relief from symptoms, pain, and suffering.

Complementing traditional medical care, which focuses on the treatment and management of disease states, palliative care aims to maximize the quality of life of patients and their loved ones by clearly identifying their overall goals. Rather than being a "withdrawal of care," palliative care reflects a reprioritization of patient goals, which often focus on improving comfort rather than prolonging life, particularly in the end-of-life period. Palliative care can be combined with interventions that treat the disease, or it may be a stand-alone approach to therapy.

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As part of a team-based palliative care program, pharmacists support patients in navigating medication regimens as they transition from life-prolonging, disease-treatment approaches to comfort-based, symptom-focused therapies that may have a diminished expectation of prolonging life. In evaluating the appropriateness of therapeutic plans, palliative care pharmacists must assess patients' level of discomfort; listen to patients' therapy goals, preferences, and desires; and respect each patient's preferences for care.[2] Of importance, pharmacists working in a palliative care setting need to become comfortable conversing with and assessing the needs of dying patients and their families and loved ones.

Pharmacists play a critical role in monitoring the appropriate use of medications in the context of changing treatment objectives. Especially in the end-of-life period, medications used for primary or secondary disease prevention may be discontinued, given that they will not affect the patient's course. Team-based discussions also help identify the level of monitoring of laboratory values and vital signs that should be applied to the medication therapy.

Palliative care pharmacists should be experts in managing symptoms, including pain, nausea, and vomiting, and psychiatric concerns such as depression and anxiety. Working in the interprofessional team setting, pharmacists are often the source of education on the use of novel doses or applications of medications to the palliative care setting, and scholarly publications of these experiences are encouraged.

Palliative care pharmacists play an essential role in ensuring appropriate opioid use. Pharmacists often monitor opioid therapy to assess for control of pain and discomfort while minimizing adverse effects such as CNS depression. Providing reassurance to the patient and caregivers about the proper use and safety of the opioid is often needed, as is providing guidance to prescribers when a transition in the route of administration or opioid is called for.

Currently, no board certification exists for palliative care pharmacists through the Board of Pharmacy Specialties. In the absence of board certification for palliative care pharmacists, each institution's pharmacy and therapeutics committee is encouraged to extend advanced patient care responsibilities to appropriately experienced palliative care pharmacists to practice at the top of their scope of practice.

Pharmacist engagement on the palliative care team can have a vital impact on ensuring safe and evidence-based medication use for patients receiving palliative care services. Through these critical pharmacist contributions, the palliative care team can achieve the tenets of compassion on which its foundation is based.

References

1. National Consensus Project for Quality Palliative Care (NCP). Clinical Practice Guidelines for Quality Palliative Care, 3rd ed. Pittsburgh: NCP, 2013. Available at www.nationalconsensusproject.org/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf. Accessed April 15, 2015.

2. American Society of Health-System Pharmacists (ASHP). ASHP guidelines on the pharmacist's role in palliative and hospice care. Am J Health Syst Pharm 2016;73:1351-67.

ACCP Clinical Research Challenge Registration Deadline—February 1, 2017

Clinical Research Challenge

Critically evaluating and applying the primary literature is an essential skill for clinical pharmacists. Research and scholarship contributes to improved health outcomes for patients and advances in the profession of clinical pharmacy. This innovative and unique competition offers teams of three pharmacy students the opportunity to participate in an online journal club and the chance to submit a clinical research proposal. **NEW this year is the addition of a Letter of Intent round. Registration deadline is February 1!**

Eligibility

Participation in the ACCP Clinical Research Challenge is voluntary, and no entry fee is required. The competition is only open to pharmacy students pursuing their first professional pharmacy degree from an accredited institution or one that has been granted candidate status who are in the first 2 years of their first professional pharmacy degree program (P1 and P2 students for 4-year programs, P1 and P2 students for 3-year accelerated programs, and the first 2 professional years for 0-6 or 0-7 year programs). Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, or more than one interested team are encouraged to conduct a local competition. ACCP provides a written examination that institutions may use as a basis for their local competition, if they wish. This examination is available and may be requested by the ACCP faculty liaison or registering faculty member by e-mail. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

Format

All eligible teams will have the opportunity to compete in round 1: Online Journal Club. Teams achieving the top 40 scores after round 1 will advance to the newly created round 2: Letter of Intent (LOI) submission. In the event of a tie, the top 40 scores will be determined by the time required to complete the online journal club exam.

Teams advancing to round 2 will be provided information regarding the research environment, which will include a specified budget and a timeline in which the proposed research must be completed. Eligible teams will have 2½ weeks to develop and submit an LOI online following the criteria outlined here.

