

The PRN Report

accp

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A Note From President John A. Bosso...

PRNs: The Lifeblood of ACCP

New ACCP members often wonder why the elected leadership and staff of the College seem to spend so much time and energy obsessing about the PRNs. It's really quite simple. We all recognize that the health and vigor of the organization as a whole, as well as member satisfaction, are directly tied to the health and vigor of the PRNs.

Although there are official operating definitions, mission statements, and written policies and procedures pertinent to the operation of the PRNs (truth be told, the staff is much more conversant of these than I), it has been my observation that the energies of the PRNs are concentrated on networking and programming. The PRNs serve as networking forums for groups of clinical pharmacists having narrower interests than the average member or, perhaps, having a special interest area not well addressed by the usual programming and other activities and products of the College. Of equal importance is the role of individual PRNs in educational programming, both for themselves and for the general audience of the College. The number and breadth of topics presented by the PRNs is truly impressive and adds to ACCP.

Also, belonging to a PRN makes one an automatic member of that PRN's listserv. The success of the PRN e-mail message lists is truly impressive, although not totally surprising as they are frequently used as a clinical pharmacy practice resource. Although not at all unique to the Infectious Diseases (ID) PRN, its listserv is replete with questions ranging from individual patient pharmacotherapy issues to antibiotic management. Subsequent responses from other members who have knowledge and experience relevant to the issue being raised expands and provides new information for listserv members. Some members have actually commented to me that it is worth the price of ACCP membership just to be able to participate in a PRN listserv!

I think the obvious question to a lot of people is why are the PRNs so important to ACCP? To realize the answer, one only needs to study the evolution of our professional

organizations and changes in our discipline. Not that long ago (from the perspective of the history of the galaxy), the major pharmacy organization was the American Pharmaceutical Association (now the American Pharmacists Association). As that association grew, members who practiced in hospitals felt that their particular needs and interests were not being well served. Thus, that group split off and became the American Society of Hospital Pharmacists, which is now the American Society of Health-System Pharmacists (ASHP). As expected, the latter organization grew rapidly and found its membership base becoming more and more diverse.

About 25 years ago, the clinical pharmacy community (much of which was academically based at the time) didn't think its special needs and interests were being well served by ASHP or the American Association of Colleges of Pharmacy (the organization for academics) which proved to be the impetus for the formation of ACCP. As everyone knows, the story didn't end there. More organizations have come into being to meet the needs of more narrowly focused subgroups. The successful Society of Infectious Diseases Pharmacists (SIDP) was borne out of dissatisfaction with the ASHP ID special interest group. Furthermore, at the time of SIDP's formation, ACCP did not have a mechanism for there to be focused subgroups, such as the PRNs.

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One can debate whether this multiplicity of organizations is good or bad, but certainly one limitation is that it splits up and dilutes the “voice” of pharmacy when it needs to be raised to address some national or profession-wide issue.

A lot of us ACCP “hardliners” would like to see the discipline of clinical pharmacy united under one roof for obvious reasons. We believe it’s important for clinical pharmacy to speak with one voice and we would like all clinical pharmacists to have a home in ACCP. The question becomes, how do you prevent more narrowly focused groups of members from becoming splinter groups? Our answer is the PRNs. While we need some uniformity of operating procedures and whatnot, we strive to give the PRNs the autonomy they need to meet the special needs and interests of their members. The more members are satisfied with their PRNs, the happier they are with ACCP, and the better off the organization is.

With all of this in mind, I hope it is clear why PRNs are so important. Although I’ve said before (on more than one occasion), “It’s good to be the king,” I honestly think that the knights of the round table (i.e., the PRN officers) are in some ways much more important to the health and functioning of the organization. Does this mean that ACCP members who are not PRN members are missing out? Maybe. It really depends on what members are seeking through their memberships. However, no matter how much of a clinical pharmacy generalist one thinks he or she is, I always encourage people to seriously consider PRN membership!

Research Institute Offers Expanded Grant Opportunities

The ACCP Research Institute will provide more than \$425,000 in support of clinical pharmacy research and research training during 2004 through its various Research Awards and Fellowships. This includes the College’s new Frontiers Research Awards, Career Development Research Award, Investigator Development Research Awards, and Fellowship support.

