Let the Good Times Roll!
NEW

Heroes of Pharmacy: Professional Leadership in Times of Change

Dennis B. Worthen

Heroes of Pharmacy: Professional Leadership in Times of Change, 2nd edition, presents the highlights of the professional lives of 52 American pharmacists (and the 20 founders of the American Pharmaceutical Association) who helped change the way we use medicines, not only in the United States, but worldwide. They also changed the profession of pharmacy.

Key Features:

- Essays on the professional lives of 52 pharmacy statesmen, reformers, activists, educators, ethicists, editors, and pioneers—plus the 20 founders of the American Pharmaceutical Association.
- Insights into two centuries of professional progress in education, community and institutional practice, manufacturing, government, publishing, association leadership, and military service.
- Dozens of photographs from the American Pharmacists Association Foundation archives.

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American Pharmacists Association Mission Statement
Adopted June 2010
The mission of the American Pharmacists Association is to empower its members to improve medication use and advance patient care.

American Pharmacists Association Academy of Student Pharmacists (APhA–ASP) Mission Statement
Updated May 2009
The mission of the American Pharmacists Association Academy of Student Pharmacists is to be the collective voice of student pharmacists, to provide opportunities for professional growth, to improve patient care, and to envision and advance the future of pharmacy.

Collaboration a key element of Prescription Drug Take-Back Days
At the October 29 Prescription Drug Take-Back event in Corvallis, OR, student pharmacists from the Oregon State University (OSU) College of Pharmacy, OSU Sea Grant College Program students, and local police (pictured at left) collaborated to box-up 526 pounds of unwanted medications from 288 participating households.

The Corvallis Police department transported the medications to a safe location, where they were efficiently disposed of by a waste-to-energy incinerator. The outreach ensured that the local community was rid of these medications that could otherwise have been disposed of in unwanted ways and places.

For a look at how the University of Kentucky succeeded during their Prescription Drug Take-Back event, turn to page 7.
As the end of my pharmacy education and completion of my term as APhA–ASP National President draw near, I find myself reflecting on this past year of Academy activities. It is difficult to believe a year has already passed since the 2011 APhA Annual Meeting and Exposition in Seattle. I am amazed at how much the Academy has accomplished in this seemingly short time. Our success this year is a direct result of the hard work of individual members, chapters, advisors, APhA staff, and Academy leaders.

A year of self-evaluation

This year, we turned our attention inward and worked to make our existing programs the best they could be. Unlike previous years, when we have traditionally focused on new initiatives, this year we directed our efforts toward self-evaluation and reinvigoration.

One of the overarching goals of the APhA–ASP National Executive Committee (NEC) was to review the Academy’s existing projects and programs, identify areas for enhancement, solicit feedback from the Academy, and implement improvements.

We asked ourselves difficult questions about existing programs and APhA–ASP structure and reflected on ways to better accomplish the mission of APhA–ASP. We solicited input to discover new ideas and make informed decisions. We set out to streamline and enhance Academy operations for the ultimate purpose of making a stronger organization that will better serve our members and, most importantly, our patients.

Taking action

Based on the feedback we received, we set out to make better use of existing technology to communicate with Academy members and chapter leaders. APhA–ASP leadership worked behind the scenes to improve the student section of pharmacist.com, updating information and streamlining navigation. These changes helped make our website a portal for APhA–ASP information and updates for members and leaders.

We also launched a brand-new national APhA–ASP Facebook page to increase communication between NEC and regions, chapters, and members. And a webinars kept students connected throughout the year and provided new opportunities for idea sharing, policy discussion, and professional development.

Focusing on existing community outreach and patient care projects yielded significant increases in participation and quality results. Our newest programs, Generation Rx and Operation Heart, saw increased chapter participation and provided more opportunities for student pharmacists to care for patients and reach out to the community. PharmFLIX submissions skyrocketed this year as student pharmacists, eager to share their story with the public, expressed their creativity and enthusiasm for the profession.

APhA–ASP Ad Hoc Committee on Interprofessional Collaboration has been hard at work preparing a white paper that outlines the current state of interprofessional collaboration and makes recommendations for improving health care through the use of teams. This work, started last year, will be an important guide for the Academy and will establish new opportunities for collaboration with our fellow health professionals.

Membership growth for an exciting future

This year, membership in APhA–ASP grew to include more than 33,000 active participants, with more than 3,000 signing up for the dual membership option, which includes the final year of APhA–ASP and first year of new practitioner membership. For the first time, final-year student pharmacists will be recognized for their excellence and commitment to APhA–ASP with graduation honor cords in 2012. As membership increased, we evaluated potential changes to the structure of the Academy, collecting member feedback in May, developing a model through continued discussion, and ultimately creating a proposal to be presented at APhA2012 in March.

continued on page 5
Laissez les bon temps rouler! That phrase is Cajun for “Let the good times roll,” an expression often associated with the great city of New Orleans. We are happy to see so many new and familiar faces at the APhA Annual Meeting & Exposition this year. The last time we saw you was at the 2011 Midyear Regional Meeting. Since then, new regional officers have been elected, regional policies have been discussed to create the national proposed resolutions, and many of you have moved closer to graduation.

As an APhA staff member, I receive numerous inquiries about how to make the most of your Annual Meeting experience. The most important thing I can tell you is to be proactive. I am sure those of you in New Orleans already reviewed the Student’s Guide to the APhA2012 Annual Meeting & Exposition (found in your registration bag) and highlighted the sessions you plan to attend. Go a step further and create your future. Let your experience here in New Orleans drive connections that will transform the patient care you offer on your campus and during your career. If you are a return attendee, I hope that you serve as a guide and mentor to new attendees. For first-time attendees, don’t be afraid to ask questions.

Whether this is your first or fourth Annual Meeting, I challenge you to go outside your comfort zone and introduce yourself to others. Try not to sit with your chapter at every event. Spread out. You never know where a smile, a kind hello, or an introduction may lead you and your career.

A packed agenda
Since we left last year’s Annual Meeting in Seattle, your APhA–ASP National Executive Committee and APhA Student Development team have worked to create an inspiring meeting experience complete with new sessions and increased opportunities for networking. When it comes to the APhA Annual Meeting & Exposition, you may think of policy, sessions, and workshops, but there is so much more.

• Give the gift of life. APhA is partnering with the Blood Center in New Orleans for our fourth Annual Blood Drive and Bone Marrow Registry. The Blood Center is an independent community-based non-profit organization with a tradition of blending volunteerism, medical science, and research to improve patients’ lives. The Blood Drive and Bone Marrow Registry will start on Friday, March 9, from 10:00 am to 9:30 pm, on Main Street at the Ernest N. Morial Convention Center, and continue on Saturday, March 10, and Sunday, March 11, from 10:00 am to 5:00 pm, in the registration area.

• APhA–ASP Welcoming Social. Take some time to relax and enjoy a French Quarter Affair. This annual event is a great way to dance the night away. Make sure to grab some beads while they last.

• APhA Leadership Training Series (LTS). On Monday, March 12, participate in the LTS workshop, which is designed to enhance your leadership potential. After completing four sessions, participants will receive an APhA–ASP LTS Recognition of Participation signed by APhA Executive Vice President and CEO Thomas E. Menighan and APhA–ASP National President Sara R. McElroy. This is an excellent CV or résumé builder.

• APhA–ASP National Patient Counseling Competition. This begins Friday and continues through Sunday. For more than 25 years, a chapter representative from every school and college of pharmacy has competed against other student pharmacists from across the nation. The top 10 finalists will be recognized at the APhA–ASP Awards Ceremony, and the national winner will be announced.