Teams achieving the top 20 scores after the LOI round will be advanced to round 3: Research Protocol Design and invited to submit a complete research proposal. Teams will be notified regarding their status to participate in round 3 by e-mail by March 17, 2017. Proposals are due by midnight, April 14, 2017 (CST). For more information on round 3, click here.

Registration

Students are not required to be members of ACCP to participate. Team registration should be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison.

The deadline to complete team registration and confirm eligibility is **February 1, 2017**. For additional competition information, including the schedule, FAQs, and sample questions, click here.

Register Now

Emerge from the Crowd in Jacksonville, Florida

This February, ACCP will conduct an Emerge from the Crowd workshop. This unique program has been designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation. You will be given the opportunity to walk away with tangible results, including a revised curriculum vitae, a letter of intent, and a financial plan. You will take part in interactive programming on applying for a residency, maximizing experiential education opportunities, and interviewing successfully. You will also have the opportunity to sit down face-to-face with current residents to learn from their perspectives and advice during a special roundtable session.

February Important Dates

2/1 Clinical Research Challenge (CRC) Team Registration Deadline

2/6 CRC Online Round 1 Journal Club Examination

2/18/-2/19 Emerge from the Crowd—Jacksonville, Florida

2017 ACCP StuNews January Case

Reviewed by 2016 ACCP Clinical Pharmacy Exam Panel

Vignette: A 45-year-old African American woman comes to her primary care appointment for a follow-up on her chronic conditions, but also because of recent edema. She is also seeking treatment of obesity.

Medical History: Hypertension, type 2 diabetes, osteoarthritis, obesity, depression

Social History: Negative for smoking, alcohol intake, illicit drug use

Family History: (+) Diabetes in mother and paternal grandmother; father died of a myocardial infarction at age 79; mother died of a massive stroke at age 78; siblings (five) are alive and well

Current Medications: Metformin 1000 mg by mouth twice daily, lisinopril 20 mg by mouth once daily, pravastatin 10 mg by mouth at bedtime, amlodipine 10 mg orally once daily, sertraline 50 mg by mouth once daily, hydrocodone/acetaminophen 5/325 mg by mouth every 6 hours as needed for pain

Allergies: No known drug allergies

Vital Signs: Blood pressure 148/94 mm Hg; heart rate 80 beats/minute; temperature 98.5°F (36.9°C); respiratory rate 18 breaths/minute; weight 85 kg (188 lb) (83 kg [184 lb] 6 months ago); height 152 cm (60 inches); body mass index 36.7 kg/m^2

Laboratory Values: Na 140 mEq/L (140 mmol/L); K 4.0 mEq/L (4.0 mmol/L); Cl 95 mEq/L (95 mEq/L); BUN 14 mg/dL (4.99 mmol/L); SCr 0.8 mg/dL (70.72 micromoles/L); glucose 175 mg/dL (9.7 mmol/L); A1C 7.5% (0.075%); ALT 15 IU/L; AST 21 IU/L; LDL 176 mg/dL (4.56 mmol/L); TG 292 mg/dL (3.3 mmol/L); TC 280 mg/dL (7.25 mmol/L)

Procedures: ECG = normal sinus rhythm

Other: 10-year atherosclerotic cardiovascular disease (ASCVD) risk = 20.1% using the Pooled Cohort Equations

Clinical Case Questions available on page 9.

Clinical Case Questions

Question 1: What is the patient's A1C goal, according to the American College of Clinical Endocrinologists (AACE) guidelines?

1. Less than 7.5% (0.75%)
2. Less than 7% (0.07%)
3. Less than 6.5% (0.065%)
4. Less than 6% (0.06%)

Question 2: Which of these medications is most likely contributing to the patient's edema?

1. Acetaminophen
2. Amlodipine
3. Lisinopril
4. Pravastatin

Question 3: Which statin recommendation (given orally at bedtime) is MOST appropriate according to the American College of Cardiology/American Heart Association 2013 guideline on cholesterol?

1. Atorvastatin 5 mg orally at bedtime
2. Pravastatin 40 mg orally at bedtime
3. Rosuvastatin 20 mg orally at bedtime
4. Simvastatin 40 mg orally at bedtime

Question 4: Which of the following medication(s)is the most appropriate option for the treatment and management of the patient's obesity?

1. Bupropion and naltrexone
2. Liraglutide
3. Lorcaserin
4. Phentermine and topiramate

Question 5: Which is the most appropriate recommendation for the treatment of her type 2 diabetes?

1. Canagliflozin 300 mg orally once daily
2. Glipizide 10 mg orally twice daily
3. Insulin glargine 10 units subcutaneously at bedtime
4. No additional therapy needed; patient is at goal

For additional case questions and explained answers, click here.

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http://www.accp.com/index.aspx

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