Ray Named 2010 Parker Medalist

Max D. Ray, Pharm.D., M.S., LHD, has been chosen by the Parker Medal Selection Committee as the 2010 recipient of the College’s Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy. Dr. Ray is Dean Emeritus of Pharmacy at Western University of Health Sciences in Pomona, California. Now retired, he serves part-time as a faculty member at the University of Tennessee College of Pharmacy, as Professor of Pharmaceutical Sciences in the Health Outcomes and Policy Research Division.

Paul Parker was one of clinical pharmacy’s most influential proponents. Before his death in 1998, Dr. Parker spent 24 years as Director of Pharmacy at the Chandler Medical Center/University of Kentucky in Lexington. His innovations include the development of decentralized pharmacy services, placing pharmacists in the hospital’s clinical areas, as well as the development of the nation’s first pharmacist-staffed drug information center. Dr. Parker’s vision for pharmacy practice was passed along to the more than 150 residents and fellows who trained in the Kentucky program during his tenure. These disciples include many of today’s leaders in clinical pharmacy who continue to pass on his wisdom and vision to their trainees. The Paul F. Parker Medal recognizes an individual who has made outstanding and sustained contributions to the profession that improve patient or service outcomes, create innovative practices, affect populations of patients, further the professional role of pharmacists, or expand the recognition of pharmacists as health professionals.

In making its selection, the Parker Medal Committee commented on Dr. Ray’s many contributions to clinical pharmacy, noting that he “conceptualized and spearheaded the [1985 invitational ASHP] Hilton Head Conference on Directions for Clinical Practice in Pharmacy],” a conference in which Paul Parker was a major participant. Dr. Ray’s career has encompassed pharmacy practice, education, and pharmacy association leadership. He served as Chair of the Department of Clinical Pharmacy at the Medical University of South Carolina from 1970 until 1975, Director of the Professional Practice Division and Director of the Pharmacy Residency Accreditation Program for ASHP between 1976 and 1985, and Executive Vice President of the California Society of Hospital Pharmacists from 1985 until 1990. Dr. Ray joined the faculty of the College of Pharmacy at Western University of Health Sciences in 1996, and he was appointed Dean of the College in 1999, a post he held until his retirement in 2006. Since 2007, he has served as a consultant to the Accreditation Council for Pharmacy Education (ACPE).

Dr. Ray has received numerous awards, including the ASHP Harvey Whitney Lecture Award, the Outstanding Alumnus Award from the University of South Carolina, the Pharmacist of the Year Award from both the California Society of Hospital Pharmacist and the South Carolina Society of Hospital Pharmacists, the Northeastern University John Webb Lecture Award, the Albert Jowdy Award from the University of Georgia, and the Walker Scholar Award from Auburn University, as well as a Citation of Honor from the California Board of Pharmacy. Finally, the selection committee observed that Dr. Ray is clearly one of clinical pharmacy’s most dedicated and patient-centered leaders, noting that his perspective has been expressed as “we’re simply going to do what is right for society.”

Dr. Ray’s nominators, Bradley Boucher and Stephanie Phelps, wrote in their letter of nomination,

Having had the distinction of knowing Dr. Parker personally in the twilight of his career and having grown close to Dr. Ray at the end of his esteemed career, one cannot help but readily draw comparisons between these two pharmacy giants. Both were extremely wise and passionate individuals who had insight into and a vision for the advancement of the pharmacy profession.

Similar to Dr. Parker, Dr. Ray’s commitment to develop and mentor the next generation of pharmacists and pharmacy leaders has been evident by his investment in post-doctoral education and accreditation efforts.

Ray Maddox, Pharm.D., Director of Clinical Pharmacy at St. Joseph’s/Candler in Savannah, Georgia, wrote in his letter of support,

Dr. Ray is a man who has devoted his professional life—literally and figuratively—to the growth and building of the stature of clinical pharmacy practice and to the nurturing of those who choose a career in this setting. I highly recommend him for this distinguished professional honor; he is a distinguished gentleman with a distinguished career characterized by “giving.”
University of Iowa College of Pharmacy Dean Don Letendre, a longtime colleague of Dr. Ray who also worked closely with Dr. Parker, added,

It was Max who spearheaded the country’s first true effort to seek consensus on the future direction of clinical pharmacy practice through what has come to be known as the “Hilton Head Conference.” As a member of the Conference Planning Committee, I can tell you that it was Max who first conceived of the idea for such an enclave and that he served as the driving force in bringing the Conference to fruition. Clearly, the impact of that Conference on bringing clinical practice to the fore is still being felt today.

As a long-time friend and protégé of Paul’s, I know firsthand the extremely high regard he had for Max. Given the close personal relationship that existed between Paul and Max, the common interest both men shared in advancing clinical pharmacy practice and postgraduate residency training, and the fact that Max is now in the twilight of a remarkably diverse and highly successful career, it seems only fitting that ACCP would see fit to honor him as this year’s recipient of the Parker Medal.

The 2010 Paul F. Parker Medal will be presented during the Opening General Session at the 2010 Annual Meeting in Austin, Texas, on Sunday morning, October 17. Dr. Ray will attend to accept the medal and deliver a brief acceptance address. The Parker Medal Selection Committee is composed of representatives from member organizations of the Joint Commission of Pharmacy Practitioners, together with past presidents of ACCP. Members of the 2010 committee are Robert Talbert (chair), Diane Beck, Jill Boone, Bruce Canaday, Joseph DiPiro, Steven Gray, Kathleen Lake, Jean Nappi, John Pieper, and Mark Woods.

**Attend ACCP Academy’s Basic Training for New Clinical Faculty and Preceptors**

New and returning faculty will want to be sure to attend this popular premeeting workshop that introduces clinical faculty and preceptors to the foundational principles of teaching in the classroom and clinical settings. The workshop will be offered in Austin, Texas, on Saturday, October 16, immediately before the 2010 ACCP Annual Meeting. In addition to an investigation of the professional nature of teaching, participants will create learning outcomes, design teaching strategies to achieve the outcomes, and use criteria-referenced and evidence-based feedback to improve student abilities.

**Basic Training for New Clinical Faculty and Preceptors** serves as the prerequisite, required course for the ACCP Academy Teaching and Learning Certificate Program. Designed to provide a foundation for faculty and preceptors beginning their careers, this full-day course engages participants in thoughtful discussions and small group exercises. One of ACCP’s best-received educational courses, **Basic Training** successfully builds young academicians’ base knowledge in planning, implementing, and assessing student learning.

