

# The PRN Report

## accp

Published twice yearly

Peggy G. Kuehl, Pharm.D., FCCP, BCPS, Editor

Vol. 6, No. 2; September 2003

### *A Note from President Mary Beth O'Connell* **Change—The Organizational Model**

Embracing change is healthy, proactive, and essential for advancement. Where would our patients be without new medications? Where would we be without new practice models? How could we get paid for services if change did not occur?!

Change results in an alteration of one's life and/or values and beliefs. To achieve a person's wish, usually some sort of change in self, people, career, place, or a resource needs to occur. Others may implement change that impacts your life, both positively and negatively. Change allows one to adapt to modification resulting from internal or external forces. Although significant stress can result from change, an individual does have some control over the stress level. First, be proactive in helping to draft, refine, and implement change. Second, have a positive attitude toward the trial and error aspect of change that frequently results in rethinking and retooling the change or change process. Third, embrace camaraderie, and, fourth, develop a sense of humor. Reading and embracing the concepts in "Who Moved My Cheese" would be helpful.

As practitioners, we need to understand the change process to help our patients achieve the most they can from lifestyle changes and medications. Initial attempts at pharmacist-smoking cessation became more effective when we adopted a behavior-change process. Behavior change requires a patient to go through four steps: precontemplation, contemplation/preparation, action/change, and maintenance. We can educate, encourage, and motivate patients, but only the patient can make and sustain the change. This four-step process has utility beyond patients (e.g., to us as pharmacists, educators, organizational members, and U.S. citizens).

Members expect ACCP and the PRNs to help them be aware of changes that will affect them, and to create, advocate for, and implement change. Many members spent a significant amount of time contemplating the future of pharmacy and ACCP. They drafted vision statements that

were descriptive of pharmacists and ACCP 20 to 30 years from now. To achieve these visions, change, frequently major, will be required. Some of the change requires adjustments in philosophies and practices, vision, leadership, technologies, and resources.

Understanding the models and types of change will help us create, implement, and accept change more successfully. According to Jeanine Mount, Ph.D., University of Wisconsin School of Pharmacy, there are six dimensions of organizational change.

Dimension	Types of Change		
	Inside the organization	Outside the organization	
Source	Evolutionary	Voluntary	Involuntary
Nature	Diffusion	Adoption	Adaption
Model	Bottom-up	Center-out	Top-down
Locus	Incremental	Transitional	Transformational
Model	Isolated	Linear	Cyclic

Mount JK. Organizational culture and effecting change in pharmacy in the 21st century In: Pharmacy's Framework for Drug Therapy Management in the 21st Century: Supporting Documents. Alexandria, VA: Academy of Managed Care Pharmacy, June 2002. Available at: [www.fmcenet.org/data/resource/Framework\\_Supporting\\_Documents.pdf](http://www.fmcenet.org/data/resource/Framework_Supporting_Documents.pdf)

*(Continued on next page)*

#### ***INSIDE THIS ISSUE:***

- PRN Contacts**
- 2003 Annual Meeting PRN Calendar At-A-Glance**
- PRNs Elect New Officers**
- PRN Officers' Meeting Scheduled**
- Membership Totals**
- Should You Do a Minisabbatical?**
- Attend Special Events in Georgia**
- PRN Minisabbaticals Awarded for 2003**
- How to Prepare for the BCPS Examination**
- Special Symposia Lead Off Annual Meeting**
- Benefits of Belonging to PRNs**

**(Continued from front page)**

Let's think about this model in terms of one of ACCP's visions for the future: required residency prior to practice. Society is asking each health professional to provide competent care. Likewise, the Institute of Medicine has determined all professions need to develop better systems of training and assuring competence. We have two choices—let government and other boards determine our destiny or work on better methods for training ourselves. We have opted to work inside the organization and profession. One could describe the nature of our decision as evolutionary because residency training is required for our transition to a patient care-focused profession. Colleges of pharmacy can begin the process but residencies continue to provide an exponential, mentored learning opportunity for advancing one's patient care skills. They also train residents to be change agents by exposing them to progressive practices, helping them develop ideas for change, and, most importantly, imparting skills for implementing change.

ACCP is developing a background paper on requiring residencies prior to practice. Town meetings will be used to gather input, and ACCP will seek to partner with other organizations to develop a globally accepted program. ACCP will then assist the profession as residencies prior to practice become a uniform reality. Thus, we are creating an adoption-change process. The locus is center-out, involving all stakeholders. Other organizations, such as the American Society of Health-System Pharmacists (ASHP) and the American Association of Colleges of Pharmacy are actively working on this vision, as well. ASHP and ACCP are partnering to improve the current residency accreditation system and then to redesign for the future. Because this is a vision for 20 to 30 years from now, the magnitude of the change will be transitional and the model will be linear growth and change over time.