• Student Information Showcase: Pharmacy Residents and Other Postgraduate Training Opportunities. On Saturday, take the time to discover
We move forward with a stronger membership, an enhanced impact on patients, and a more effective organization. This upcoming year, exciting new opportunities await the profession. Pharmacists and student pharmacists are increasingly recognized as essential contributors to the health care team, with the U.S. Surgeon General recently expressing her support for our cause. All of these efforts to demonstrate our value to patients, health care teams, and legislators have helped to establish our place in practice.

The coming years will bring us more opportunities to leverage our education and clinical expertise to manage diseases through optimal medication use. As APhA–ASP members, it is our call to continually advocate for the advancement of pharmacy practice and keep moving the profession forward. Because we are a stronger Academy, there is no doubt that we will continue to make an impact.

I have been honored and privileged to serve APhA–ASP this past year as your National President. Thank you to each and every one of you for your enthusiasm, dedication, and commitment to the profession. You have inspired me more than you know. I look forward to watching APhA–ASP continue to grow stronger and advance the profession to new heights.

Sara R. McElroy is a final-year PharmD candidate at the University of Washington School of Pharmacy and the 2011–2012 APhA–ASP National President.

Will you rise to my challenge?

On your flight home, when you reflect on your time in New Orleans, you may note that you feel exhausted and a little hoarse from all the talking you have done. I hope you will have met my challenge and exchanged information with other attendees, thus making another valuable investment in your future.

If you could not make it this year, I hope these event descriptions and all the photos and coverage you will read about in upcoming issues of Student Pharmacist will convince you to join us at APhA2013 in Los Angeles!

Virginia Suitor is APhA Senior Manager of Student Development in Washington, DC, and is excited to try a muffuletta sandwich, a New Orleans specialty.

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• **Student Information Showcase Roundtables.** Following your visit to the Student Information Showcase, be sure to attend this roundtable session so you can learn more about pharmacy residencies and other postgraduate training programs, the residency process, interviewing, networking, and much more. Experienced new practitioners will be on hand to answer your questions.

• **Implementing MTM in Your Future Practice.** Explore how to set yourself apart to make your future practice thrive by taking your clinical knowledge and pairing it with the business skills necessary to implement MTM services as a practitioner.

• **APhA–ASP Meet the Candidates.** Meet your peers and learn about their viewpoints and ideas as they campaign for a national officer position.

• **State, organization, and alumni receptions.** Use this opportunity to make the most of your affiliations with other pharmacy groups.

• **New Practitioner Night on the Town.** On Sunday, take time to mix and mingle away from the Convention Center at this always popular Annual Meeting event. This year, double your fun at two Bourbon Street nightspots: Beach on Bourbon (227 Bourbon Street) and Bourbon Cowboy (241 Bourbon Street). Whether you’re a little bit country, or have summer on your mind, grab your friends and plan to dance the night away. This is a 21 and older event that is supported by a grant from SUPERVALU.

• **APhA Exposition.** Offered over 3 days with more than 140 exhibitors, use this experience to set yourself apart. Stop and talk with exhibitors, and learn about career paths and potential career opportunities. Make sure to follow up with a thank-you note after you leave the meeting.

Of course, sessions and workshops are also an important part of the Annual Meeting experience. They are integral to building your chapter and investing in its success. Make sure to review your Student's Guide for session offerings, locations, and times.

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I have been honored and privileged to serve APhA–ASP this past year as your National President. Thank you to each and every one of you for your...
Giving special thanks

By Christina Gonzalez

When people put all their heart into turning something good into something great, special thanks can go a long way. At the Mercer University College of Pharmacy and Health Sciences (COPHS), our APhA–ASP chapter’s success relies on the hard work of all our active members. With so many different committees and events, it is hard to keep up with all the member activity.

Kudos award

We developed a way to recognize individual members for their efforts to increase chapter success. Previously, we would nominate chapter members each month. Then we would vote on who stood out the most from his or her peers by demonstrating exceptional initiative, creativity, and teamwork within the chapter. This member would receive the Kudos award at our next bi-monthly chapter meeting.

This year, we added another dimension. Because we have 10 executive officers, 13 committee co-chairs, and 3 ad hoc committee chairs, we wanted to expand the individual recognition to include one person from each leadership level. Now, at every other chapter meeting—every 4 weeks—we select one member, one chair, and one executive officer to receive individual recognition for outstanding service within our chapter. They receive a certificate, a small gift, and a big round of applause. It is always nice to see how surprised they are to be recognized for their work and how gratified they feel because the award comes from their peers.

The Kudos awards give credit where credit is due and also highlight what one person is capable of doing when he or she has the passion to go beyond what is expected. In turn, our other members can look to the award winners as role models to help spark their own interests and skill development within APhA–ASP.

Thank-you cards and banquet

In addition to showing appreciation for our members and leaders, we try to give thank-you cards to each of the pharmacists who supervise us at our various events. The event’s committee chair is responsible for making the cards and getting all the participating members to sign. We know that it is not easy for pharmacists to find room in their busy schedules to help by attending our events, so we want them to know how much it means to us when they do.

At the end of each school year, the chapter holds a banquet to honor those who gave so much to help us accomplish the year’s successes. We take pleasure in recognizing our sponsors, such as Target, Walgreens, and Mercer COPHS, for their generous donations; state association leaders, Mercer faculty, and community pharmacists who contributed their time and guidance; and other individuals outside of pharmacy practice who have supported the chapter.

A personal stake

Keeping members active from beginning to end is always a challenge. Our chapter encourages participation by allowing committee chairs to offer sub-committee positions. Our chapter has found that the committees employing this kind of structure are the most successful. The committee members work harder because they have a personal stake in what kind of event they put together. Their passions can drive their creativity in developing new events and educational presentations.

Having subcommittee positions helps spread the responsibility carried by the committee chair and develop student pharmacists into leaders within the organization early in their academic career. Last year, several first-year student pharmacists on our Heartburn Awareness Challenge committee took an active role in planning many events; they went on to become chairs this year. By opening up roles for leadership within each committee, the chapter as a whole has flourished.

We hope this trend will grow and that we never forget to give special thanks to those who deserve it.

Christina Gonzalez is a third-year PharmD candidate at the Mercer University College of Pharmacy and Health Sciences.
Prescription Drug Take-Back Initiative makes safer communities

By Bryant Cary

One of the most common ways that people obtain prescription medications to abuse is by stealing them from unsecured medicine cabinets. Individuals will search the homes of friends or relatives, looking for prescription medications. Acquiring drugs this way is easy, free, and often unnoticed. Therefore, decreasing the availability of medications in households has become a major focus of abuse prevention efforts nationwide.

In 2010, DEA spearheaded the National Take-Back Initiative to address this need. The agency teamed with local governments and police departments to host National Prescription Drug Take Back Days twice per year. The program allows patients to dispose of expired and unwanted medications in a safe, legal, and environmentally-friendly way.

To advocate for prescription abuse prevention and medication safety, members of the University of Kentucky (UK) College of Pharmacy APhA–ASP chapter implemented the GenerationRx Initiative.

Forming an alliance

As we planned activities for our chapter’s newly formed Generation Rx Committee, we decided that reducing access to prescription medications in our community should be one of our highest priorities. When our advisor was contacted last spring by a member of the Fayette County Mayor’s Alliance on Substance Abuse asking for volunteers for a DEA Drug Take-Back event in our area, our chapter was eager to get involved.