Using strategies designed for both classroom instruction and clinical precepting, participants will integrate the concepts of critical thinking, active learning, ability-based education, and assessment-as-learning. At the end of the session, participants will be prepared to develop strategies for planning, implementing, and assessing educational experiences that achieve clearly defined student outcomes in didactic and clinical settings and to clarify their own purposes, goals, and philosophy for teaching.

Don’t miss out! **Basic Training** is offered only once a year, and online registration is available at [www.accp.com/am](http://www.accp.com/am).

**ACCP Clinical Pharmacy Challenge – Team Registration Deadline September 8**

Who will be the 2010 ACCP Clinical Pharmacy Challenge champion? Act now to register your pharmacy student team to compete in the inaugural year of ACCP’s new national student competition. The field of teams is growing; will your school be represented? Visit the student Web site at [www.accp.com/stunet](http://www.accp.com/stunet) to view the list of schools registered to compete this fall.

Each college or school of pharmacy team registration may be submitted online and must be initiated by the institution’s ACCP faculty liaison or a current faculty member. The registering faculty member and/or his/her designee must be present at the time the team participates in the online rounds. Each team must complete its online registration and eligibility confirmation by September 8, 2010.

The ACCP Clinical Pharmacy Challenge allows teams of three students to compete against teams from other schools and colleges of pharmacy in a “quiz-bowl” format. Students need not be members of ACCP to participate. Preliminary rounds of the competition will be conducted virtually (online) in September. Semifinal and final rounds will be held live at the ACCP Annual Meeting in Austin, Texas. Go to [http://www.accp.com/stunet/compete/eligibility.aspx](http://www.accp.com/stunet/compete/eligibility.aspx) to view the competition schedule.

Detailed information regarding ACCP Clinical Pharmacy Challenge eligibility, format, FAQs, sample test items, and registration may be found on our Web site at [http://www.accp.com/stunet/compete/overview.aspx](http://www.accp.com/stunet/compete/overview.aspx).

Don’t miss this unique opportunity. Register your team today.

**ACCP Elects 2010 Fellows**

Thirty-one ACCP members have been elected Fellows of the American College of Clinical Pharmacy and will be recognized during a special ceremony on October 17 at the College’s 2010 Annual Meeting in Austin, Texas. Recognition as a Fellow is awarded to ACCP members who have demonstrated a sustained level of excellence in clinical pharmacy practice and/or research. Fellows can be recognized by the initials “FCCP” as part of their title.
The 2010 ACCP Fellows are:

Sara D. Brouse, Pharm.D.; Rockwall, TX
Elizabeth S. Dodds Ashley, Pharm.D., MHS; Rochester, NY
Jill S. Burkiewicz, Pharm.D.; Downers Grove, IL
Amanda H. Corbett, Pharm.D.; Carrboro, NC
Thomas C. Dowling, Pharm.D., Ph.D.; Baltimore, MD
Richard H. Drew, Pharm.D., M.S.; Durham, NC
David R. Foster, Pharm.D.; Indianapolis, IN
Jeffrey Fudin, Pharm.D.; Delmar, NY
Sandra Smith Garner, Pharm.D.; Charleston, SC
Jennifer D. Goldman-Levine, Pharm.D.; Boston, MA
Tracy M. Hagemann, Pharm.D.; Edmond, OK
Mary H. Hess, Pharm.D.; Philadelphia, PA
James D. Hoehns, Pharm.D.; Cedar Falls, IA
David S. Hoff, Pharm.D.; Lakeville, MN
Julia M. Kocher, Pharm.D.; McCordsville, IN
Elizabeth Landrum Michalets, Pharm.D.; Asheville, NC
Susan M. Miller, Pharm.D.; Fayetteville, NC
Tien M.H. Ng, Pharm.D.; Los Angeles, CA
Cindy L. O’Bryant, Pharm.D.; Denver, CO
Lance J. Oyen, Pharm.D.; Rochester, MN
Amy Barton Pai, Pharm.D.; Albany, NY
Steven E. Pass, Pharm.D.; Dallas, TX
Charles A. Peloquin, Pharm.D.; Gainesville, FL
Betsy M. Bickert Poon, Pharm.D.; Apopka, FL
James D. Scott, Pharm.D.; Pomona, CA
Sharon See, Pharm.D.; Hoboken, NJ
Sachin R. Shah, Pharm.D.; Irving, TX
Nancy L. Shapiro, Pharm.D.; Glenview, IL
Liza Takiya, Pharm.D.; Phoenixville, PA
Daniel R. Touchette, Pharm.D., M.A.; Chicago, IL
Issam Zineh, Pharm.D.; Silver Spring, MD

After nomination by their colleagues, Fellow candidates undergo a comprehensive and rigorous evaluation by the Credentials: Fellowship Committee of their practice and research accomplishments. Among the criteria evaluated by the committee are examples of patient care service or educational programs developed by the nominee; certifications or other credentials earned; drug therapy management responsibilities; educational presentations; consultancies; service to publications; original research presentations, projects, funding, and publications; and other professional activities and awards. Individuals nominated as Fellows also must have made a substantial contribution to ACCP through activities such as presentations at College-sponsored meetings; service as an abstract, Research Institute, or Pharmacotherapy reviewer; contributions to College publications; service as a committee member; or tenure as a Practice and Research Network, chapter, or other elected ACCP officer.

Members of the 2010 Credentials: Fellowship Committee, each of whom dedicated many hours to the review of FCCP applications and other documents, were Richard Artymowicz, Jacque Bainbridge, Oralia Bazaldua, David Burgess, Larisa Cavallari, Jeffrey Delafiune, Christopher Destache, Mary Emsom, Elizabeth Farrington, Mary Hayney, Daniel Healy, Melanie Joy, James Lyon, Gary Levin (vice chair), Julie Maurey, Margaret Noyes Essex, Beth Phillips, Paul Price, Beth Resman-Targoff, Jay Rho, Marisel Segarra-Newnham, Larry Segars, Maureen Smythe, Roger Sommi, Eva Vasquez, William Wade, William Webster (chair), Dan Wermeling, and Cathy Worrall.

Career Paths 101: Deciding, Obtaining, and Succeeding

This fall’s Annual Meeting in Austin, Texas, will allow residents, fellows, and students to join their colleagues from across the country to obtain career advice from the experts. Attendees will learn from a panel of professionals who represent academia, administration, clinical specialty practice, and the pharmaceutical industry. The panel will answer attendees’ questions and provide different perspectives to consider when deciding on their initial career path. In addition, participants will hear from both interviewers and interviewees on how best to secure the position and benefits the participant is seeking. Finally, the panel will provide expert advice on budgeting, paying off debt, cost-effectively purchasing insurance, saving and investing, and succeeding financially.