Similar to the transition to the all-Pharm.D. curriculum, innovators will first implement the requirement for residencies prior to practice, followed by the early adopters. Over time, the "early majority" will provide this training model and create the "tipping point" upon which the practice becomes the standard. The late majority and the laggards will wait to adopt closer to the required time for implementation. As ACCP members, we believe our members to be the innovators and early adopters because our membership's core values include challenging the status quo and extending the frontiers.

The five stages required for adoption of change include knowledge, persuasion, decision, implementation, and confirmation. ACCP will continue to provide knowledge (background paper) and opportunities for input (persuasion). The PRNs, as an extension of ACCP, will also provide multiple opportunities for transmitting knowledge (business meetings), conducting discussions (persuasion), helping finalize the white paper (decision), assisting with the training of residency preceptors (implementation), and evaluating the outcomes (confirmation). I encourage and applaud all PRNs and their members for pushing the pharmacy and ACCP agenda forward and helping us all to understand, create, accept, and implement change.

### **For more information on PRNs:**

**Adult Medicine:** Krystal Haase, (806) 356-4000, ext. 282;  
krystal@cortex.ama.ttuhs.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@juno.com

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

**Drug Information:** Amy Peak, (317) 940-9870; apeak@butler.edu

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

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

**GI/Liver/Nutrition:** Charles Seifert, (806) 743-4200, ext. 222;  
charles.seifert@ttuhs.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;  
kshermo1@jhmi.edu

**Pain Management:** Jeffrey Fudin, (518) 626-5724; fudin@acp.edu

**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

**Women's Health:** Kim Thrasher, (910) 343-0161, ext. 281;  
Kim.Thrasher@coastalahec.org

## 2003 Annual Meeting PRN Calendar At-A-Glance

### Saturday, November 1

8:00 a.m. – 4:30 p.m. **Biostatistics for Clinicians and Researchers;** *Developed by the Pharmacokinetics/Pharmacodynamics Practice and Research Network. (Separate registration required.)*

8:00 a.m. – 5:00 p.m. **How to Prove the Value of Your Clinical Pharmacy Services When Resources Are Limited** *(Separate registration required.)*

9:00 a.m. – 4:00 p.m. **Leadership in Real World Situations;** *Presented in cooperation with LeaderPoint. (Separate registration required.)*

1:00 p.m. – 4:30 p.m. **The Clinical Pharmacist's Guide to Career Development: The Early Years** *(Separate registration required.)*

2:00 p.m. – 6:00 p.m. **Meeting Registration**

4:00 p.m. – 6:30 p.m. **PRN Officers' Meeting**

5:00 p.m. – 6:00 p.m. **How to Maximize Your Meeting Experience: Newcomer Orientation to the Annual Meeting** *(Pre-registration requested.)*

7:00 p.m. – 9:00 p.m. **Exhibitor Classroom**

- Patient Outcomes in Acute Decompensated Heart Failure: A Focus on Early Goal-Directed Therapy; Scios

### Sunday, November 2

8:00 a.m. – 12:00 p.m. **Opening General Session**

1:30 p.m. – 3:30 p.m. **Exhibitor Classrooms**

- Oncology-Associated Anemia: Optimizing the Value of Erythropoietic Growth Factors; Amgen
- Practical Guidelines for Setting Up Lipid Lowering Clinics; Sankyo
- Treatment of Migraine Headaches: Current Teachings and Recent Findings; Ortho-McNeil
- Redefining Anticoagulation in Cardiovascular Disease: The Emerging Role of Direct Thrombin Inhibitors; Ortho-McNeil

3:45 p.m. – 6:00 p.m. **ACCP Business and Town Hall Meeting**

6:00 p.m. – 7:00 p.m. **Opening Reception**

7:00 p.m. – 10:00 p.m. **Toast and Roast: An Evening Honoring Bob Elenbaas** *(Separate registration required.)*

### Monday, November 3

7:00 a.m. – 9:00 a.m. **Exhibitor Classrooms**

- Contemporary Clinical Practice: State of the Art for VTE Management; Organon Sanofi-Synthelabo
- Emerging Data and Economics of Drotrecogin in Sepsis; Lilly
- Expanding the Horizons in the Management of Bipolar Illness; AstraZeneca
- Overview of Viral Hepatitis and Liver Disease: Diagnosis and Treatment Options; Gilead