New in 2004, the Frontiers Research Awards are made available through the generous contributions of ACCP members and others to the ACCP Frontiers Fund. The Frontiers Research Awards will support previously unmet or underserved areas of pharmacy-based health services research or clinical research. In addition to clinical research proposals, the Research Institute is especially interested in supporting rigorously designed health services research that examines the use, costs, quality, accessibility, delivery, organization, financing, or outcomes of clinical pharmacy services. More information about the Frontiers Fund Campaign itself, including how individual ACCP members can support the Campaign, can be found at www.accp.com/frontiers/.

Investigator Development Research Awards support the research efforts of ACCP members who qualify as new

investigators (i.e., five or fewer years since completion of their formal training or first academic appointment). In addition to supporting a specific research project, a major purpose of these awards is to provide research support that will contribute to the development of the principal investigator’s research career related to experimental therapeutics, pharmacoconomics and outcomes, or pharmacy-related health services research. As noted from the following list of Investigator Development Research Awards available in 2004, they are able to provide support in a wide variety of therapeutic or practice areas:

- ACCP Pharmacotherapy Research Award
- Amgen Hematology/Oncology Research Award
- Amgen Nephrology Research Award
- AstraZeneca Cardiovascular Research Award
- AstraZeneca Health Outcomes Research Award
- Aventis Infectious Diseases Research Award
- Bayer Pharmaceuticals Infectious Diseases Research Award
- Kos Dyslipidemia Research Award
- Roche Laboratories Transplantation Research Award
- Sanofi-Synthelabo Central Nervous System Research Award
- Sanofi-Synthelabo Thrombosis Research Award
- TAP Pharmaceutical Products GI Research Award
- Watson Laboratories Anemia Research Award

The ACCP Career Development Research Award supports the research efforts of a mid-career scientist (i.e., more than five years since completion of his/her formal training or first academic appointment). The area of research focus can again include experimental therapeutics, pharmacoconomics and outcomes, or pharmacy-related health services research. The Career Development Research Award seeks to fund the research efforts of a mid-career scientist who demonstrates that this award will significantly facilitate development of an overall research plan, and facilitate his/her obtaining additional extramural funding.

The ACCP Research Institute’s 2004 Call for Proposals and more information about the above programs can be found at www.accp.com/ClinNet/ricall.php. Don’t delay. The deadline for submitting proposals is April 1...no foolin’!



Attendees enjoy one another’s company at the 2003 ACCP Annual Meeting, which was held at Atlanta, Georgia.

Ready to Run For PRN Office? Nominations Beginning

Do you have the desire to guide a PRN? If so, run for an office! PRNs are seeking candidates for their upcoming elections. PRN Nomination Committees are forming and the call for nominations has been issued.

If you are interested in serving as a PRN officer, or would like to nominate someone, contact your PRN's chair right away. A list of current chairs' phone numbers and e-mail addresses is included in this newsletter. The process for conducting PRN elections is as follows:

The Nominations Committee consists of at least two individuals who are appointed by the PRN's chair; these individuals may be the PRN's current elected officers. Those who comprise a PRN's Nominations Committee will be ineligible to run for office in that PRN's election that year.

The Nominations Committee prepares a slate of candidates. As they do this, the members of the Nominations Committee should be certain to share the timeline and procedures for the election, along with a list of expected duties, with each candidate.

Whenever possible, there shall be two or three candidates for each office up for election. In those infrequent cases when only one candidate can be identified, an election will still be held, with voters given the option of identifying a write-in candidate. In those cases when there are more than three possible candidates, it is the duty of the PRN's Nominations Committee to make the final selection of candidates for the slate.

The Nominations Committee will obtain a brief biographical sketch and statement of PRN goals from each candidate that shall be included in the ballot mailed to members.