This program, created especially for postgraduate trainees and students, will be held on Saturday, October 16, 2010, from 2:00 p.m. to 4:30 p.m. and will be offered at no charge to all students, residents, and fellows who register for the ACCP Annual Meeting. For more information about this session and other meeting highlights, visit http://www.accp.com/meetings/am10/schedule.aspx?mode=detail&i=1533.

Attention Students, Residents, and Fellows: Apply Online Now for 2010 ACCP Annual Meeting Travel Awards

Have you thought about attending an ACCP meeting, but have limited financial resources available to cover your travel and registration costs? ACCP and its members want to help! ACCP Student Travel Awards and Resident/Fellow Travel Awards enable students and postgraduate trainees to attend ACCP meetings by awarding travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the ACCP Annual Meeting in Austin, Texas, October 17–20, 2010.

How to Apply

Students: Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for an award. Applicants are asked to submit a completed application, which includes a curriculum vitae or resume, two letters of reference, and an essay of no more than 500 words detailing the applicant’s objectives for attending an ACCP meeting. All application materials should be submitted online at
Residents/Fellows: To qualify, applicants must be current resident or fellow members of ACCP who are enrolled in a residency or fellowship program at the time of the meeting. Applicants must submit a curriculum vitae, an essay of no more than 250 words detailing the applicant’s objectives for attending an ACCP meeting, and a personal reference from the residency or fellowship program director or his or her designee. All materials should be submitted online at http://www.accp.com/membership/resfelAward.aspx. The application deadline is August 23, 2010.

For more information on ACCP travel awards, contact Jon Poynter, ACCP Membership Project Manager, at jpoyneter@accp.com or (913) 492-3311, ext. 21.

Let ACCP Help with This Year’s Recruiting Efforts

Recruiting the candidate you want is time-consuming and costly, but ACCP can make it easier. The College provides a variety of advertising options designed to reach the high-quality clinical pharmacy specialists you need at an affordable price. The ACCP Career Center, available online at www.accp.com/careers, provides detailed information on a variety of recruiting options, including online position listings, ACCP Report position announcements, and position listings in ACCP’s official journal, Pharmacotherapy.

Whether you're looking for a seasoned professional or seeking to promote future residency and fellowship positions, the ACCP online position listings can be tailored to fit your needs. Listing a regular position online is only $175 for ACCP members, and if you’re listing a residency or fellowship, the cost is only $75. Imagine listing an upcoming residency position for under $100! And through the ACCP Web site, your reach extends beyond ACCP’s almost 12,000 members to any pharmacist or student visiting the ACCP Web site to look for available positions. ACCP’s Online Position Listings page is the second most-visited page on the Web site. You can even feature your listing so that it appears at the top of any position search. To reach a targeted audience, employers can select from a variety of specialists or students, and the position will then be e-mailed to them directly.

Searching for next year’s residents or fellows? Take part in the ACCP Residency and Fellowship Forum on Monday, October 18, during the ACCP Annual Meeting. This event offers programs the opportunity to get a head start on this year’s resident and fellow recruiting. Searchable online listings will offer Forum participants a sneak peak at available positions before the meeting. Visit www.accp.com/pan for more information on this year’s ACCP Residency and Fellowship Forum.

ACCP Report position listings provide another economical option for those seeking to fill positions now. ACCP’s monthly e-newsletter, delivered directly to ACCP members, is a great venue for promoting available positions in academia, pharmaceutical industry, and clinical practice. ACCP’s monthly journal, Pharmacotherapy, also offers opportunities to promote open positions to the journal’s audience of clinicians and scientists.

For more information on these and other recruitment opportunities available through ACCP, including the annual ACCP Residency and Fellowship Forum, visit us online at www.accp.com/careers.

Report of the Nominations Committee

The Nominations Committee has recommended the following slate of candidates for 2011. Elections will occur in spring 2011, and successful candidates will assume office at the 2011 ACCP Annual Meeting in Pittsburgh, Pennsylvania.

President-Elect:

Susan C. Fagan, Pharm.D.; Augusta, GA
Curtis E. Haas, Pharm.D.; Rochester, NY

Secretary:

Krystal K. Haase, Pharm.D.; Amarillo, TX
Tracy Hagemann, Pharm.D.; Edmond, OK

Regent:

Marie A. Chisholm-Burns, Pharm.D.; Tucson, AZ
Anne L. Hume, Pharm.D.; Portsmouth, RI
Edith A. Nutescu, Pharm.D.; Chicago, IL
Jo Ellen Rodgers, Pharm.D.; Chapel Hill, NC

Research Institute Trustee:

Daniel E. Hilleman, Pharm.D.; Omaha, NE
Jill M. Kolesar, Pharm.D.; Middleton, WI
Keith M. Olsen, Pharm.D.; Omaha, NE
J. Herbert Patterson, Pharm.D.; Chapel Hill, NC

Additional nominations may be made in writing to the Secretary of the College, Julie Banderas, ACCP, 13000 W. 87th Street Parkway, Lenexa, KS 66215. Nominations must state clearly the qualifications of the candidate, be signed by at least 62 Full Members (1% of eligible Full Members), and be submitted no later than September 17, 2010.

Respectfully submitted,

Dawn Havrda, Chair; Joseph Guglielmo, Vice Chair; Laura Borgelt, Mary Roth, Gordon Sacks, Mark Shaefer, and Ann Wittkowsky.

Washington Report

C. Edwin Webb, Pharm.D., MPH
Associate Executive Director
Director of Government Affairs

Comprehensive Medication Management in the Patient-Centered Medical Home:
Transforming Practice to Match the Policy Success

On July 22, 2010, an important policy milestone was achieved as part of the broad and ongoing process of reforming the nation’s health care delivery system—especially with respect to the provision of comprehensive, coordinated, and team-based primary care. At its national “stakeholders’ meeting” in Washington, DC, the Patient-
Centered Primary Care Collaborative (PCPCC) (www.pcpcc.net), with which ACCP has been working directly and closely for almost 2 years, released two new “resource documents,” which PCPCC members, stakeholders, policy analysts, and others use in their work to implement and refine the core structures and services of patient-centered medical homes (PCMHs). Of special note and meaning for clinical pharmacists is the publication of the resource titled “The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes” (please see http://www.accp.com/docs/positions/misc/CMM%20Resource%20Guide.pdf).

PCPCC is a 600+ member coalition of health professional societies, clinicians from the principal health care professions, health plans, employer groups, patient care quality organizations, hospitals, and others. This coalition has worked together for more than 3 years, particularly during the health care reform debate in Congress, to define and advocate for comprehensive changes in the way primary care services are structured, coordinated, financed, and delivered. Because of these efforts, the PCMH has emerged as one, if not the key, element of the delivery system and payment policy reform being implemented and evaluated by the U.S. Department of Health and Human Services (HHS), the Centers for Medicare and Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ) during the next several years.