11:15 a.m. – 1:15 p.m. **Scientific Poster Presentations**

1:30 p.m. – 3:30 p.m. **Scientific Paper Platform Presentations**

1:30 p.m. – 3:30 p.m. **PRN Focus Sessions**

Cardiology—**Interventional Cardiovascular Pharmacotherapy: Current and Emerging Issues**

Clinical Administration—**Improving Patient Care via Regulatory Initiatives**

Immunology/Transplantation—**Chronic Rejection in Solid Organ Transplantation**

Pain Management—**Update on Cancer Pain Management**

Pediatrics—**Important Developments in Pediatric Immunization**

3:45 p.m. – 5:45 p.m. **Scientific Paper Platform Presentations**

3:45 p.m. – 5:45 p.m. **PRN Focus Sessions**

Central Nervous System—**Using Neuronal Stabilization to Treat Neurological Disease**

Education and Training—**Partnering with Patients and the Community to Provide Quality Learning Opportunities for Pharmacy Students**

Geriatrics and Women's Health—**Advances in the Interdisciplinary Management of Osteoporosis and Falls**

Infectious Diseases—**Anti-Infective Resistance: Has the Well Run Dry?**

Outcomes and Economics—**Justifying Clinical Pharmacy Services: An Evidence-Based Review**

6:00 p.m. – 8:00 p.m. **Exhibitor Classroom**

- Treating Asthma and COPD Within the Guidelines; Sepracor

6:00 p.m. – 8:00 p.m. **PRN Business Meetings and Networking Forums**

**Cardiology**—Interested attendees and PRN members are invited to join this group, where residents, fellows, and new investigators will present their research projects. Hors d'oeuvres and refreshments will be available.

**Drug Information**—Interested attendees are invited to join this group for its business meeting, which will include reports from the education and recommended references subcommittees, an update on specialty residency standards, discussion of PRN goals for 2004, introduction of new officers, and time for networking. Food and beverages will be available, courtesy of Wyeth and Ortho-McNeil.

**Education and Training**—Interested attendees and PRN members are invited to join this group for a presentation by Michael Klepser and Larry Danziger on "Using Technology to Enhance Case-Centered Discussions." Snacks and beverages will be provided, courtesy of Abbott Laboratories.

**Geriatrics**—Following this PRN's business meeting, members will discuss different practice site innovations and hurdles. There will be time for networking, and hors d'oeuvres and refreshments will be available.

**GI/Liver/Nutrition**—Members and interested parties are invited to join this PRN for its business meeting and networking forum, where members will discuss their current research and answer questions. Hors d'oeuvres and beverages will be available, courtesy of Wyeth.

**Nephrology**—This PRN welcomes those interested in joining the group for its business meeting and informal networking session. Members will discuss current topics in nephrology pharmacy, achievements of the PRN and future directions. Food and beverages will be available, courtesy of Amgen.

**Pain Management**—Interested parties are invited to join this group, where PRN member Angela Huskey will deliver a presentation on the use of cannabinoids in treating cancer pain. Food and refreshments will be provided, courtesy of Purdue Pharma.

**Pediatrics**—Join PRN members for their business meeting and networking forum. Dr. Tom Henry, pediatric neurologist from Emory University, will discuss status epilepticus in pediatrics. Hors d'oeuvres and refreshments will be provided, courtesy of Ortho-McNeil.

**Pharmacokinetics/Pharmacodynamics**—Join this group for presentation of the PK/PD PRN Fellowship Award in memory of M. Kelli Jordan, Pharm.D. The awardee will present his/her current research at this meeting. Hors d'oeuvres and refreshments will be available.

**Women's Health**—Those with interests in women's health should join this PRN for its business meeting and networking forum. Hors d'oeuvres and refreshments will be provided.