PRN elections will occur according to the following timetable:

- Call for nominations March
- Submission of camera-ready ballots and candidate biographies by nominations committees to ACCP by June 14
- Mailing of ballots by July 14
- Receipt of ballots at ACCP headquarters by August 20
- Nominations Committee notifies all candidates of results of election by August 31

Why I Ran For a PRN office

"Because I was fairly new to ACCP, I wanted to gain a more comprehensive understanding of ACCP's position as an organization. With Education and Training being a new PRN, I thought it would be a good opportunity to develop and shape the initial direction of the PRN and contribute my energies to its growth and success." — **Mary Halloran**, *Education and Training PRN Secretary/Treasurer*

"The Ambulatory Care PRN is such a wonderful, diverse, and energetic group of individuals all committed to the same goal of advancing clinical pharmacy services in the outpatient setting. There are so many opportunities to serve within ACCP, and the PRN was one way to give of my time and energy in an area that I am committed to and quite passionate about." — **Mary Roth**, *Ambulatory Care PRN Chair*

"I ran for an office so I could contribute to the long history of success within the Cardiology PRN." — **Dawn Bell**, *Cardiology PRN Chair-Elect*

"I ran for office to become more involved in ACCP. When I ran for office, both PRNs (Cardiology and Education and Training) were relatively new and I wanted to help foster their growth and development." — **Sarah Spinler**, *Education and Training PRN Chair and former Cardiology PRN Chair*

"I accepted the nomination because I have gotten so much out of the PRN over the years, I thought it was time to give something back and to help maintain the outstanding quality of the PRN. There is always the opportunity for positive change as well, and I wanted to be a part of it." — **Ila Harris**, *Ambulatory Care PRN Chair-Elect*

"Because I was actively involved in the PRN since its formation, I was familiar with the issues facing the PRN and wanted to become more involved. I also ran to supplement my professional service component portion of my work effort. Also, as a faculty member, it is looked upon favorably to be involved in ACCP." — **Brian Hemstreet**, *Adult Medicine PRN Secretary/Treasurer*

"I wanted to take a more active role in ACCP. This was a great first step, sharpening my leadership skills under the mentoring of previous PRN chairs, in preparation for potential future roles in ACCP leadership. I also felt the need to give back as I have gained so much in PRN and ACCP membership." — **Dee Melnyk**, *Education and Training PRN Chair-Elect*

"I decided to run because I am interested in Women's Health and wanted to take on a more active role within ACCP and the Women's Health PRN. One of my goals was to expand and encourage the Women's Health PRN to become more involved in collaborating, in both clinical and scholarly ways. I also hoped to network, and I can say that this has exponentially grown since taking a leadership role in the PRN." — **Laura Hansen**, *Women's Health PRN Chair-Elect*



ACCP members talk over refreshments at the 2003 Annual Meeting. ACCP meetings are excellent opportunities to network with friends and colleagues, and do not miss the PRN networking activities held at Spring Forums and Annual Meetings.

PRNs Helping Frontiers Fund Succeed!

The PRNs and their members are stepping up to the plate to help knock the Frontiers Fund out of the ballpark.

The Frontiers Fund is a major new initiative that will raise \$1.25 million over the next three years. It will allow the ACCP Research Institute to significantly enhance its overall support of pharmacy-based health services and clinical research conducted by College members.

The PRNs that have provided donations from their treasuries to the Frontiers Fund to date include: Adult Medicine—\$1000; Ambulatory Care—\$5000; Cardiology—\$2000; Drug Information—\$500; Education and Training—\$1000; GI/Liver/Nutrition—\$2500; Infectious Diseases—\$15,000; made in honor of ACCP President John Bosso and “retiring” ACCP Executive Director Robert Elenbaas; Nephrology—\$500; Outcomes and Economics—\$2400; Pharmacokinetics/Pharmacodynamics—\$150; and Women’s Health—\$500. In addition, the Cardiology PRN has pledged donations of \$2000 in 2004 and 2005, and the Outcomes and Economics PRN has pledged donations of \$2500 in 2004 and \$2600 in 2005.

The PRNs also have contributed to the Frontiers Fund through the ACCP Annual Meeting PRN/Research Institute Reception and Silent Auction. Held during the College’s 2003 Annual Meeting in Atlanta, the evening’s festivities raised more than \$50,000 in support of the ACCP Research Institute’s Frontiers Fund. This included \$20K from the games, raffle, and silent auction and \$30K donated by several of the PRNs.

Although the PRNs as groups have added to the success of the Frontiers Fund, it is equally important that individual members continue to contribute. The Ambulatory Care PRN has even formed a subcommittee that works to encourage members to donate to the Fund.

“For the Frontiers Fund to achieve its overall goals, PRN members personally need to support the campaign,” said Dr. Elenbaas, who is now the Research Institute Director.