The Mayor’s Alliance on Substance Abuse is a group of community leaders involved in education and prevention for a broad range of substance abuse issues in the city. We worked with the Prescription Drug Committee, one of several committees focused on specific aspects of prevention.

Lexington’s Take-Back Day was called Med Toss and took place at five locations on April 30, 2011. The event was organized by the Mayor’s Alliance and Lexington Division of Police. Many volunteers from local environmental advocacy groups, the Kentucky Pharmacists Association, and the UK College of Pharmacy Generation Rx Committee participated. A comprehensive marketing effort, including television and radio advertising, was implemented.

Student pharmacists helped officers identify controlled substances. Because scheduled prescription medications are more strictly regulated, they require a separate process for disposal. The knowledge we provided enabled more accurate drug identification and a more efficient workflow. Because of positive feedback from police officers and other participants, we were asked to participate in the October 29 Med Toss.

A productive partnership

During two Med Toss events in 2011, UK student pharmacists helped collect more than 1,500 pounds of medication from 800 members of our community. The large turnout at both events confirms the need for drug take-back efforts in Lexington, and plans are already being made for the next Med Toss event in 2012.

Our Generation Rx Committee quickly realized that the Mayor’s Alliance would be a valuable resource. Last year, three members of our APhA–ASP chapter officially joined the alliance to facilitate collaboration between the two organizations. Our relationship also led to the development of an innovative educational program for middle and high school students in the Fayette County Public Schools. We are encouraged by the mutually beneficial work that has taken place and excited about partnership opportunities.

Through the hard work of student pharmacists, pharmacists, police officers, community leaders, and government representatives, our community successfully reduced availability to prescription medications and created a safer environment for our patients and citizens.

Bryant Cary is a third-year PharmD candidate at the University of Kentucky College of Pharmacy.

National Prescription Drug Take-Back Day

DEA has scheduled the next National Prescription Drug Take Back Day for Saturday, April 28, from 10:00 am to 2:00 pm. Check www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html to locate a collection site near you.

UK student pharmacist Daniel France (l) and an officer sort through returned medications.
Let’s be honest. The first thing that comes to mind when you hear the word “Idaho” is the famous Idaho potato. However, there is much more to Idaho than potatoes. Operation Diabetes at the Idaho State University (ISU) College of Pharmacy is a leading community care project focused on increasing awareness of, screening for, and maintaining adequate treatment of the disease.

Idaho is a large rural state that ranks 46th among the states in population density. Most of Idaho’s population live in small towns that have finite or limited health care services. Our APhA–ASP chapter reviewed Access to Pharmacies in Idaho: The Healthcare Crisis to Remote Citizenry, a report of pharmacy density based on county and city. We identified several underserved areas, including five counties that lack pharmacies. This report helped us recognize that there is a need for pharmacy services in these areas.

A rural approach

We focused on visiting towns that we had not been to before, which required student pharmacists to drive 260 miles round trip to health fair events. During the events, student pharmacists met with town residents to check their blood glucose levels and blood pressure and to provide education about diabetes and cardiovascular risk.

This year, we performed medication reviews and counseling sessions at many of the events. These activities helped solidify the information learned in class and gave us the opportunity to apply pharmacy knowledge to real-life situations. In addition, our outreach in rural areas also showcased the services that pharmacists can provide to patients and highlighted the impact that outreach can have on small towns. In one town, one of every six residents received services from student pharmacists as part of Operation Diabetes.

While pharmacist–provided services are important for favorable patient outcomes, we understand the importance of an interdisciplinary approach to caring for underserved communities. To better serve these rural areas, we partnered with local health departments and other health science programs offered at ISU, including the nursing, dietetics, physical therapy, and audiology programs. We received a $9,900 grant from the Division of Health Sciences Enhancement Grant Program to purchase supplies and build interdisciplinary partnerships for patient outreach projects. Through these partnerships, interdisciplinary health fairs were held that allowed town residents to meet with students from health programs to discuss diabetes management and prevention. These partnerships helped prepare student pharmacists for interdisciplinary team interactions after graduation. The collaborations also demonstrated the valuable role that pharmacists can play on an interdisciplinary team.

To strengthen partnerships among students from different health care specialties, Operation Diabetes hosts an annual 5K fun walk/run. Informational booths staffed by students from many of the health science programs offered at ISU provide information and services about diabetes to participants and spectators. All proceeds from the fun walk/run are donated to diabetes research.

Our educational outreach

We were also invited by regional school districts to educate teachers about students with diabetes. We showed teachers what insulin pumps and blood glucose meters look like so these devices are not mistaken for cell phones. We present basic information about signs and symptoms of hypoglycemia and common foods that help raise a student’s blood glucose. Our chapter hopes to expand this project to include teaching school-aged children about diabetes and healthy living.

Hopefully, these endeavors will further the profession of pharmacy by showing the public and other health providers the value of having a pharmacist as an integral part of the health care team.

Danielle Ahlstrom is a third-year PharmD candidate and the Operation Diabetes Chair at the Idaho State University College of Pharmacy.
Talk to your APhA–ASP Chapter leaders and find out how you can help prevent the complications of diabetes as well as prevent or delay the onset of type 2 diabetes. You can make a difference through Operation Diabetes!

25.8 million children and adults in the United States have diabetes, and 7 million of them remain undiagnosed.
The Belmont University School of Pharmacy has partnered with the Lipscomb University College of Pharmacy, the Mid-Tennessee Collaborative Master of Social Work Program at the Tennessee State University Department of Social Work, and the Vanderbilt University Schools of Medicine and Nursing to develop the Vanderbilt Program in Interprofessional Learning (VPIL), a program that brings together students from medical, nursing, pharmacy, and social work schools for a unique learning experience. Each week, the students participate as members of an interdisciplinary team in educational sessions and clinical rotations to learn about a systems approach to patient care.

VPIL helps carry out APhA–ASP’s One Team initiative by molding current and future health professionals to think and learn collaboratively to improve patient care.

**Student perspective**

As a VPIL participant, I have focused on patient interviewing and assessment at the Vanderbilt University Internal Medicine–Pediatric Residency Clinic. I have collaborated with my team to improve patient care and become more engaged in the therapy selection process. It has been interesting to see how each student approaches patient assessment differently. With my experience at community and hospital pharmacies, I tend to look first at a patient’s medication list to determine what conditions or diseases the patient may have. Working with Kathy McBane, a nurse practitioner student, and Carmela Kiraly, a medical student, helped me understand the value of an initial patient interview during the patient diagnosis process.

I was also introduced to many aspects of social work, such as considering how living situations and financial circumstances affect therapy adherence and overall health.

**Preceptor perspective**

As a member of the VPIL program, I, along with a physician, chief medical resident, and a social worker, precept pharmacy, nurse practitioner, and medical students at an interdisciplinary clinic for an underserved population at United Neighborhood Health Services. The patients in our clinic often tell us how they are excited to speak with a student pharmacist about their medications or receive assistance from a student social worker when struggling with personal and economic issues.

My students often take interdisciplinary learning beyond the clinic. They help each other study for exams, collaborate to improve their SOAP notes, and give each other tips on how best to take a medication history. It never fails that one of the students in clinic says, “We just learned about this in class and now I see it in a real patient,” and then share what they learned.

The VPIL program enhances the students’ learning experience, and I believe the program also will help their future career as they practice interdisciplinary care and learn from their fellow health professionals. As a preceptor, I have also benefited from the program. By taking part in this interdisciplinary team, I am able to practice in an environment that is not only open to pharmacist interventions, but actively seeks out the voice of the pharmacist on the health care team.