8:00 p.m. – 11:00 p.m.      **Research Institute/PRN Reception and Silent Auction**

### *Tuesday, November 4*

7:00 a.m. – 9:00 a.m.      **Exhibitor Classrooms**

- The Emotional and Physical Symptoms of Depression: A Clinical Pharmacist's Guide; Lilly
- IGIV Therapy: The Process, the Product, the Patient, and the Pocketbook; Bayer
- Lipids on Trial; AstraZeneca

8:00 a.m. – 10:00 a.m.      **Scientific Poster Presentations**

12:15 p.m. – 1:15 p.m.      **The ACCP Research Institute Grants Review Process**

1:15 p.m. – 3:15 p.m.      **Scientific Paper Platform Presentations**

1:15 p.m. – 3:15 p.m.      **PRN Focus Sessions**

Adult Medicine—**Collaborative Practices in the Inpatient Setting**

Drug Information—**Drug Information Technologies and Resources**

Nephrology—**Update on the National Kidney Foundation K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease**

Pharmacokinetics/Pharmacodynamics—**Modeling Tools for Understanding Variable Drug Response**

Women's Health—**Therapeutic Challenges in Adolescent Health**

3:30 p.m. – 5:30 p.m.      **Scientific Paper Platform Presentations**

3:30 p.m. – 5:30 p.m.      **How To Be a 5-Star Scientific Journal Reviewer**

3:30 p.m. – 5:30 p.m.      **PRN Focus Sessions**

Ambulatory Care—**Partnerships in Community and Ambulatory Care Settings**

Critical Care—**Relationships of Drugs, Diseases, Inflammation, and the Immune Response in the Critically Ill**

GI/Liver/Nutrition—**Common Issues in Treating Obese Patients**

Hematology/Oncology—**Targeted Drug Therapies on the Horizon**

Pharmaceutical Industry—**Bioterrorism: Challenges for Pharmaceutical Industry**

6:00 p.m. – 10:00 p.m.      **PRN Business Meetings and Networking Forums**

6 p.m. **Adult Medicine**—Members and interested attendees are invited to join this PRN for its business meeting and networking forum. Members will discuss current topics in adult medicine. Food and beverages will be available.

6 p.m. **Central Nervous System**—Join this PRN for its business meeting, where member Collin Hovinga will describe the Parkinson's disease screening process for neuroprotective medications funded by the National Institutes of Health. There will be time for networking, as well. Hors d'oeuvres and beverages will be available, courtesy of Janssen.

6 p.m. **Hematology/Oncology**—Interested attendees and PRN members are invited to this PRN's business meeting and networking forum, where supportive care issues in hematology and cancer patients will be discussed. Refreshments and hors d'oeuvres will be available.

6 p.m. **Immunology/Transplantation**—Interested attendees are encouraged to join this PRN for its business meeting and social hour, where Julie Roskopf will present "Post-Transplant BK Virus Nephropathy." Refreshments and food will be provided.

6 p.m. **Infectious Diseases**—Those interested are encouraged to join this group for its business meeting and networking forum, where the winners of the PRN's two \$750 travel grant awards will present their research. Food and beverages will be available.

6 p.m. **Outcomes and Economics**—Join this PRN for its business meeting and networking forum, where the winner of the best poster competition will present his/her paper. Hors d'oeuvres and refreshments will be provided.

7 p.m. **Ambulatory Care**—Join this PRN for its business meeting and networking activities, including creative ways to meet and greet others through icebreaking activities and a Categories game. Food and beverages will be served, partially supported by Novartis.

7 p.m. **Clinical Administration**—Join PRN members for their business meeting and an interactive, roundtable discussion on hot topics in clinical management. A meal and beverages will be available, courtesy of Sanofi-Synthelabo.

7 p.m. **Critical Care**—Those interested in critical care are encouraged to join this PRN for its business meeting and networking activities. Refreshments and food will be provided.

7 p.m. **Pharmaceutical Industry**—All who are interested are invited to this group's networking forum and business meeting. Hors d'oeuvres and refreshments will be available.

### *Wednesday, November 5*

8:00 a.m. – 10:00 a.m.      **Scientific Poster Presentations;**  
Announcement of the winners of the Best Poster and Best Student, Resident, Fellow Paper Award competitions at 9:45 a.m.

For additional details on the Annual Meeting, go to  
<http://www.accp.com/03amhome.php>

Attendees discuss a research project during a poster session at the 2003 ACCP Spring Forum in Palm Springs, California.



## PRNs Elect New Officers

Ballots are tallied and the following new officers will begin their duties at the ACCP Annual Meeting in Atlanta, Georgia.