Funding the Frontiers Fund will ensure:

- The conduct of health services research to document the value of clinical pharmacy services;
- Clinical and translational research in areas that extend beyond those funded by existing ACCP awards and grants;
- The evaluation of models of payment for clinical pharmacists’ services; and
- The development of qualified young researchers for future careers in academia and the pharmaceutical industry.

“Recognizing the need to significantly increase the support that the Research Institute provides to these underserved areas of clinical pharmacy research, we have set some very ambitious goals for these next few years,” Dr. Elenbaas said. “Based on the response of ACCP members to the Frontiers Fund, it’s clear that they see the need for enhanced efforts in these areas as well.”

More information about the Frontiers Fund can be found on the ACCP Web site at www.accp.com/frontiers.

Pain Management Offering Minisabbatical

PRN minisabbaticals continue to provide ACCP members with opportunities, and the Pain Management PRN is the latest to begin offering a minisabbatical program. The Pain Management PRN Minisabbatical is made possible by a grant from Purdue Pharma.

The minisabbaticals provide an opportunity for members of the respective PRNs to gain or expand their practice or research skills under the guidance of an expert mentor. Applicants must be current members of the Cardiology, Central Nervous System, Hematology/Oncology, Infectious Diseases, or Pain Management PRNs. The host mentor must have demonstrated clinical or research experience in the applicant’s area of interest that serve to enhance the applicant’s practice or research program.

For more information on minisabbaticals, go to the following Web links:

- Cardiology:
www.accp.com/ClinNet/research.php#cardmini
- Central Nervous System:
www.accp.com/ClinNet/research.php#cnsmini
- Infectious Diseases:
www.accp.com/ClinNet/research.php#idmini
- Hematology/Oncology:
www.accp.com/ClinNet/research.php#hemomini
- Pain Management:
Information coming to the ACCP Web site soon!

Endocrine PRN Being Explored

An Endocrine PRN is in the exploratory stage of development. If enough ACCP members show interest in the group, it will join the 20 others that provide excellent opportunities for members to network with one another.

The possible Endocrine PRN is being organized by ACCP member Kent Porter. If enough members respond favorably to the idea of an Endocrine PRN, there will be an organizational meeting for the PRN in Dallas at the 2004 Annual Meeting. Following the organizational meeting, the PRN's newly elected leadership will complete a PRN application and submit it to the Board of Regents for approval.

The goals and objectives of the Endocrine PRN would be to:

- Provide an opportunity for pharmacists with an interest in endocrine disorders to promote practice, research, and education in these areas;
- Provide a mechanism for members of similar interests to meet during ACCP meetings, to network, problem solve, and discuss professional issues and possibilities; and
- Promote practice involvement, educational needs of health care professionals, students and patients, and research activities in the area of endocrinology that may be favorably impacted upon by this ACCP PRN effort.

The Endocrine PRN would focus on a number of current therapeutic and research issues, including, but not limited to:

- Diabetes mellitus (DM)—prevention, detection, and management for T1, T2DM and other DM conditions (i.e., polycystic ovarian syndrome, cystic fibrosis, thyroid disorders, etc.) in adult and pediatric populations; and pre-diabetes possibilities for intervening in the progression of this disease's natural history; and
- Pituitary, thyroid, parathyroid, adrenal, and pineal disorders as deemed appropriate by the Endocrine PRN.

A survey is in the works, which will help assess the level of ACCP member interest in an endocrine PRN. Watch the ACCP Web site for more information about the upcoming survey. Anyone interested in expressing interest in, or helping form, an Endocrine PRN can contact Porter at kent.porter@aventis.com.

Interested in Forming a New PRN?

Think there is a need for a new PRN? All it takes is 50 ACCP members who have expressed interest in belonging to the new PRN. Each PRN must serve a group of ACCP members in a defined area that is distinct from current PRNs. The Board of Regents must approve the designation of each new PRN. To find out more about forming a new PRN, contact Peggy Kuehl, ACCP Director of Education and Member Services, at (816) 531-2177 or at pkuehl@accp.com.

2004 Updates in Therapeutics: The Pharmacotherapy Preparatory Course

June 5-8, 2004

Hilton Austin—Austin, Texas

This is the *best* pharmacotherapy preparatory course around!