The resource guide provides a descriptive framework for the provision of team-based comprehensive medication management services in the PCMH. Also included in the guide are examples of approaches, evidence of effectiveness, and an understanding of the close alignment between the principles of the PCMH and the purposes and outcomes to be achieved through a comprehensive approach to medication management that is team based and that actively engages the patient in the clinical care and goal-setting processes. (See table on next page [or, see http://www.accp.com/docs/positions/misc/Contribution of Medication Management.pdf].)

Follow-up meetings with key agency personnel at AHRQ and HHS have already been conducted or are being scheduled by the co-leaders of the PCPCC medication management task force. These meetings will introduce the resource guide and its concepts to the agency staff responsible for developing proposed rules, constructing and selecting members of commissions and advisory boards, and developing the grant proposal requests required under the new health care reform law. In each case, our goal is to reinforce and amplify the message—one that PCPCC has now publicly embraced—that a case, our goal is to reinforce and amplify the message—that a services within the PCMH environment.

More questions than answers currently exist regarding how best to incorporate pharmacists into PCMH teams. We know, for example, that there simply are “not enough to go around” to physically staff every PCMH or primary care medical practice with a pharmacist, even if the essential changes in payment policy needed to support an effective, team-structured PCMH practice were in place. (This issue is the focus of the second resource paper released by PCPCC on July 22.) “Virtually constructed” teams and practice relationships, with pharmacists available and committed to serving multiple patient groups and practice settings, will inevitably be required. Design and implementation of these comprehensive medication management practices/structures must be led by pharmacists, working with physicians, nurses, and practice managers who may well embrace the service but who are quite busy themselves trying to reengineer their own practices within the PCMH environment.

Similarly, we know much remains to be done in defining and refining the electronic health information technology infrastructure essential to the provision of patient-centered care across both multiple practice environments and patients’ homes, including their transitions among all of these places. That clinical pharmacy practice developed in the hospital environment, with the patient’s records, data, other providers, and even the patient in one place and available for the pharmacist to draw on, is no coincidence. These resources were essential to building an effective practice in that setting at that time. Electronic health information technology and communication tools provide the “opportunity” (there’s that word again!) to deliver a more patient-centered practice into the world where patients actually live and function—their home, community, and other settings of care.

More importantly, we must fully acknowledge (and behave and practice accordingly) that the consistency, reproducibility, and “24-7 availability” of the comprehensive medication management services that actually meet the real needs and expectations of patients and other team members is an “all-or-nothing” professional and ethical commitment. Our practice activities, business models, and professional behaviors must evolve to unfailingly reflect that commitment if they are to be fully valued by those who receive and pay for the service. The practice cannot “shut down” when a pharmacist goes on vacation or is “off service” for the month to do other things. The practice cannot be, and should not appear to be, vastly different (perhaps even unrecognizable) to the patient or other members of the team if they experience it in different care settings or from different pharmacists. The practice cannot be simply (and perhaps not even with great effort) “worked in” to the existing flow of activity by which medication orders (including those that are appropriate for the patient) are processed, even though each of these activities has an important place in patient care.

The standard of care and practice for comprehensive medication management embodied in the PCPCC resource guide is not yet commonly available to all patients who can benefit from it. But then again, neither is the standard of medical care embodied in the principles of the PCMH commonly available. Both are expressions of a desired and necessary transformation of patient-centered primary care
<table>
<thead>
<tr>
<th>Principle</th>
<th>Medication Management Contribution</th>
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<tbody>
<tr>
<td><strong>Personal Relationship with Physician or Other Practitioner</strong></td>
<td>The therapeutic relationship is established and the patient’s medication experience is revealed and used to improve care</td>
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<tr>
<td><strong>Team Approach</strong></td>
<td>The rational decision-making process for drug therapy is utilized and the assessment, care plan and follow-up of drug therapy is integrated with the team’s efforts</td>
</tr>
<tr>
<td><strong>Comprehensive/Whole Person Approach</strong></td>
<td>All of a patient’s medications (regardless of source) are coordinated and evaluated to ensure they are appropriate, effective, safe, and convenient</td>
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<tr>
<td><strong>Coordination and Integration of Care</strong></td>
<td>The intended therapeutic goals, which are made measurable and individualized to the patient, serve to coordinate and integrate the patient’s care with other team members</td>
</tr>
<tr>
<td><strong>Quality and Safety are Hallmarks</strong></td>
<td>Drug therapy problems are identified, resolved, and prevented in a systematic and comprehensive manner to realize appropriate, effective, safe, and convenient drug therapy for the patient</td>
</tr>
<tr>
<td><strong>Expanded Access to Care</strong></td>
<td>Physicians are extended, made more efficient and more effective through the optimal management of a patient’s medications</td>
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<tr>
<td><strong>Added Value Recognized</strong></td>
<td>Clinical outcomes are improved, return-on-investment is positive, acceptance by patients is high, and physicians support the practice</td>
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that produces healthier, more involved patients; health care professionals practicing at their highest intellectual and clinical capacity and scope; and higher-quality, more cost-effective care for those who purchase and finance it. This transformation cannot—indeed, must not—wait much longer.

Pharmacy practice transformation that reflects the principles and steps of comprehensive medication management will not occur because of news releases from organizations simply saying how much they like or support the concepts contained in the new resource guide. Transformative action, especially the hard and financially challenging work of practice and business model reengineering, combined with proactive and unrelenting advocacy for payment reform that rewards quality and coordinated, team-based care rather than isolated and episodic treatment and procedures in professional silos, is the essential strategy going forward.

Opportunity doesn’t keep knocking if the door isn’t answered.

Last-Chance Pharmacotherapy Review Webinar Registration Now Available

Are you planning to take the Pharmacotherapy Specialty Exam, but finding it difficult to get started reviewing or determining whether you understand key concepts? Could you use 6.0 hours of live continuing education (CE)? Then ACCP’s Last-Chance Pharmacotherapy Review webinar is for you! Register now at http://www.accp.com/meetings/w-pr10/.

Enjoy the convenience of avoiding time-consuming and costly travel while reaping the benefits of nationally recognized content experts leading brief concept overviews and vignette-based self-assessment questions and feedback. This highly participatory Web-based course will be delivered directly to your home, office, or anywhere you have broadband Internet access.