**Adult Medicine:** Krystal Haase, Chair; Brian Hodges, Chair-Elect; Brian Hemstreet, Secretary/Treasurer

**Ambulatory Care:** Mary Roth, Chair; Ila Harris, Chair-Elect; Kelly Ragucci, Secretary; Sunny Linnebur, Treasurer

**Cardiology:** Cynthia Sanoski, Chair; Dawn Bell, Chair-Elect; Ann Wittkowsky, Secretary

**Central Nervous System:** Sheila Botts, Chair; Melody Ryan, Chair-Elect

**Clinical Administration:** Derek Smith, Chair; Lih-Jen Wang, Chair-Elect; Mort Goldman, Secretary/Treasurer

**Critical Care:** Cory Garvin, Chair; Curtis Haas, Chair-Elect; Patricia Grunwald, Secretary/Treasurer

**Drug Information:** Amy Peak, Chair; Kelly Smith, Chair-Elect; Erin Timpe, Secretary/Treasurer

**Education and Training:** Sarah Spinler, Chair; Dee Melnyk, Chair-Elect, Mary Ann Halloran, Secretary/Treasurer

**Geriatrics:** Tanya Knight, Chair; Rebecca Sleeper, Chair-Elect; Sheryl Follin, Secretary/Treasurer

**GI/Liver/Nutrition:** Charles Seifert, Chair; Geoffrey Wall, Chair-Elect; Brien Neudeck, Secretary/Treasurer

**Hematology/Oncology:** Val Adams, Chair; Lisa Davis, Chair-Elect; Cindy O'Bryant, Secretary

**Immunology/Transplantation:** Troy Somerville, Chair; Agnes Lo, Chair-Elect; Lonnie Smith, Secretary/Treasurer

**Infectious Diseases:** Richard Drew, Chair; Jeffrey Aeschlimann, Chair-Elect; Patrick Clay, Secretary/Treasurer

**Nephrology:** Joanna Hudson, Chair; Thomas Dowling, Chair-Elect

**Outcomes and Economics:** Kenneth Shermock, Chair; Patrick Meek, Chair-Elect; Jodie Fink, Secretary/Treasurer

**Pain Management:** Jeffrey Fudin, Chair; James Ray, Chair-Elect; Valerie Pennington, Secretary/Treasurer

**Pediatrics:** Emily Hak, Chair; Mark Haase, Chair-Elect

**Pharmaceutical Industry:** Michael Horton, Chair; Tim McNamara, Chair-Elect; Carl Roland, Secretary/Treasurer

**Pharmacokinetics/Pharmacodynamics:** Joan Korth-Bradley, Chair; Robert DiCenzo, Chair-Elect; William Spruill, Secretary/Treasurer

**Women's Health:** Kim Thrasher, Chair; Laura Borgelt Hansen, Chair-Elect; Sheri Herner, Secretary/Treasurer; Shareen El-Ibiary, Public Policy Liaison

A big thanks to these candidates who also ran in the elections: Michael Bentley, Steven Boyd, Timothy Brenner, Sara Brouse, Julie Bullock, Dana Carroll, Peter Djuric, Paul Dobesh, Catherine Dormarunno, Marty Eng, Philip Gregory, Collin Hovinga, Larissa Humma, Beth Kiebler, Dave Knoppert, Julie Ku, Russell Lewis, Eric MacLaughlin, Yvette Morrison, Randy Prince, Shelley Raebel, James Ray, David Rogers, Kristine Schonder, Stacey Shord, Jason Sims, Douglas Slain, Judith Smith, Melissa Somma, Liza Takiya, Lori Wazny, Barbara Wiggins, Sophie Wimberly, Eric Wittbrodt, and Mary Worthington. ACCP's PRNs thank all these candidates for their willingness to participate and serve.

## PRN Officers' Meeting Scheduled

If you are a PRN officer, make plans to attend the PRN Officers' Meeting on Saturday, November 1, from 4:00 p.m. – 6:30 p.m.

During this meeting, new officers will be orientated to their roles and duties in leading an ACCP PRN. It will be a chance to review ACCP's PRN Handbook, go over commonly asked questions, and talk over ideas with other PRN officers. Officers will meet their Board of Regents liaison, and a business meeting will be held. Do not miss this important meeting!

For more information on the PRN Officers' Meeting, contact Peggy Kuehl, ACCP Director of Education and Member Services, at (816) 531-2177 or at [pkuehl@accp.com](mailto:pkuehl@accp.com).