Joshua Senn is a second-year PharmD candidate and Kristina Wood, PharmD, is an Assistant Professor at the Belmont University School of Pharmacy.
More than a job: Career mobility at USPHS

By LCDR Christopher M. Jones, PharmD

When I talk to current or prospective student pharmacists, I tell them that one of the greatest aspects of being a pharmacist is the numerous and varied career opportunities. Nowhere is this truer than in the Commissioned Corps of the U.S. Public Health Service (USPHS).

USPHS has been around for more than 200 years, working on the front lines to protect and promote the nation’s health. Led by U.S. Surgeon General VADM Regina Benjamin, MD, MBA, USPHS comprises more than 6,500 health professionals, including more than 1,000 pharmacists working at more than 15 federal agencies. Commissioned Corps pharmacists work in clinical settings as part of a multi-disciplinary health care team; review, approve, and monitor new drugs; conduct research and policy evaluations; and assist in public health emergencies.

First stop: FDA

My first assignment as a USPHS officer was at FDA, where I first worked in the Division of Drug Information answering inquiries from industry representatives, health care providers, and the general public about FDA-regulated drug products. After transitioning to working on drug safety and communications, I ultimately led FDA’s Drug Safety and Risk Communication team. In this position, I worked with FDA reviewers and scientists to develop public communications that effectively communicated critical new safety information to health providers and the general public. As a pharmacist, I was keenly aware of how important it was to have timely, accurate information about drug risks that I could share with providers and patients. Our team also explored new ways of communicating information to the public, such as Web videos, Twitter posts, blogs, and podcasts.

Prescription Drug Abuse Prevention Plan co-author

To ensure that USPHS officers continue to grow personally and professionally, we are encouraged to have mobility within our careers, including temporary assignments, called “details,” to other federal agencies. In the summer of 2010, I was offered a 1-year detail as the Senior Public Health Advisor to the White House Office of National Drug Control Policy (ONDCP). Led by Director R. Gil Kerlikowske, the “Drug Czar,” ONDCP is responsible for advising President Barack Obama on medication-related issues; establishing policies, priorities, and objectives for the nation’s medication control programs; and coordinating international and domestic drug control efforts among executive-branch agencies.

While on detail, I focused primarily on prescription medication abuse policy as well as military and veteran substance abuse policy. I interacted with Members of Congress and their staff, worked with high-level political appointees, presented at meetings across the country, and collaborated with stakeholders to develop solutions to improve the lives of those suffering from substance use disorders.

My greatest achievement during this detail was co-authoring the Obama administration’s Prescription Drug Abuse Prevention Plan, the blueprint for federal agency initiatives to prevent prescription medication abuse. I convened a meeting with all of the major pharmacy organizations to discuss improving student education on substance abuse as well as to challenge these organizations to think of new ways to collaborate within and outside the profession to address this issue.

The detail was truly a unique and rewarding experience. The best part was that I was able to demonstrate and advocate for the important role of pharmacists addressing prescription medication abuse and improving the lives of their patients.

Translating research into policy

After completing my detail with the White House in July 2011, I took a position in the CDC Injury Center to continue my work on prescription drug abuse and overdose. At CDC, I serve as a subject matter expert on prescription medication overdoses. In this
Imagine that your patients no longer have to worry about medication-resistant organisms when being treated by an antimicrobial. Every prescription is evaluated for the appropriateness of the coverage of the organism being targeted. Patients are well educated about their antimicrobial medications and take them as prescribed. They depend on their pharmacies to safely dispose of their unused or expired medications, including controlled substances. When patients have questions about how to properly dispose of medications, they know they can come to you to be educated on how to do so in an environmentally-friendly manner. Your patients will always be informed when their insurance plan is about to change and will no longer be surprised when they hit their coverage gap or a medication they are taking switches to a different payment tier.

Imagine that medication shortages are anticipated in advance of actually happening and can be resolved before the shortage affects patients. If the shortage gets to the point of affecting patients, health providers have time to switch patients to an alternate medication.

Pharmacists continually expand their role in health care by requesting post-diagnostic prescriptive authority. In order to strengthen their abilities to prescribe post-diagnostically, pharmacists can participate in non-mandatory accredited training programs. Much like pharmacists and student pharmacists today have the opportunity to participate in APhA’s immunization certificate training program, in the future they will participate in more training programs on a variety of subjects and improve their skills.

Imagine a day when all prospective student pharmacists are well-informed of the current and projected job market for pharmacists in their local area, state, and region before they apply to pharmacy school. In order to obtain a job, residency, or fellowship after graduation, student pharmacists and recent graduates are provided with career guidance services through their school or college of pharmacy. Current and future schools and colleges of pharmacy evaluate the projected demand for pharmacists in their local, state, and region prior to expanding or creating PharmD programs.

Student pharmacists collectively expressed their voices at this fall’s Midyear Regional Meetings (MRMs). I am honored to present the proposals developed by the APhA–ASP Resolutions Committee, comprising of the eight Regional Delegates elected during MRM2011. The Regional Delegates met during the January Business Meeting in Washington, DC. We spent the weekend discussing the top 65 proposed resolutions passed at the eight MRMs. The APhA–ASP Regional Delegates represented the issues from their individual regions, and joined together to address the national issues.

The proposed resolutions developed by the Resolutions Committee represent ideas that began with one student pharmacist’s voice and are what we believe to be the most important issues facing student pharmacists and the profession today.

2012.1: Antimicrobial Stewardship

1. APhA–ASP encourages hospitals, community pharmacies, and other health systems to implement and continually optimize antimicrobial stewardship programs according to current guidelines.
2. APhA–ASP encourages pharmacists and student pharmacists to take an active role in the implementation and continuation of antimicrobial stewardship practices, including, but not limited to, prospective audits, formulary restrictions, dose optimization, and education, to minimize drug-resistant organisms and improve clinical outcomes.

**Background statement**

Antimicrobial stewardship programs, especially those including pharmacists in a leadership role, have been shown to significantly improve clinical outcomes without adding to the cost of care and, in some cases, reducing costs. Of the 568 hospitals responding to a 2010 survey by the HealthTrust Purchasing Group, while 80% had an infection control committee, only 15.4% of respondents reported having an antimicrobial committee to review antimicrobial use. Without oversight of prescribing practices, the misuse of antimicrobials will continue to add to the growing problem of drug resistance and negatively affect clinical outcomes.

As the medication experts, pharmacists are poised to advance antimicrobial stewardship strategies and supplemental components in the hospital and health-system setting. The American Society of Health-System Pharmacists has published a white paper providing pharmacists with guidance on the establishment of an antimicrobial stewardship program in hospitals, and the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America released joint guidelines for the core strategies of these programs. CDC also has several programs for community pharmacy practice settings, such as the Treatment Guidelines for Upper Respiratory Tract Infections, to help aid in the appropriate use of antibiotics. Pharmacists and student pharmacists have the opportunity to make a significant positive impact on clinical outcomes by implementing the strategies from antimicrobial stewardship practices in a manner that is feasible at their institution or practice setting.

**References**


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**2012.2: Pharmacy Job Market Data Disclosure and Career Services**

1. APhA–ASP strongly encourages all schools and colleges of pharmacy to disclose current and projected local, state, and regional pharmacy manpower data in admissions materials to prospective student pharmacists.
2. APhA–ASP encourages ACPE and other pharmacy education stakeholders to include the disclosing of current and projected local, state, and regional pharmacy manpower data as a requirement in the standards and guidelines for accreditation.
3. APhA–ASP strongly encourages all schools and colleges of pharmacy to provide career and job placement services to their student pharmacists and recent graduates.