Sessions will be offered on Wednesday and Thursday evenings, September 8 and 9, 2010. The four content areas to be covered are:

**Wednesday, September 8**
- Biostatistics – 7:00–8:30 p.m. (EDT)
- Gastrointestinal Disorders – 8:30–10:00 p.m. (EDT)

**Thursday, September 9**
- Fluids and Electrolytes – 7:00–8:30 p.m. (EDT)
- Infectious Diseases – 8:30–10:00 p.m. (EDT)

If you are unable to attend one or more sessions, the recordings will be available to all registrants for later viewing (CE is only available for the sessions that you attend live). From a technical standpoint, it’s simple! All that’s required is broadband Internet access, an Internet browser, Adobe Flash Player (already installed on more than 98% of devices currently connected to the Internet; otherwise, a free download), and audio speakers or headphones.

The cost of participation is only $139.95 for those who attended the ACCP Spring Practice and Research Forum and anyone who has purchased any of the 2010 Pharmacotherapy Preparatory Review Course products, $159.95 for all other ACCP members, and $189.95 for all nonmembers. Webinar participants will be limited in number, so sign up early at http://www.accp.com/meetings/w-pr10/.

**Grants Awarded to 2008 FIT Program Class Top $2 Million**

The success of the FIT Program continues to grow. To date, more than $2 million in new grants have been awarded to FIT attendees. “The FIT Program’s outcomes have exceeded our expectations,” stated Jacque Marinac, FIT Program Director. She continues:

I believe the unique learning environment of the FIT Program is fundamental to its success. The FIT Program requires attendees to engage in intense and iterative critical self-evaluation and reflection, while the mentoring experiences challenge the mentees’ thought processes and knowledge base in a way that most have never experienced before. Attendees and mentors find it both exhausting and exhilarating.

Forty-six individuals have graduated from the FIT Program during the 3 years of its existence. The FIT Program is an annual, intensive, 1-week, hands-on program for up to 25 experienced pharmacist-investigators who have not yet been awarded significant peer-reviewed extramural funding as principal investigators. Through this mentored program, the pharmacist-investigator will take necessary steps toward preparing a K, R01, or similar investigator-initiated application for submission to the NIH or other major funding source.

The FIT Program is supported through gifts to the Frontiers Fund. To learn more about the FIT Program, go to http://www.accpri.org/fit/.

**A Gift for Our Future: 2010 Frontiers Fund**

Your donation to the Frontiers Fund campaign will help support the creation of the first national clinical pharmacy practice-based research network (PBRN). According to Barry Carter, ACCP past president and NIH-funded PBRN researcher,

Many leaders in pharmacy have been suggesting that a PBRN will be very important to link clinical pharmacy services. This initiative is extremely important and will allow ACCP to help lead multicenter studies of sufficient size to provide proper study design to impact clinical care and public health.
The messaging for the Frontiers Fund in 2010 is simple: “A Gift for Our Future...” Your tax-deductible gift will develop researchers, build a research network, generate evidence to further document the value of clinical pharmacy services, and advance pharmacy research. Together, we can shape the future of clinical pharmacy. Please make a donation today at www.accpri.org.

MEDAP Study Now Recruiting!

The ACCP PBRN is actively recruiting all clinical pharmacists who provide direct patient care to join the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study. The purpose of this study is to gather information regarding the interventions made by clinical pharmacists across the country pertaining to medication error detection, amelioration, and prevention.

The ACCP PBRN has created a one-stop resource for all PBRN-related materials called PBRNConnect. Located at www.accpri.org/pbrnconnect, this site is accessible by ACCP PBRN members using their usual ACCP.com login. ACCP PBRN members interested in participating in the MEDAP Study are required to complete steps within PBRNConnect. Each member will upload his/her own portfolio documents within the secure PBRNConnect site. In addition, PBRNConnect is a repository for all PBRN-related training. ACCP PBRN members will be able to view, print, and download all research and PBRN-related documents.

The MEDAP Study protocol, IRB approval letter, and data collection tools are available on PBRNConnect. The PBRNConnect site will help you determine the additional steps needed, if any, at your site before you are eligible to participate in the MEDAP Study.

Join your ACCP colleagues who have already gone to PBRNConnect, completed their portfolios, and begun participating in the MEDAP Study. Don’t miss out on this opportunity to contribute to clinical pharmacy research in a meaningful way!

Pharmacotherapy Pearls

Pharmacotherapy’s Impact Factor Report

Stephen E. Cavanaugh, B.A.
Richard T. Scheife, Pharm.D., FCCP
Wendy R. Cramer, B.S., FASCP

The Institute for Scientific Information impact factor is a measure used by researchers, authors, and libraries to judge the overall “quality” of a journal. Journals with higher impact factors are held to be more prestigious and of higher impact than those with lower impact factors. Indeed, tenure and promotion committees often assess not only a candidate’s number of publications but also the impact factor of the journals in which the candidate has published.

Once again, we are pleased to report that Pharmacotherapy’s impact factor has increased (from 2.527 to 2.726), making it the highest impact factor among the pharmacy journals. We have created the following report so that you can see the relevant data for each pharmacy journal.

<table>
<thead>
<tr>
<th>Journal</th>
<th>Total Cites</th>
<th>Articles</th>
<th>Impact Factor</th>
<th>5-Year Impact Factor</th>
<th>Self-Citations (%)</th>
<th>Rank (X/236)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacotherapy</td>
<td>4393</td>
<td>135</td>
<td>2.726</td>
<td>2.255</td>
<td>2</td>
<td>90</td>
</tr>
<tr>
<td>AJHP</td>
<td>3343</td>
<td>167</td>
<td>2.097</td>
<td>1.961</td>
<td>14</td>
<td>132</td>
</tr>
<tr>
<td>Annals of Pharmacy</td>
<td>5568</td>
<td>237</td>
<td>2.453</td>
<td>2.190</td>
<td>5</td>
<td>111</td>
</tr>
</tbody>
</table>

Details of Pharmacotherapy’s impact factor:

Cites in 2009 to items published in: 2008 = 407
2007 = 618
Sum: 1025

Number of items published: 2008 = 166
2007 = 210
Sum: 376

Calculation of Pharmacotherapy’s impact factor:

\[
\text{Impact Factor} = \frac{1025}{376} = 2.726
\]

<table>
<thead>
<tr>
<th>Research Articles</th>
<th>Reviews</th>
<th>Combined</th>
<th>Other Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in JCR year 2009 (A)</td>
<td>93</td>
<td>42</td>
<td>135</td>
</tr>
<tr>
<td>Number of references (B)</td>
<td>2910</td>
<td>3019</td>
<td>5929</td>
</tr>
<tr>
<td>Ratio (B/A)</td>
<td>31.3</td>
<td>71.9</td>
<td>43.9</td>
</tr>
</tbody>
</table>

Journal Source Data:

The table directly above shows the number of citable items in the journal citation report (JCR) year. Citable items are further divided into research articles and reviews. An item is classified as a review if it meets any of the following criteria:

• It cites more than 100 references.
• It appears in a review publication or a review section of a journal.
• The word review or overview appears in its title.
• The abstract states that it is a review or survey.