### PRN Membership Totals

<b>Adult Medicine</b>	<b>420</b>
<b>Ambulatory Care</b>	<b>1043</b>
<b>Cardiology</b>	<b>645</b>
<b>Central Nervous System</b>	<b>214</b>
<b>Clinical Administration</b>	<b>108</b>
<b>Critical Care</b>	<b>660</b>
<b>Drug Information</b>	<b>109</b>
<b>Education and Training</b>	<b>170</b>
<b>Geriatrics</b>	<b>196</b>
<b>GI/Liver/Nutrition</b>	<b>106</b>
<b>Hematology/Oncology</b>	<b>347</b>
<b>Immunology/Transplantation</b>	<b>153</b>
<b>Infectious Diseases</b>	<b>648</b>
<b>Nephrology</b>	<b>167</b>
<b>Outcomes and Economics</b>	<b>165</b>
<b>Pain Management</b>	<b>176</b>
<b>Pediatrics</b>	<b>270</b>
<b>Pharmaceutical Industry</b>	<b>359</b>
<b>Pharmacokinetics/Dynamics</b>	<b>149</b>
<b>Women's Health</b>	<b>126</b>

**accp...**

Where pharmacy is going

## Should You Do a Minisabbatical?

James E. Tisdale, Pharm.D., BCPS, FCCP

I recently completed a Cardiology Minisabbatical, funded by ACCP's Cardiology PRN. I completed the minisabbatical at the College of Pharmacy at Ohio State University, under the mentorship of Cynthia Carnes, Pharm.D., Ph.D.

I am a fellowship-trained, tenured, mid-career investigator/practitioner. I completed my post-doctoral fellowship in cardiovascular pharmacotherapy 12 years prior to participating in the minisabbatical. At the time that I undertook the minisabbatical, I had an active research program in cardiovascular pharmacology and pharmacotherapy.

However, there were some hypotheses that I wanted to test that required use of specific research techniques that I had not learned during my fellowship and with which I had little experience. I embarked on the minisabbatical because I wanted to learn how to perform some of these specific skills, and because some circumstances precluded my leaving to participate in a full-length sabbatical.

During the minisabbatical, I learned some techniques in animal research, including percutaneous insertion of pace-makers and radiofrequency ablation of the atrioventricular node in dogs. I also gained experience with an isolated perfused heart model, which can be used for testing the ex vivo cardiac electrophysiological effects of drugs. In addition, I learned a procedure for isolation of single atrial myocytes from excised hearts, and I learned how to set up equipment and a system for patch clamping these isolated cells, which is a method for assessing the effects of specific drugs or physiological processes on conductance of specific ions ( $K^+$ ,  $Ca^{++}$ ) through ion channels. I also gained some experience in the techniques of patch clamping. All of the techniques that I learned pertained to some very specific hypotheses that I wanted to test that required use of these particular research techniques.

I would offer the following suggestions for anyone who is considering applying for a minisabbatical in the near or distant future:

- 1) Have a plan. Perform a minisabbatical if you have specific hypotheses or research ideas that you want to test that require knowledge of research methods and/or research skills with which you have little experience.
- 2) Select a mentor who is experienced in the techniques with which you want to gain experience.
- 3) Be realistic about what you can accomplish during the period of the minisabbatical. There is no set time allotted for minisabbaticals. Rather, there is a specific amount of funding available, which will likely determine the time that you spend. I spent a total of four weeks, non-consecutively, on my minisabbatical. This is enough time to gain some valuable experience, but not necessarily enough time to become an expert. I learned enough that I can initiate these techniques on my own and finish climbing the learning curve myself. Don't bite off more than you can chew.

For me, the minisabbatical was a tremendous professional experience. I am currently in the process of incorporating techniques that I learned during the minisabbatical into my research program, for the purpose of testing specific hypotheses. In addition, the collaboration that I developed with Dr. Carnes and her collaborators resulted in the generation of new research hypotheses, which may lead to a collaborative grant submission. On a personal level, the minisabbatical has resulted in the formation of friendships that I hope will last a lifetime. If the circumstances and reasons are appropriate, I highly encourage involvement in a minisabbatical. I am grateful to ACCP, the Cardiology PRN, and to the Research Institute for supporting this experience.

Funding for minisabbaticals is currently offered by three PRNs: Cardiology, Central Nervous System, and Infectious Diseases. Information regarding the application and review process for these programs is available on the ACCP Web site under the link "Research Institute." A minisabbatical can be an important and rewarding professional development experience. If you wish to discuss my minisabbatical experience in more detail, please feel free to contact me at [jtisdale@iupui.edu](mailto:jtisdale@iupui.edu).

## Attend Special Events in Georgia

### Toast and Roast: An Evening Honoring Bob Elenbaas

Dinner with a program of tribute and fond remembrances  
Sunday, November 2  
7:00 p.m. – 10:00 p.m.

Share your regard for Bob Elenbaas' long service as he prepares to step down as Executive Director later this year. Pledge your support to the ACCP Research Institute as he assumes his new role as its Director. (\$75 per person; separate registration required.)