The Pharmacotherapy Preparatory Course has three main goals:

- First, it provides a framework to help attendees prepare for the BCPS examination;
- Second, it is an excellent, up-to-date overview of disease states and therapeutics; and
- Third, with a strong focus on thought process, the course offers attendees a unique learning experience that truly contributes to their ability to impact patient care.

For full meeting information, go to www.accp.com.

PRN Membership Totals

Adult Medicine	457
Ambulatory Care	1072
Cardiology	695
Central Nervous System	214
Clinical Administration	129
Critical Care	766
Drug Information	168
Education and Training	171
Geriatrics	197
GI/Liver/Nutrition	119
Hematology/Oncology	394
Immunology/Transplantation	171
Infectious Diseases	733
Nephrology	176
Outcomes and Economics	160
Pain Management	194
Pediatrics	291
Pharmaceutical Industry	350
Pharmacokinetics/Dynamics	159
Women's Health	118

The logo for ACCP (American College of Clinical Pharmacists) features the letters 'accp' in a bold, lowercase, sans-serif font. The 'a' and 'c' are connected, and the 'p' has a long, vertical descender. To the right of the letters are three dots.

Where pharmacy is going

PRN News Briefs

Ambulatory Care

The Ambulatory Care Communications Committee recently finalized a new policy, which outlines how surveys can be conducted on the PRN's e-mail message list. "This new policy was developed in response to a growing concern over the mailing list being used for survey purposes unrelated to the functions of the PRN," Chair Mary Roth stated. "The policy will be posted on the Ambulatory Care Web site along with our mailing list policies and procedures."

The new policy states that the mailing list may be used to disseminate surveys that are a direct function of the PRN or ACCP. However, the mailing list should not be used to disseminate surveys that support an individual's outside research. Members wishing to conduct surveys using the Ambulatory Care PRN membership may contact other members individually by retrieving contact information from the PRN directory or by requesting a full membership list through ACCP.

Education and Training

Recently, an initial mission statement was approved by electronic vote of the Education and Training PRN membership. The statement reads, "The mission of the Education and Training PRN is to promote dialogue and interaction among members and to develop programs that enhance the knowledge and skills of members involved in education and training within clinical pharmacy."

Chair Sarah Spinler said, "Several members provided additional suggestions on ways to refine and clarify our mission. We plan to discuss our mission again at the membership meeting during the Annual Meeting in Dallas."

Infectious Diseases (ID)

Members of the ID PRN have been actively involved in collaborative publication initiatives directed at both patients and health care practitioners. More than 20 of the ID PRN members contributed to the development of a 28-page drug guide for all FDA-approved and investigational antiretrovirals for *Positively Aware*, a leading human immunodeficiency virus (HIV) information journal for patients. This document provides important insights on use of HIV medications that can be read and understood by infected and affected persons alike. The final product can be viewed (along with names of all contributors) at www.tpan.org/publications/drug_guide/drug_guide_2004.html.

Infectious Diseases members also are developing an annotated bibliography of key ID literature for distribution to ACCP members through publication in *Pharmacotherapy*.

Nephrology

The Nephrology PRN and pharmacy itself were well represented at the 2003 American Society of Nephrology meeting held in San Diego November 12-17. A total of 17 PRN members (approximately 10 percent of the PRN membership) presented 24 abstracts at this national nephrology meeting. Nephrology Chair Joanna Hudson said, "While we enjoy sharing and presenting research findings with our pharmacy colleagues, it is encouraging to have such efforts recognized and well received by the larger medical community in nephrology. This demonstrates activity of our PRN not only in ACCP, but in other professional forums as well! Members of the Nephrology PRN also joined together for networking at an informal luncheon held during the meeting."



An attendee explains a poster during the Scientific Poster Session at the 2003 ACCP Annual Meeting. ACCP PRNs and chapters present posters at the meeting, as well.

Save these Dates: Oncology Pharmacy Preparatory Course Set for May 21-23

Plan now to attend the 2004 Oncology Pharmacy Preparatory Review Course, co-sponsored by ACCP and the American Society of Health-System Pharmacists (ASHP). The course will be held at the Tampa Westshore Marriott, Tampa, Florida. Registration information and full details about the course are available on the ACCP Web site. Members of ACCP and ASHP will be eligible to register for the course at a discounted member rate.