Data in the “Other Items” column include editorials, letters, news items, and meeting abstracts. These items are not counted in JCR calculations because they are not generally cited. Data in this column are available only in JCR 2003 and subsequent years.

The table also shows the number of references cited by the research articles and reviews in the JCR year. The ratio of references to citable items indicates the average number of references cited by a research article or review.
**Pediatric Medication Education Text Online Version Available**

Now available online for the first time is ACCP’s Pediatric Medication Education Text (PMET), fifth edition.

For many years, PMET has been the premier resource for practitioners needing easy-to-access drug information to pass on to their pediatric patients’ caregivers. The single-page information sheets can be located quickly with just a click and printed directly from your computer, so you can hand the caregiver easy-to-understand information on how to administer the most commonly prescribed medications given to children 12 years and younger.

Just like the CD-ROM format also available from ACCP, the online PMET offers simple, straightforward medication information for 389 alphabetically organized drugs, including those most often prescribed at hospital discharge or during pediatric ambulatory care visits. Each medication sheet is available in English and Spanish.

On each drug information sheet, you’ll find information on:
- Why this particular drug was prescribed
- How to give the medication
- How to store the medication
- What to do if you miss a dose
- Precautions or special instructions you should know about
- Common side effects
- Reactions that signal you should stop giving the medicine and call your doctor

Visit the ACCP Bookstore online at [www.accp.com/bookstore/th_05pmet.aspx](http://www.accp.com/bookstore/th_05pmet.aspx) to order your copy today.

**ACCP’s Popular Online Curriculum Vitae Review Program Returns**

As the clinical pharmacy profession continues to experience an increase in demand and competition for residency positions and first-rate jobs, it is vital that students and postgraduate trainees have a well-written curriculum vitae (CV). An effective CV provides a positive image for future selection committees or employers, and it distinguishes an individual from the rest of the crowd. As questions arise in preparing and completing a CV, wouldn’t it be helpful to have a seasoned professional review it?

Now through April 1, 2011, student, resident, and fellow members may submit their CVs online as a Microsoft Word document and have them randomly assigned to a volunteer ACCP member reviewer. The ACCP reviewer will provide his/her comments and suggested edits using the track changes feature of Microsoft Word. Participants will receive an e-mail containing feedback from the reviewer within 2 weeks.

When preparing a CV for review, be sure to take advantage of ACCP’s other Web-based resources. Learn or review the basics of CV formatting, view sample CVs, and access valuable “curriculum vitae pearls,” which provide practical insights in developing a CV. These services and other resources are accessible from the ACCP Web site at [http://www.accp.com/stunet/cv.aspx](http://www.accp.com/stunet/cv.aspx). For questions about the ACCP CV Review Service, contact Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

**Call for New and Updated Training Program Directory Listings: Deadline Is August 31**

The ACCP Directory of Residencies, Fellowships, and Graduate Programs is available both on the Web and in print. The 2011 print directory will be distributed this December to prospective residency, fellowship, and program candidates and to each U.S. school and college of pharmacy. All ACCP members who serve as principal preceptors of residencies, fellowships, or clinical scientist graduate degree programs (M.S., Ph.D.) are encouraged to list or update their programs in the directory no later than August 31, 2010.

Responses received by August 31 will be listed in the 2011 printed directory. The directory will be available in November 2010 and will be distributed to students, residents, and practitioners at the 2010 ASHP Midyear Clinical Meeting and at the 2011 APhA Annual Meeting. In addition, it will be sent at no charge to any ACCP member who requests a copy (see future editions of the ACCP Report and the ACCP Web site for information on how to request a copy of the 2011 directory). This service is provided by the College at no charge to ACCP members. Even if a program is already listed in the directory, however, the listing will automatically expire if it is not updated annually.

All ACCP members have been notified by e-mail and asked to update their listings by verifying accuracy and making any needed changes. This ensures that all listings are correct and up-to-date for prospective applicants who rely on this information. Directory listings that are not updated and verified by the deadline above will be automatically removed from the directory. It is easy to list or update a program. Last year’s listings already appear on the directory Web site. To add, edit, or delete a listing, go to [http://www.accp.com/resandfel](http://www.accp.com/resandfel). If an ACCP member already has a program listed in the current directory, he/she can just open it, make any changes or additions, and resubmit it. If the member has forgotten his/her password, it can be accessed through ACCP’s password reminder system at [http://www.accp.com/signin/forgotPassword.aspx](http://www.accp.com/signin/forgotPassword.aspx).

Remember, listings must be added, updated, or deleted by August 31, 2010. If any member experiences technical difficulties, or has questions regarding directory updates, he/she should contact Brent Paloutzian at bpaloutzian@accp.com.
2011 Committee and Task Force Progress Report

ACCP expresses its thanks to the more than 600 ACCP members who expressed interest in devoting time to committees, task forces, and other volunteer activities during the upcoming year. All members were asked to indicate the specific ACCP activities in which they were interested by responding to ACCP's annual survey for volunteers, conducted from June 25 to July 16. President-Elect William Kehoe is expected to complete the initial committee roster assignments soon, and committee/task force e-mail invitations will be sent to members by August 27. As some members find themselves unable to serve, it is expected that additional invitations will be distributed in early September. ACCP will provide a final update on 2011 committees and task forces in next month's newsletter.

Mark Your Calendar Now for the NEW
Ambulatory Care Preparatory Review Course and the Pharmacotherapy Preparatory Review Course

April 8–12, 2011 • Columbus, Ohio

Mark your calendar for the popular Pharmacotherapy Preparatory Review Course and the NEW Ambulatory Care Preparatory Review Course. Both programs are designed to help you prepare for the relevant Board of Pharmacy Specialties (BPS) Pharmacy Specialty Certification Examination that will be offered in October 2011. Even if you are not planning to sit for a BPS examination, you may still be interested in assessing your knowledge and skills by taking advantage of one of these advanced specialty programs. Each course is an excellent review for either pharmacotherapy or ambulatory care practitioners seeking to remain current in their practice. Registration opens October 2010. Both courses will take place at the Greater Columbus Convention Center located in Columbus, Ohio, from April 8 to 12, 2011. Watch the ACCP Web site, www.accp.com, for complete meeting details.