### Research Institute/PRN Reception and Silent Auction

Monday, November 3  
8:00 p.m. – 11:00 p.m.

Plan now to attend the hugely successful and wildly fun Silent Auction to help the ACCP Research Institute achieve its funding goals. Open to all, this is a great opportunity to have some fun with your colleagues and demonstrate your support for the Research Institute!

*ACCP members look over items available for bidding at the 2002 Research Institute/PRN Reception and Silent Auction. The event has been a huge hit since being introduced at the 2001 ACCP Annual Meeting.*



## PRN Minisabbaticals Awarded for 2003

Minisabbatical programs awarded by the Central Nervous System and Infectious Diseases PRNs provide excellent opportunities for their members to expand their skills in practice or research under the guidance of experts in their respective fields.

The following CNS minisabbatical was awarded in 2003:

- Thea Moore, Pharm.D., from the Florida A&M University College of Pharmacy will work with David A. Sclar, Ph.D., at Washington State University. Her program will concentrate on developing analytical skills to conduct mental health services research. The minisabbatical is sponsored by the CNS PRN with the support of an educational grant from Aventis Pharmaceuticals, and is administered through the ACCP Research Institute.

The following ID minisabbaticals were awarded in 2003:

- Cory Garvin, Pharm.D., from the University of Missouri-Kansas City, and Brian Potoski, Pharm.D., from the University of Pittsburgh Medical Center, are the recipients of the 2003 Infectious Diseases Minisabbaticals. Dr. Garvin will work with Steven Martin, Pharm.D., FCCM, BCPS, at the University of Toledo College of Pharmacy. His program will concentrate on developing the laboratory skills needed to study antibacterial pharmacodynamics in an in vitro model.

Dr. Potoski will spend his minisabbatical with George Drusano, M.D., at the Ordway Research Institute in Albany, NY. He will learn to use Monte Carlo simulations to examine pharmacokinetic, pharmacodynamic, and microbiologic variability, and how this may affect dose or drug selection in clinical practice.

## Interested in PRN Minisabbaticals?

For more minisabbatical information, go to:

- Cardiology:  
[www.accp.com/ClinNet/research.php#cardmini](http://www.accp.com/ClinNet/research.php#cardmini)
- Central Nervous System:  
[www.accp.com/ClinNet/research.php#cnsmini](http://www.accp.com/ClinNet/research.php#cnsmini)
- Infectious Diseases:  
[www.accp.com/ClinNet/research.php#idmini](http://www.accp.com/ClinNet/research.php#idmini)

## How to Prepare for the BCPS Examination

*Roberta Farrah, Pharm.D., BCPS; Sheel Patel, Pharm.D., BCPS; Denise Sokos, Pharm.D., BCPS  
University of Pittsburgh School of Pharmacy, Department of Pharmacy and Therapeutics*

Preparing for the Pharmacotherapy Specialty Board Certification Examination can be very rewarding, both professionally and personally. Although it is not an easy undertaking, here are some suggestions to make the road to certification a smooth one.

## DO:

- Read the *BPS Candidate's Guide* carefully (available at [www.bpsweb.org](http://www.bpsweb.org)). The guide covers eligibility requirements, important dates, as well as examination content. The domains can help focus your preparation and aid in identifying strengths and weaknesses.
- Understand your professional and personal reasons for taking the examination. Adequate preparation is a considerable investment of time and resources. Consider discussing your goals with your employer while you prepare for the examination.
- Start studying early, at least six months in advance, using the *BPS Candidate's Guide* as a template. Dedicate time every week to review topics and concepts. It may be beneficial to create a personalized calendar with assigned materials and topics to help monitor your progress.
- Try to attend ACCP's "Updates in Therapeutics: The Pharmacotherapy Preparatory Course" in preparation for the examination. The course book is an excellent review and contains thought-provoking questions with answers to help assess your understanding of the content. Each section also provides an excellent bibliography.
- Create a study group, as it will be a valuable resource and motivator. Consider including clinicians with different areas of expertise (i.e., critical care, internal medicine, ambulatory care, cardiology, infectious disease, etc.). Bring in guest speakers and experts to tutor the group in weak areas. If your group cannot meet physically (which would be ideal), consider having virtual meetings, such as via e-mail, chat sessions or conference calls.
- Focus on clinical practice guidelines published by authoritative national medical and pharmacy organizations and recent landmark clinical trials as your primary study aids. There are several Web sites to peruse for recent guidelines (National Guideline Clearinghouse – [www.guidelines.gov](http://www.guidelines.gov); Centers for Disease Control and Prevention – [www.cdc.gov](http://www.cdc.gov); Infectious Diseases Society of America – [www.idsociety.org](http://www.idsociety.org); American Heart Association – [www.americanheart.org](http://www.americanheart.org); American Diabetes Association – [www.diabetes.org](http://www.diabetes.org); American College of Gastroenterology – [www.acg.gi.org](http://www.acg.gi.org); and many more).
- Divide up the work in your study group. As different topics come up for discussion, assign one individual to be the leader. This ensures everyone has the opportunity to teach in his or her own area of expertise.
- Subscribe to the ACCP BCPS listserv, as this is a good potential resource for collaboration in preparation.
- Use ACCP's *Pharmacotherapy Self-Assessment Program (PSAP)* modules for more in-depth review of subject areas.
- Use a recent therapeutics textbook as a backbone for subject matter for which you may not feel comfortable.