**Background statement**

The APhA–ASP Resolutions Committee recognizes that over the past several years, the topic of expansion of schools and colleges of pharmacy has come up during numerous MRM policy proposal forums. Past proposals to address this issue were focused on accrediting bodies; however, we understand that organizations such as ACPE are unable to prevent schools and colleges of pharmacy from expanding or opening. The APhA–ASP Resolutions Committee feels strongly that many students applying to pharmacy school are unaware of potential job placement issues. In order to assist prospective student pharmacists (future APhA–ASP members) to select a school or college of pharmacy, choose an area of future career development, and make a well-informed decision about joining the pharmacy profession, this proposed resolution requests that all schools and colleges of pharmacy disclose current and projected pharmacy manpower data. It is the Committee’s hope that this initiative will help future student pharmacists use projected job market data when evaluating schools and colleges of pharmacy for application and admission. We request that the pharmacy...
manpower data be provided in an apparent and user-friendly manner through admissions websites, materials, application services such as PharmCAS, and communications with pre-pharmacy advisors.

This proposed resolution is further supported by the current APhA–ASP Resolution 1981.7, Need for Accurate Statistical Manpower Data:

1. APhA–ASP supports the efforts of any organization and/or governmental body in compiling, evaluating, and disseminating accurate statistical manpower data as it affects the quality of patient care and the welfare of the profession of pharmacy. Such data should include, but not be limited to, distribution of pharmacists by geography and specialty, economics, societal need, and access to health services.

The APhA–ASP Resolutions Committee further recognizes that concerns have been growing among student pharmacists regarding the availability of internship and pharmacist positions. We strongly feel that schools and colleges of pharmacy should assist their student pharmacists and recent graduates by providing career counseling and job placement services to assist them in obtaining internships, residencies, and employment. Ideally, such services would be provided by a designated career services counselor. While the APhA–ASP Resolutions Committee realizes that related criteria are already incorporated into ACPE Guideline 16.1, which “provides academic advising and career-pathway counseling adequate to the needs of students, including those in alternate curricular pathways, where applicable,”1 we believe that a greater emphasis needs to be placed upon future opportunities in the pharmacy profession and job placement assistance, in addition to career-pathway discovery.

Reference

2012.3: Expansion of Schools and Colleges of Pharmacy Relative to Pharmacist Demand

1. APhA–ASP strongly encourages that all current and future schools and colleges of pharmacy considering the expansion or creation of PharmD programs evaluate the projected demand for pharmacists in their local, state, and regional area prior to taking such actions.

Background statement
According to AACP’s 2010–11 Profile of Pharmacy Students, 11,487 student pharmacists graduated from a pharmacy degree program in 2010.1 This is a 36.8% increase compared with the 7,260 student pharmacists who graduated in 2000.1 ACPE has recently reported that further expansion is projected with 13,822 graduates in 2014.2 HHS has stated that the supply of pharmacists is growing at a faster rate than was previously projected, and by 2020, the total active pharmacist supply is anticipated to reach 305,000, while the projected amount of full-time pharmacist equivalents will be 260,000.3 There exists a lot of fluidity and uncertainty in manpower needs. According to the HRSA Workforce reports, projections of supply and demand were created with a level of uncertainty. Only under an optimistic supply projection combined with a conservative demand projection does future supply adequately meet demand. If the planned expansion in the number and size of pharmacy programs fails to materialize (e.g., because of a shortage of qualified faculty), then supply might be lower than projected. The demand projections are sensitive to assumptions of annual growth in per capita consumption of pharmaceuticals. Last, if the role of pharmacists evolves such that pharmacists spend substantially more time providing patient care management services, then demand will be higher than projected.

Since there is such uncertainty in the marketplace, we believe it is necessary for current and future schools and colleges of pharmacy to take pharmacy manpower demand data into consideration when expanding to ensure responsible growth in relation to demand for our services. In particular, we would like schools to focus on regional marketplace information in order to adequately assess the need for additional pharmacists in the area where the expansion or creation would occur.

After a dramatic increase in the number of dental schools, several dental programs were forced to close their
doors in the late 1980s and early 1990s due in part to an oversupply of dentists, which caused applicant pools to diminish substantially. By conducting projected demand studies prior to expansion or creation, schools and colleges of pharmacy would have a better understanding of their own long-term success potential and could avert the issues seen among dental schools in the past.

References

2012.4: Proper Medication Disposal and Drug Take-Back Programs
1. APhA–ASP encourages the profession of pharmacy, federal and state regulatory agencies, law enforcement, waste management authorities, and other appropriate entities to develop and implement standardized guidelines for the proper disposal of unused or expired medications to help prevent drug abuse and reduce harm to the environment.
2. APhA–ASP supports state and federal regulations that allow pharmacies to take back unused or expired medications, including controlled substances, through a process that minimizes diversion, liability, and financial burden to all stakeholders.
3. APhA–ASP encourages pharmacists and student pharmacists to serve as a source of information for the public on the proper disposal of unused or expired medications.

Background statement
The National Survey on Drug Use and Health reported that in 2009, more than 70% of people who abused prescription pain relievers for nonmedical purposes received these medications from their friends and family, while only 17% of the medications were prescribed for them. As a result, an executive report was released and legislation was enacted to decrease misuse, abuse, and improper disposal of prescription medications, including controlled substances.

The APhA–ASP Resolutions Committee encourages regulations allowing pharmacies to serve as take-back locations for all medications, including controlled substances. Such measures would not only reduce the environmental impact of unused or expired medication, but also decrease the possibility of these medications being misused or abused. In assisting with this public health issue, financial and legal liability to pharmaceutical stakeholders should be minimized to increase participation in this program.

If this proposed resolution passes, the APhA–ASP Resolutions Committee requests that the APhA–ASP Policy Standing Committee archive APhA–ASP Resolution 2007.4, Proper Medication Disposal:
1. APhA–ASP encourages the profession of pharmacy, federal and state regulatory agencies, waste management authorities, and other appropriate entities to develop and implement standardized guidelines for the proper disposal of unused or expired medications.

2. APhA–ASP encourages pharmacists and student pharmacists to serve as a source of information for the public on the proper disposal of unused or expired medications.

Reference

2012.5: Training Program for Post-diagnostic Pharmacist Prescriptive Authority
APhA–ASP encourages the profession’s national organizations to develop an accredited training program that prepares pharmacists to have post-diagnostic prescriptive authority within the health care team.

Background statement
Pharmacists are authorized in 46 states to modify medication therapies per protocol and via collaborative practice agreements in conjunction with a prescriber and applicable state law. The Department of Veterans Affairs
has internal credentialing that allows pharmacists to prescribe medications, order lab work, and perform physical examinations under protocols. The state of North Carolina grants prescrip-
tive authority to pharmacists who hold the clinical pharmacist practitioner des-
ignation and the state of New Mex-
ico allows pharmacists with advanced
training in physical assessment and
pharmacotherapy to prescribe medi-
cations without physician co-signa-
ture, both under collaborative practice
agreements.

In each of the settings described above, specific requirements are in
place for pharmacists to practice under these arrangements. The APhA–ASP
Resolutions Committee encourages all stakeholders to use these models by
creating a national training program that prepares pharmacists to have
post-diagnostic prescriptive authority within the health care team. Ideally, the curriculum would focus on
ambulatory care and include training in physical assessment beyond what is
currently required for a PharmD.