The course is designed to help pharmacists prepare for the Board of Pharmaceutical Specialties (BPS) Oncology Pharmacy Specialty Certification Examination. The program also is designed to increase the knowledge and skills of pharmacists interested in oncology. Course content is based on the BPS domains and knowledge areas tested on the examination. The program is supported in part by an educational grant from Amgen, Inc.

Visit the ACCP Web site, www.accp.com/04onco.pdf, for more information on the Oncology Pharmacy Preparatory Review Course, or call ACCP at (816) 531-2177 to receive a conference brochure by mail.

PRNs to Provide Education at International Congress

The ACCP PRNs are taking active roles at the 2nd International Congress on Clinical Pharmacy, which takes place in Paris April 28-30, 2004. Many PRNs and European Society of Clinical Pharmacy (ESCP) Special Interest Groups (SIGs) are either holding educational seminars or interactive workshops, where attendees will discuss topics with one another.



Attendees of the International Congress on Clinical Pharmacy can look forward to seeing the well-known Eiffel Tower in Paris.

The 2004 International Congress on Clinical Pharmacy, titled *Optimizing Outcomes in Pharmacotherapy*, is being hosted by ESCP and ACCP. The meeting is sure to be exciting, as this is the 25th anniversary for both organizations. Register now!

PRNs leading symposia:

Ambulatory Care PRN: Common Controversies in Ambulatory Care: Using Evidence and Guidelines to Optimize Patient Care

Infectious Diseases PRN (with the ESCP Infectious Diseases SIG): Optimizing Antimicrobial Therapy

Pediatrics PRN (with the ESCP Pediatrics SIG): Pediatrics and Patient Safety: Focus on Pediatric Medication Errors

Pharmacokinetics/Pharmacodynamics PRN (with ESCP Pharmacokinetics SIG): Population Pharmacokinetics in Clinical Practice

Women's Health PRN: New Therapies—Evidence-based Medicine and Innovative Care for Women

Critical Care PRN: Emerging Standards of Care in the Treatment of Sepsis—The Road Ahead

PRNs leading interactive workshops:

Cardiology and Clinical Administration PRNs: Translating Guidelines to Practice: Thromboembolic Diseases

Central Nervous System PRN: Around the World—Implementing Clinical Guidelines into Practice (round table discussion)

Geriatrics PRN (with ESCP Geriatrics SIG): Evaluation and Utilization of Clinical Practice Guidelines in the Elderly to Optimize Geriatric Pharmacotherapy

Pharmaceutical Industry PRN: Collaborations Between Industry and Health Care Systems in Ensuring the Optimal Economic and Humanistic Outcomes in Patient Care

In addition to visiting one of the most beautiful and culturally exciting cities in the world, the Congress will provide an excellent opportunity to meet with and learn from clinical pharmacy colleagues from around the globe. Also, the Congress will provide up to 15 contact hours of ACPE-approved continuing pharmacy education.

For complete program and registration information:
www.escpweb.org/site/cms/contentViewArticle.asp?article=1894

What Does it Take to be a Successful Officer?

Being a PRN officer takes dedication and discipline, qualities ACCP members already possess, of course. But what other qualities do you need to be a good PRN officer? What are some things you can do to help ensure your PRN's success? Current PRN officers offer advice for future officers.

Ambulatory Care PRN Chair Mary Roth believes that anyone in a PRN leadership role must take the responsibility of serving that PRN's members seriously. "Give of your time, talent, and energy. Maintain open lines of communication with other officers of the PRN, as well as the membership. Listen to your members, engage your members. It really is the membership that ensures the success of the PRN."

Many PRN officers stress that ACCP members thinking of running for a PRN office must be prepared to give of their time. "Make sure that you are at a stage in your career in which you can dedicate time and travel for voluntary appointments," said Robert DiCenzo, Pharmacokinetics/Pharmacodynamics PRN Chair-Elect.

Education and Training PRN Chair-Elect Dee Melnyk agrees, saying, "Make sure it is a time in your professional and personal life when you can give it your all. It is a lot like a residency. You get out of it what you put into it, so it has to be a priority."