New Members

Katri Abraham
Paris Abrams
Jessica Adams
Berook Addisu
John Anderson
Laura Asakura
Chanel Ayano
Sean Berkey
Jean Beving
Mary Borgerding
Laura Broome
Marcia Brown
Amy Bryan
Patrick Bryant
Megan Buchanan
Marcus Campbell
Rachel Campbell
Stacy Carson
Marshall Cates
Daisy Chang
Sherry Chapa
Terence Chau
Emilyn Chee
Allison Chilipko
Josephine Choi
Shruti Chopra
Cara Ciamacco
Elizabeth Coble
Nanette Conte
Jessica Cope
Christine Crandall
Lisa Cushinotto
Beth DeJongh
Melissa DeLeon
Sandeep Devabhakthuni
Tiffany Dickey
Janine Douglas
Ryan Dull
Sarah Eanes
Robert Eastin
Amber Elliott
Andrew Faust
Jason Feldhaus
Nathalie Fernandes
Mark George
Cindy Giambrone
Jessica Gillon
Elisa Greene
Mark Hall
Steven Hall
Michael Hardy
Alison Hargadon
Maile Headrick
Tina Hipp
Jamie Hoffman
Lana Huddleston
Paul Huiras
Julie Hull
Mustafa Hussein
Jamie Hwang
Immanuel Ijo
Zachary Jenkins
Manal Kamar
Amir Kamel
Emilie Karchner
Stacy Kautza
Amanda Kelly
Scott Ketchen
Shelley King
Jeff Klaus
Tia Krause
Natalya Kuchik
David Kurtzman
Mathew Kuzhiyanjal
Oliver Lai
Dasha Le
My Le
Jinjoo Lee
Jeff Lewis
Matthew Lillyblad
Grace Lin
Jennifer Markle
Lauren Marzotto
Solange Mason
Jon Maxwell
Michael McKenzie
Kathryn Merkel
Patricia Miller
Thanh Nguyen
Dan Nicholls
Paul O'Donnell
Theresa Ofili
Taiwo Oki
Amy Pai
Sharon Park
Mansi Patel
Cassey Peters
Emily Pham
Roseophile
Kristy Phillips
Aaron Pie
Thea Pierce
Aura Plataakis
Taylor Post
Elizabeth Probst
Deborah Raithel
Daniel Roth
Jordan Ruestman
Sharon Rush
Deborah Sanchez
Dana Saulibio
Marian Scharbach
Mona Selez
Adirene Sevin
Gauri Shirolkar
Adam Sieg
Sankung Sise
Angela Slampack-Cindric
Morgan Snyder
Kyle Sobecki
Annette Soljan
Mehul Soni
Theresa Strukl
Ashley Sturm
Judith Sulick
Deborah Theodore
Luciana Thornton
Yuliana Toderika
Casey Trest
Jessica Trujillo
Hanane Wakim
Marie Waletich
Margaret Wallace
Siew Hoong Wan
David Wasanyi
Richard Watson
Carolyn Weber
Patrick Williams
Michelle Woods
Jenni Yea
Hana Yu

The following individuals recently advanced from Associate to Full Member:

Zakariya Al Dobayan
Maria Balld
Neal Benedict
Luigi Brunetti
Shereen El Nabhani
Abimbola Farinde
David Fuentes
Eric Gilliam
Bernadette Johnson
Melanie Johnson
Abir Kanaan
Clint Krestel
Kimberly Levasseur  
Khiem Luu  
Nicole Metzger  
Jennifer Schut  
Jodi Sparkman  
Erin Stahl  
Patrick Tilleul  
Fabienne Vastey

**New Member Recruiters**

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

- Robert Boyle  
- Jessica Campaign  
- Todd Canada  
- Tim Church  
- Megan Fleming  
- Candice Garwood  
- William Greene  
- Krystal Haase  
- Natasha Harrigan  
- Hyun Kim  
- Peggy Kuehl  
- William Linn  
- Susan Miller  
- Brooke Patterson  
- Daniel Riche  
- David Ritchie  
- Jacqueline Roh  
- Joseph Saseen  
- Edward Sheridan  
- Thucuma Sise

Visit [geico.com](http://geico.com) or call 1-800-368-2734 to see how much you could be saving. GEICO can also help you find great rates on homeowners, renters, and motorcycle insurance and more!
Pharmacy Manager  
Tucson Heart Hospital

Lifetouching.

Furthering the healing ministry of Christ.

Tucson Heart Hospital, a member of Carondelet Health Network in Tucson, Arizona, is seeking an experienced Pharmacy Manager. The successful candidate will be responsible for planning, directing, executing, and evaluating all aspects of the Pharmacy Services for the hospital.

Requirements include:

- M.S. or Pharm.D. degree from an ACPE-accredited school or college of pharmacy
- Valid, current Arizona pharmacist license
- Two years’ management experience in a hospital pharmacy
- Strong interpersonal skills and basic computer skills

If you would like to join our team in Southern Arizona as a Pharmacy Manager, or to learn about additional opportunities, please visit our Web site at www.carondelet.org or send an e-mail to jobs@carondelet.org.

The Carondelet Health Network is St. Mary’s Hospital, St. Joseph’s Hospital, Holy Cross Hospital, and Tucson Heart Hospital.

Equal Opportunity Employer.

Clinical Coordinator  
Westlake Hospital  
Melrose Park, Illinois

Westlake Hospital in Melrose Park, Illinois, has a position available for a Clinical Coordinator of Pharmacy.

The successful candidate will be a pharmacist with a current Illinois pharmacist license and 3–5 years of experience as a pharmacist; leadership experience is preferred.

The Clinical Coordinator of Pharmacy is responsible for the coordination of all clinically related services provided by the Pharmacy Department. All duties are carried out in accordance with the institution’s administrative policies, applicable national standards, and federal law.

The Clinical Coordinator assists the Pharmacy Director in QA, PI, reports, and staff development and provides routine guidance and assistance to staff pharmacists.

Please e-mail your resume to ngunnell@WestSubMC.com, or send by U.S. mail to:

Nancy Gunnell  
Human Resources  
3 Erie Ct.  
Oak Park, IL 60302
Assistant/Associate Professor or Professor (Tenure or Nontenure Track)  
Adult Medicine Pharmacotherapy  
Department of Pharmacy: Clinical and Administrative Sciences  
College of Pharmacy  
The University of Oklahoma Health Science Center  
Oklahoma City

The University of Oklahoma, College of Pharmacy invites applicants for a nontenure- or tenure-track appointment in the area of adult medicine pharmacotherapy on the Oklahoma City campus. Applicants are expected to develop a research program and scholarship in the area of adult medicine pharmacotherapy and to develop and provide didactic, laboratory, and experiential training and education to doctor of pharmacy and graduate students and pharmacy practice and specialty residents. Responsibilities include supporting the college of pharmacy mission and goals through classroom learning opportunities and professional, community, and university service. OUHSC is a comprehensive academic health science center with seven professional colleges as well as affiliated hospitals, clinics, and research institutes near the Oklahoma City campus.