A national training program also has the opportunity to drive general
standards in the profession and education systems toward this level of
profitability, similar to the impact of the immunization certificate training
program. As recently as 10 years ago, the idea of pharmacists as immuniz-
ers was not widely accepted; the util-
ization of the immunization training program with a corresponding effort to
change the state practice acts led to
increased awareness of pharmacists’
education and availability to provide
immunizations as one of most acces-
sible members of the health care team.
Due to these efforts, pharmacists can
now immunize in all 50 states, Wash-
ington, DC, and Puerto Rico, and this
training has been incorporated into the curricula at many schools and colleges
of pharmacy.

Similarly, by increasing opportuni-
ties for pharmacists to establish greater
levels of expertise to operate as autho-
rized prescribers, we hope to continue
to improve the profession and expand
the opportunities pharmacist have
to provide the best health care to the
patients we serve.

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2012:6: Pharmacy Benefit
Manager (PBM) Practices

1. APhA–ASP supports regulation of
PBM audit practices and encourages
the implementation of a national
standardized audit procedure to
include, but not be limited to, audit
time frames, a written appeals pro-
cess, documentation requirements,
and adherence to fair business
practices.

2. APhA–ASP encourages all PBMs to
notify patients prior to any changes
or modifications in their plan that
may include, but not be limited
to, reaching their coverage gap,
formulary adjustments, prior autho-
rizations, and tier changes. The noti-
ification should be in a manner that
is standardized, comprehensive, and
easy to understand for all patient
populations.

Background statement

While the APhA–ASP Resolutions
Committee agrees that some pharmacy
benefit managers (PBMs) do a good
job of adhering to fair business prac-
tices, we believe that unregulated aud-
ting practices compromise patient care
and make it harder for pharmacies to
conduct business with PBMs. A PBM
is a third-party entity that manages the
pharmacy benefits for insurance companies. Pharmacy benefits management may include claims processing, formulary development, mail order pharmacy services, rebate contracting with drug manufacturers, generic substitution programs, and disease management services.

Recently, the National Community Pharmacists Association conducted a survey of 1,850 pharmacists about the auditing practices associated with PBMs. A majority (62%) of those surveyed stated that the auditing process was inconsistent from one PBM to another and that their experience with the written appeals process was unsatisfactory (81%). In response to the auditing issue, the Pharmacy Competition and Consumer Choice Act of 2011 is currently in committee in both the U.S. House of Representatives and the U.S. Senate. This bill calls for prohibiting penalization of pharmacies for trivial errors and attempts to keep the focus on actual pursuit of fraud. In addition, the bill prohibits PBMs from requiring more stringent recordkeeping than state or federal law requires as well as allowing for a written appeals process. The Academy of Managed Care Pharmacy has also developed model audit guidelines for PBMs to follow. These guidelines include the role of audits as well as defining the auditing process and procedures for desktop, in-pharmacy, and investigational audits.

In addition to a standardized audit process, it is also important for all PBMs to notify patients in advance of coverage changes. Because many patients are not currently aware of coverage changes, they come into the pharmacy and are inconvenienced when their medications are not ready or their co-pay has increased. This leads to further confusion and possible adherence issues if medications are changed without patient knowledge. The Resolutions Committee feels strongly that communications regarding notifications should be standardized, comprehensive, and easy to understand for all patient populations.

References

2012.7: Drug Shortages

A P h a – A S P encourages transparency and cooperation between pharmacists, health care providers, FDA, manufacturers, distributors, and other stakeholders in the drug supply chain to anticipate and resolve drug shortages in order to reduce their impact on patient care.

Background statement
In 2010, there were 178 drug shortages reported to FDA, and this number rose to around 300 in 2011. Close to 80% of these drug shortages involve medically necessary injectable products. These numbers are greatly increased from the 58 drug shortages reported in 2004. Most drug shortages occur due to manufacturing or quality problems and lack of funding to correct these issues.

FDA is currently working to help prevent and decrease the impact of drug shortages, but the agency does not have the regulatory power to require

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reporting of drug shortages. FDA encourages manufacturers to report drug shortages and manufacturing problems voluntarily so it can assist with these issues and prevent shortages. Without the ability to enforce this reporting, FDA’s assistance is limited.

As student pharmacists, we see the impact of drug shortages in the places we work and have seen how they affect the patients we serve. With improved availability of medications, we can better serve our patients and improve the health of the general population. The APhA–ASP Resolutions Committee feels that it is important to encourage continued cooperation and timely communication between FDA and other stakeholders in an attempt to anticipate and resolve drug shortages.

Let your voice be heard

At APhA2012 in New Orleans, the resolution process continues with the two APhA–ASP House of Delegates sessions on Sunday, March 11, and Monday, March 12. We encourage you to attend the APhA–ASP Open Hearing on Proposed Resolutions on Saturday, March 10, where anyone, not just chapter delegates, can have their voice heard. You will also have the opportunity to attend regional caucus sessions led by your Regional Delegates, where you can discuss these issues in a smaller forum.

Part of APhA–ASP’s mission is to be the collective voice of student pharmacists. The next steps in the policy process are your opportunity to shape the voice and direction of our Academy. If members do not take part in the development and implementation of these resolutions, then they become only words in a manual.

Enjoy this opportunity, consider these issues, and be sure to make your voice heard!

Reference
It’s that time again! I attended the APhA Annual Meeting & Exposition all 4 years during pharmacy school. This year will be my second as a new practitioner. For APhA2012, I would like to take a moment to reflect on past Annual Meeting experiences and describe some of the benefits for you—both as a student, and then as a new practitioner after graduation. Here are the meeting’s five key components.

**Networking opportunities**

The Annual Meeting provides many ways to meet student pharmacists and pharmacists from all around the country, including the Exposition, opening and closing sessions, state or school receptions, awards ceremonies, poster sessions, and workshops. The APhA New Practitioner Network Night on the Town is an added bonus for student pharmacists 21 years and older.

Exploring restaurants or sights in the city is another way to get better acquainted with your colleagues. Despite the large number of meeting attendees, I always run into people I have met in previous years. I especially like meeting up with old classmates and professors.

**Education sessions**

As a student pharmacist, I enjoyed attending education sessions alongside pharmacists. The great thing about being a pharmacist at these sessions is that I can now obtain continuing pharmacy education credit in addition to increasing my knowledge. Certificate programs are available as well. I participated in the diabetes and lipid certificate programs, which proved very useful in my practice setting. With many to choose from, certificate programs are excellent ways to learn something new and give yourself an edge in advancing your career. Keep these training programs in mind after you graduate.

**Leadership activities**

The Annual Meeting is also a time to enhance leadership skills. APhA has opportunities for leadership at the local, regional, and national levels. After attending the APhA–ASP workshops my first year, I returned home with tons of ideas for patient care projects, fundraising, and ways to promote member involvement at my chapter. Previously, I had not considered myself a leader, but after the Annual Meeting, I gained the confidence to serve as President of my local APhA–ASP chapter and, eventually, on one of the APhA–ASP Standing Committees.

Involvement with APhA does not have to end when you graduate. As a new practitioner, you can serve as a mentor for a local chapter or serve nationally on one of the new practitioner committees.

**Political advocacy**

The APhA House of Delegates and APhA–ASP House of Delegates discuss key issues affecting the pharmacy profession and create resolutions to address these issues. It was exciting when policies developed at a Midyear Regional Meeting made it to the national APhA–ASP House of Delegates. I also liked getting together with my local APhA–ASP chapter and other area chapters at the regional caucus to debate proposals.