Likewise, Ambulatory Care PRN Chair-Elect Ila Harris said, "Give 110 percent. Don't accept the nomination if you are extremely busy with other things. I know we are all busy, but you need to have time to devote to the PRN office and to do a great job."

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Current officers stress that even if you believe you have enough time to serve as a PRN officer, you should realize that fulfilling the duties of an office will likely take more time than you anticipate. Education and Training PRN Chair Sarah Spinler said, “Plan for more time than you originally thought to devote to PRN activities.” Also, she suggests that if you are elected to an office, learn to delegate duties, and make sure your PRN has structured committees in place.

Mary Ann Halloran, Education and Training Secretary/Treasurer, suggests ambitious members run for secretary or treasurer positions before trying for chair-elect offices. “Unless you have a long history with an established understanding of ACCP as an organization, consider gaining experience in the ‘officer’ role as a secretary-treasurer before considering running for chair-elect,” she said. “It will give you better insight into the PRN and its relationship to the parent organization. It will also provide you with some exposure to the structure of the PRN and make you more successful as a leader.”

Pharmaceutical Industry Secretary/Treasurer Carl Roland suggests a strategy similar to Halloran’s advice. He said, “I would advise a new officer to fully understand the role of the respective PRN relative to ACCP as a whole, and to be sure to participate. I would advise the new officer to fully understand his or her responsibility as an officer.”

Being in touch with your PRN’s membership and understanding what members value and hope to gain from the PRN is essential to being a good officer. “Advice I would give to someone looking to run for an office is to attend the PRN meetings and get to know the membership,” said Brian Hemstreet, Adult Medicine Secretary/Treasurer. “Also, volunteer for committee work within the PRN. This will show the membership that you are willing to devote your time and effort for the good of the organization as a potential officer.”

Of course, the only way to get started on the road to being a successful PRN officer is to run for election. Cardiology Chair-Elect Dawn Bell points out, “The first step is to just do it. Ask for help and don’t be afraid to fail, but never give up.”



ACCP members listen to speakers talk about former ACCP Executive Director Bob Elenbaas at a “Toast and Roast” event, which was held at the 2003 Annual Meeting.

For more information on PRNs:

Adult Medicine: Krystal Haase, (806) 356-4000 ext. 282; krystal.haase@ttuhsc.edu

Ambulatory Care: Mary Roth, (919) 843-8083; mroth@unc.edu

Cardiology: Cynthia Sanoski, (215) 596-8933; c.sanosk@usip.edu

Central Nervous System: Sheila Botts, (859) 233-4511 ext. 3452; sbott2@email.uky.edu

Clinical Administration: Derek Smith, (918) 494-6305; dereksmith@peoplepc.com

Critical Care: Cory G. Garvin, (816) 861-4700 ext. 7125; garvinco@umkc.edu

Drug Information: Lisa Boothby, (706) 660-6295; lisa.boothby@crhs.net

Education and Training: Sarah Spinler, (215) 596-8576; s.spinle@usip.edu

Endocrine (presently in exploratory stage): Kent Porter, (469) 964-6589; kent.porter@aventis.com

Geriatrics: Tanya Knight-Klimas, (215) 707-1290; tknigh02@astro.temple.edu

GI/Liver/Nutrition: Charles Seifert, (806) 743-4200 ext. 222; charles.seifert@ttuhsc.edu

Hematology/Oncology: Val Adams, (859) 257-5202; vadam0@email.uky.edu

Immunology/Transplantation: Troy Somerville, (801) 585-2190; troy.somerville@hsc.utah.edu

Infectious Diseases: Richard Drew, (919) 681-6793; richard.drew@duke.edu

Nephrology: Joanna Q. Hudson, (901) 448-2655; jhudson@utmem.edu

Outcomes/Economics: Kenneth Shermock, (410) 502-7674; kshermol@jhmi.edu

Pain Management: Jeffrey Fudin, (518) 626-5724; fudinj@aol.com

Pediatrics: Emily Hak, (901) 448-7145; ehak@utmem.edu

Pharmaceutical Industry: Michael W. Horton, (512) 249-7996; michael.horton@pharma.novartis.com

Pharmacokinetics/Pharmacodynamics: Joan Korth-Bradley, (484) 865-2914; korthbj@wyeth.com

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