Candidates must possess a doctor of pharmacy degree from an ACPE-accredited program, together with pharmacy practice (PGY1) and adult medicine specialty (PGY2) residency training or equivalent postgraduate experience. Candidates must be eligible to obtain unrestricted Oklahoma pharmacist and preceptor’s licenses. Preferred qualifications include board certification in pharmacotherapy; experience in development and expansion of inpatient services; and experience in classroom teaching, small group discussions, and precepting doctor of pharmacy students. Candidates must pass a criminal background check. Salary and academic appointment will be commensurate with experience. Applications will be received until the positions are filled.

Interested applicants should submit by mail a letter of interest, a complete CV, a description of research and clinical interests, a list of grant applications/approvals/awards, and the names of three references (please identify relationships, address, telephone/fax/e-mail) to:

Michael E. Burton, Pharm.D.  
Professor and Chair  
Department of Pharmacy: Clin. & Admin. Sciences  
University of Oklahoma College of Pharmacy  
1110 N. Stonewall Ave.  
Oklahoma City, OK 73126-0901  
E-mail: michael-burton@ouhsc.edu  
Telephone: (405) 271-6878  
Fax: (405) 271-6430

The University of Oklahoma is an equal opportunity institution.
Bernard J. Dunn School of Pharmacy  
Assistant/Associate Professor in  
Inpatient Acute Care

The Bernard J. Dunn School of Pharmacy invites applications for a full-time, 12-month faculty appointment at the Assistant/Associate Professor level. This position emphasizes pharmacy practice and patient care in an inpatient, adult medicine setting. The primary responsibilities of the faculty member will be the provision of clinical pharmacy services and experiential teaching with a medical hospitalist team at Winchester Medical Center in Winchester, Virginia, a 411-bed, nonprofit, regional referral hospital. The faculty will build on the existing clinical pharmacy services provided by pharmacists working with the hospitalist teams.

Candidates with prior academic experience are encouraged to apply. The faculty member will be expected to participate in academic and community service as well as research and scholarship. The candidate should possess a Pharm.D. degree and be eligible for pharmacy licensure in Virginia. The candidate should possess an in-depth understanding of clinical pharmacy practice, strong interpersonal and organizational skills, and the ability to implement innovative pharmacy practice models. Completion of a pharmacy practice (PGY1) residency or the ability to demonstrate equivalent experience in pharmacy practice is required; prior specialty (PGY2) residency training is optimal.

To view the full position description, please visit our Web site at www.su.edu.

Interested individuals should submit a letter of intent and a CV and should forward three letters of reference to:

Office of Human Resources-PHA  
Shenandoah University  
1460 University Dr.  
Winchester, VA 22601

We support and encourage diversity in the workplace. EOE.
The Texas Tech University Health Sciences Center School of Pharmacy (TTUHSC SOP) is actively seeking to fill a nontenure-track faculty position within the Primary Care Division at the Assistant or Associate Professor level on our Abilene campus. Qualified candidates will help our existing division members expand services in primary care in Abilene. In addition to the clinical practice activities outlined below, candidates will be responsible for didactic and experiential teaching, research/scholarship activities, and school service. The following is a description of the position’s clinical practice site:

Hendrick Medical Center is a 504-bed medical center located adjacent to the TTUHSC SOP. It serves the 22 counties surrounding Abilene. Both the Department of Pharmacy and the TTUHSC SOP have created a faculty position with a focus on improving quality of care through appropriate patient and medication management from inpatient to ambulatory care pharmacy management. A key goal would be to reduce emergency department visits or inpatient admissions. The following are anticipated clinical responsibilities:

1. Develop and implement a discharge medication planning and medication reconciliation program for designated patient disease states such as anticoagulation, diabetes, and/or heart failure, with a possible early focus on unfunded patients.
2. Develop and staff a disease state management clinic initially focused in anticoagulation, functioning under a collaborative practice agreement, and directed initially at unfunded patients.
3. Engage nursing, case management, social work, and quality improvement personnel to identify and implement additional pharmacist-staffed disease state medication management programs that reduce cost of inpatient stays and improve continuity of care.

The TTUHSC SOP Primary Care Division is one of the largest groups of faculty in primary care in the nation! We have 12 members spread across four campuses in North and West Texas. Several opportunities exist for scholarly collaboration both within and between the different clinical practice divisions of the school. Individuals with specialty residency training in ambulatory care or equivalent practice experience are preferred. For more information, please contact:

Shane Greene, Pharm.D., BCPS
Search Committee Chair for Primary Care
Texas Tech School of Pharmacy
4500 S. Lancaster Rd.
Bldg. 7 – R# 119A
Dallas, TX 75216
E-mail: shane.greene@ttuhsc.edu
Telephone: (214) 372-5300
Fax: (214) 372-5020
Assistant Professor of Pharmacy Practice  
Department of Pharmacy Practice, Division of Pediatrics  
Texas Tech University Health Sciences Center, School of Pharmacy  
Abilene, Texas

The Texas Tech University School of Pharmacy announces two pediatric faculty positions at our Abilene campus, where our first class of 40 students started in the fall of 2007. The faculty members will have several opportunities to develop practices in collaboration with pediatricians to care for patients in a continuity-of-care, inpatient-to-outpatient model. Further opportunities for collaboration exist with outreach physicians from Cook Children’s Medical Center, particularly with hematology and oncology.

Join a growing faculty (including our regional dean together with five adult medicine, three primary care, two geriatrics, one community, and three pharmaceutical sciences faculty) at our newest campus, which includes a state-of-the-art, 40,000-square-foot building adjacent to Hendrick Regional Medical Center.

Entry-level Pharm.D. with specialty residency or fellowship is required. Candidates should send a letter of application, a CV, and three letters of reference to:

Mark Haase, Pharm.D., BCPS  
Search Committee Chair for Pediatric Pharmacy Practice  
1300 S. Coulter  
Amarillo, TX 79106  
E-mail: mark.haase@ttuhsc.edu  
Telephone: (806) 356-4000, ext. 292  
Fax: (806) 356-4018

All interested applicants must apply online at https://jobs.texastech.edu, position # 62112.

Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.