As a new practitioner, you can get involved in the APhA House of Delegates (the “Big House”) by serving as a delegate for your state or one of APhA’s Academies. Another advocacy activity is the APhA Political Leadership Breakfast (ticket required), which is open to student pharmacists.

**Innovation**

If you want to drive change in the profession and expand pharmacists’ roles in order to practice all the knowledge you learned in school, every pharmacist must remain inspired. When I attend the Annual Meeting and hear how pharmacists or student pharmacists are expanding medication therapy management services, pushing legislation in their state, or promoting new clinical services, I feel excited and empowered. I go home more motivated, wanting to be the best pharmacist I can be and to give 110% to my patients. The Annual Meeting is an opportunity to recharge my batteries.

These opportunities are just a few of the benefits of attending the APhA Annual Meeting. The meeting offers something for everyone—whether you’re a student, new practitioner, or seasoned pharmacist.

I hope to see you all at APhA2012 in New Orleans on March 9–12 and at future meetings in the years to come!
Delving into the art of compounding

By “John”

Bidding farewell to my newfound friends at the Indian Health Services clinic (see page 20 of November–December Student Pharmacist), I headed back home for my next rotation. My upcoming rotation and the previous one would be polar opposites. Instead of working in a hospital, I would now gain experience in a compounding pharmacy. Instead of spending every day talking to patients, I now would create unique pharmaceutical preparations in the laboratory.

As you will read, I enjoyed the compounding rotation equally well, only in different ways.

History of pharmacy

Perhaps what first struck me about the compounding rotation was the venerability of the practice: It represents the history of pharmacy. As I triturated and pulverized and scraped powder into the capsule machine to formulate capsules and carefully ladled gooey concoctions onto the ointment mill to create creams and pastes, I felt a sense of connection with the apothecaries of old. Although I am not sure of their exact pathways of evolution, I do know that all pharmacists in the beginning were compounding pharmacists. I felt a huge surge of pride participating in that ancient science. After all, compounding is one obvious skill that sets pharmacists apart from all other health professionals.

Chemistry, calculations

I soon realized that the equations from my pharmaceutics and medicinal chemistry courses would be haunting me all month. Accepting this fact, I was determined to put my best foot forward and refamiliarize myself with my old “friends.” I expressed this desire to my preceptor, who made sure that every pharmaceutical calculation that month found its way to my desk.

I had not envisioned myself on rotation calculating the proper pH for a solution or looking up the pKₐ values of vitamin B₁₂ moieties, but stranger things have happened, I suppose. Looking back, I have to admit that reviewing all that chemistry is certainly not harmful to one’s health, and at the very least, it is quite possible that a question may be posed or a situation could arise during my career in which such knowledge may improve patient outcomes.

I also participated in the pharmacy’s clinical services. My main project was developing an evidence-based foundation for the pharmacy’s clinical services, which required perusing the literature for appropriate data. Conducting literature searches is a skill of which I wish I were more adept. My preceptor’s favorite question was, “Where would be the best place to find the answer?” My favorite answer was, “Google.” And although I certainly reverted to Google on some occasions, most often I would trudge through PubMed or Ovid for that needle-in-the-haystack study that would prove my point.

The deeper I delved, the more questions I uncovered, and each one was met with: “Where would be the best place to find the answer?” I am happy to report that I completed my project with the guidance of my preceptor, who often showed me the best places to find answers.

Know where to look

This rotation taught me many things, but the one that stands out clearly above the rest is to know where to look for answers. Google can be a great help, although pharmacists have many tools at their fingertips. These tools need only be navigated correctly to yield valuable information. I am grateful for the time my preceptor devoted to unlocking those tools for me, as this knowledge will be indispensable throughout my career, I feel. I may not always know the answer, but I can certainly know the best place to find it.

I encourage each of you to familiarize yourself with what resources are out there, begging for a pharmacist to use them. And prepare yourself for that ever-popular question from preceptors: “Where would be the best place to find the answer?”

Questions on “John”’s mind

As graduation nears, I will ask the following questions of Preceptor Feedback author Tori Erxleben, PharmD. Some of my fellow student pharmacists out on rotation are surely wondering the same things, so Dr. Erxleben’s responses will benefit us all.

1. How do/should I relate to other health professionals on my rotations?
2. How do I use my final-year experiences to help narrow down my career choices?
3. How should I approach a preceptor whom I would like to write a letter of recommendation for residency?
4. In what ways can I prepare myself in my final year for the changes of being a new practitioner?
Rotation experiences will come in handy during your career ... and on the NAPLEX

By Tori Erxleben, PharmD

“My answers to your questions

You asked great questions in your sidebar. All student pharmacists on rotation are thinking the same things. Here are the answers. I hope that my experiences provide some tips for you and Student Pharmacist readers.

1. How do/should I relate to other health professionals on my rotations? The best way to relate to other health professionals is to anticipate their questions and always be prepared to answer them. If you are on rounds in a hospital, make sure you do a thorough workup of the patients and research what you don’t know. If you are in a community pharmacy and calling about a prescription, make sure you have a recommendation. Once you provide answers, you will find that others start to look to you for your knowledge.

2. How do I use my final-year experiences to help narrow down my career choices? Discover your passions and your strengths. The profession of pharmacy is full of options. What did you enjoy the most? Which of your preceptors’ jobs could you see yourself doing? Which rotation did you look forward to going to every day, or more important, what did you not enjoy? Your answers to these questions are all signs you should use to help make career choices and figure out your direction as you decide your next step.

3. How should I approach a preceptor whom I would like to write a letter of recommendation for residency? Approach a preceptor for a letter of recommendation in the same way you normally communicate with him or her. If your preceptor is not good about responding to e-mails or you haven’t talked recently, then call or visit. If you regularly e-mail your preceptor and that is how he or she communicates best, then e-mail. If you know that you might want a letter of recommendation from a preceptor, try to establish that before you leave the rotation site. Let the preceptor know you had a great experience and ask if he or she would be willing to write you a letter of recommendation when you apply for residencies.

4. In what ways can I prepare myself in my final year for the changes of being a new practitioner? During your final year, it is important to discover how you want to practice pharmacy. You will graduate with the knowledge to be a successful pharmacist, but how do you want to practice, and what kind of preceptor do you want to be? Rotations are a great way to interact with different people and figure out what you want to get out of your career.

Getting involved in the APhA New Practitioner Network (NPN) after graduation is a great way to prepare for changes as well. You are going to encounter new circumstances both professionally and personally. NPN provides updates to keep your knowledge current and forums to share stories and patient cases. It is easy to be involved during pharmacy school, but remaining involved after you graduate is even more important.

Good luck the rest of the way, “John”—and all the best to everyone who is out on rotation!

Tori Erxleben, PharmD, is a PGY1 MTM resident at PharmMD in Nashville, TN.
USF College of Pharmacy unique from the very start

By Sam Aminov

What had long been a vision for me became a reality this year when I was accepted into the inaugural class of the University of South Florida (USF) College of Pharmacy.

Four pillars

The USF College of Pharmacy was established in 2007. Founding Dean Kevin B. Sneed, PharmD, set out to build a unique and innovative program. The 4-year PharmD program is built on four pillars: medication management for the elderly, pharmacogenomics, leadership and management skills, and health information technology and medical informatics.

The College of Pharmacy is located at USF Health on the main campus in Tampa, FL. The college’s location at an academic health center promotes interprofessional collaboration between the College of Pharmacy, College of Medicine, College of Nursing, College of Public Health, and School of Physical Therapy & Rehabilitation Sciences. Our interdisciplinary education is a huge benefit for all USF Health students because many healthcare institutions are adapting to a collaborative model of patient care. Per the words of our founding dean, “Interdisciplinary education, together with an integrated curriculum, ensures that students are being trained to become the pharmacist practitioners of the future.”

Speed-dating interviews

Not only did I have the privilege of being accepted into the inaugural class, I was one of the first six students admitted through an early decision process.

A prelude to the innovation of the PharmD program, the admissions interview was unlike anything I had previously experienced. Instead of the traditional one-on-one or panel interview, the USF College of Pharmacy uses a multiple mini interview (MMI) model. An MMI is analogous to speed dating. Each applicant experiences seven 5-minute interviews. The question is provided before entering the room. The unique part is that the interviews are blind. The interviewers have no prior knowledge of the applicant and are only given a chance to review the application after the interviews are completed.

Shortly after my MMI, I received the acceptance phone call, and here I am with the first semester in my back pocket. The first semester was an outstanding experience. I believe there is a right program for every student; the USF College of Pharmacy was definitely the right choice for me.

Not just a number

This past fall, I had the privilege of attending the 2011 APhA–ASP Midyear Regional Meeting in Orlando, FL. Other student pharmacists all seemed eager to learn about the new program. Many were curious about the perceived shortcomings of being a student in an inaugural program. I am proud to say that I do not feel I am at any disadvantage. Though our program is new, our faculty and staff consist of well-seasoned and experienced professionals from all over the country who were handpicked for their expertise and how they fit into the vision set forth by Dean Sneed. Never have I seen such an immense dedication to students.

At USF, we are not just a number. Our inaugural class of 53 students, together with faculty and staff, has become a tight-knit family. We all anticipate the arrival of our next class.

Go Bulls!

Sam Aminov is a first-year PharmD candidate at the University of South Florida College of Pharmacy.
Unique program provides lessons in counseling seniors
By Justin Balint and Dominick Trombetta, PharmD, BCPS

Student pharmacists at the Wilkes University Nesbitt School of Pharmacy are assigned to senior patients in the community during their third professional year as part of a unique education program. Goals of this experiential course include service learning and professional development. Throughout the academic year, student pharmacists visit patients at their homes and learn how to develop a caring relationship with them.

During home visits, students are encouraged to assess the medication needs of aging patients and gain an understanding of social issues surrounding an individual’s ability to be adherent with health-related issues. Patients are recommended to the university through many diverse local agencies.

Visiting senior patients who live in lower socioeconomic housing or counseling older patients who require care for daily living activities can be intimidating for student pharmacists. However, while some are hesitant at first, advances in professional growth are seen within the first few months. Students develop their SOAP note writing skills over the course of the year in a systematic and gradual progression, using their patient as the subject.

Students associate the patients with real-life medical conditions, making reflections on learning experiences and classroom discussions more relevant. For many, the answer to “Why do I want to become a pharmacist?” becomes obvious during this experience.

**Empathy in patient care**

Empathy is the ability to identify with another’s feelings. Empathetic responses are a great way to combine active listening and reflection in patient interactions. Listen to patients and openly acknowledge their concerns, and assess how they feel when forming responses. Patients who feel their concerns are being addressed are more likely to trust their pharmacists, adhere to treatments, and listen to recommendations.

Many barriers exist that prevent patients from taking medications correctly, but understanding these difficulties allows for an individualized approach for each patient. Learning about the patient’s home, social, and work life is truly valuable in understanding more about the patient’s health conditions and medication use.

**Building relationships**

It is often difficult to provide optimal care for patients without building a relationship. Many factors impact how patients take medications, and most cannot be observed from a superficial view behind the counter. By building relationships with patients, pharmacists are able to better assess patients’ attitudes toward medications and improve medication adherence.

As a student pharmacist, every 2 weeks, I (Justin) visited my assigned patient at their home and coordinated educational sessions and provided learning materials to improve the patient’s knowledge of medications and health conditions. The most crucial step in developing a relationship with my patient was building a strong foundation of trust. By creating an atmosphere of positive attention where I actively listened to the patient’s needs, I showed my willingness to help and demonstrated through interventions how I could assist them.

After building a rapport, I focused on poor medication adherence and educated my patient on the risks of not taking medications correctly. Building a relationship takes time and each visit allowed us to learn more about each other. This allowed me to understand and learn about the issues that affected my patient’s medication use.

**Service learning**

I have learned that no classroom experience can directly teach the importance of empathy or relationship building. Service learning is critical for the professional development of student pharmacists and yields fulfilling experiences. Opportunities for students to build relationships longitudinally with patients exist in many service projects that student pharmacists actively engage in currently.

For schools that do not have an academic course such as this one, student pharmacists, under faculty supervision, can reach out to organizations in the community to establish similar service learning activities in the community.

Justin Balint is a final-year PharmD candidate and a member of the 2011–2012 APhA–ASP Communications Standing Committee, and Dominick Trombetta, PharmD, BCPS, is an Associate Professor of Pharmacy Practice at the Wilkes University Nesbitt School of Pharmacy.
Together with Project Hope (Health Opportunities for People Everywhere) and the U.S. Navy, the Shenandoah University Bernard J. Dunn School of Pharmacy offers an innovative opportunity to a few select final-year student pharmacists to provide international medical assistance. These students join a multidisciplinary team of health providers aboard U.S. Navy ships to deliver health care services to underserved areas as a selective Advanced Pharmacy Practice Experience.

This academic year was the third year of this partnership with Project HOPE, a not-for-profit, non-governmental organization. Rich and rewarding, the program has progressive goals designed to broaden the scope, knowledge, and experience of its participants. The experience aligns the goals and core values of the school, Project HOPE, and the Accreditation Council for Pharmacy Education guidelines.

Although this rotation offered unique clinical pearls and cases, the core competencies achieved provided deep insight into health care and humanity. I lived and developed a deep respect for diverse cultures and perspectives and found a dedication to consistent and unwavering global citizenship and professional service. Learning in this environment, at the side of incredibly selfless, smart, and capable professionals, offered valuable lessons in health care disparities, health literacy, and working with a multidisciplinary team.

In the MEDCAP clinics, I worked with physicians, nurses, nurse practitioners, dentists, pharmacists, and other student pharmacists as a primary care team in a general medicine and pediatric setting to review, label, and dispense medications, and provide patient education through interpreters. I know some Spanish, and enjoyed using these skills as well. Our interpreters in Costa Rica were local student pharmacists, creating a unique opportunity to exchange information and questions about international pharmacy education and practice differences.

Throughout the experience, physicians often came to the pharmacy to ask about dosing and drug substitution, given limited drug availability. We were exposed to an array of disease states and subsequent management. My classmate and I were asked to give a presentation on parasitic disease and treatment, an enormous disease burden in other countries.

Progressive educational model

Observing the health care disparities was the most intense aspect of this experience. The most rewarding part was collaborating with health providers from different organizations and services.

The greatest lesson learned was that I must find a way to use and give my knowledge and abilities, service, and hope to those who need it. This rotation demands, stretches, and teaches more in several weeks than many people hope to experience in a lifetime of practice, and the rewards are great.

Emily Kirchner is a final-year PharmD candidate at the Shenandoah University Bernard J. Dunn School of Pharmacy.
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I decided to become a pharmacist because I knew that of all the medical professional opportunities available to me, a pharmacist is one of the most trusted and relied upon providers in the community. I always knew I had a future in health care. Pharmacists are both accessible and knowledgeable in the direct treatment of patients and I knew that I would love to be able to practice as one.

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