## DON'T:

- Wait too long to start studying.
- Think preparation for the examination is impossible.
- Forget that you have accumulated a wealth of knowledge and experience that will serve you well during the examination.
- Focus excessively about what others may have told you about the content or difficulty of previous examinations.

Good Luck!

## Special Symposia Lead Off Annual Meeting

Get even more out of your 2003 ACCP Annual Meeting experience by attending one of these special pre-conference symposia on Saturday, November 1! (*Separate registration is required.*)

**Biostatistics for Clinicians and Researchers;** *Developed by the ACCP Pharmacokinetics/Pharmacodynamics PRN* (8:00 a.m. – 4:30 p.m.)

A working knowledge of biostatistics is essential to all who evaluate the drug literature or who perform research. This program is developed to review important concepts and to then show how to apply these concepts in both research and clinical practice. Registration is flexible—you can register for the entire day or the morning session that reviews biostatistical concepts or the afternoon session that covers biostatistical applications. For more details about this program including a program agenda, go to [www.accp.com/03ambio.php](http://www.accp.com/03ambio.php).

**How to Prove the Value of Your Clinical Pharmacy Services When Resources Are Limited** (8:00 a.m. – 5:00 p.m.)

This one-day course will enable each participant to prove the value of the clinical pharmacy services he/she provides, or would like to provide. Nearly all patient care settings have limited resources. Often, they receive a predetermined amount of funding or are reimbursed at a predetermined rate to provide for the needs of a high percentage of their patients. Third-party payers are hesitant to pay for new or previously not-covered services. Because resources are limited, each patient care service comes at the possible expense of another service, presenting obstacles to the implementation and expansion of clinical pharmacy services. For more details about this program including a program agenda, go to [www.accp.com/03ampro.php](http://www.accp.com/03ampro.php).

**Leadership In Real World Situations;** *From the ACCP Leadership Curriculum* (9:00 a.m. – 4:00 p.m.)

This one-day course will teach you the underlying principles necessary for successfully leading those around you to accomplish the work at hand. Whether you supervise these groups, or (especially) if you do not, you will find these principles to be invaluable. During the morning session you will be introduced to these principles. The afternoon session will then enable you to apply them, drawing upon the real-life experiences of past participants of ACCP's Leadership Curriculum. For more details about this program, including an agenda, go to [www.accp.com/03amlead.php](http://www.accp.com/03amlead.php).

**The Clinical Pharmacist's Guide To Career Development: The Early Years** (1:00 p.m. – 4:30 p.m.)

If you are completing or have completed your clinical pharmacy training within the last few years, this session is a "must attend." You will gain ideas, tips, and knowledge to craft a professional vision and game plan, to set career goals and select opportunities to move you toward your

vision, to seek a mentor, and to have a personal life. For more details about this program including a program agenda, go to [www.accp.com/03amcar.php](http://www.accp.com/03amcar.php).

**How To Maximize Your Meeting Experience: Newcomer Orientation To The Annual Meeting** (5:00 p.m. – 6:00 p.m.)

Use this opportunity to make a new friend and learn how to make the most of your Annual Meeting experience. You will also find out what ACCP has to offer to help you along in your career. There is no charge to attend this session, but pre-registration is requested. For more details about this program including a program agenda, go to [www.accp.com/03ammax.php](http://www.accp.com/03ammax.php).

## Benefits of Belonging to PRNs

"I joined the PRNs primarily to network with other pharmacists practicing in similar fields. The PRNs help me find solutions to tough situations and give me an outlet to share the solutions I've found with others." — **Fancy Manton**, member of the Pediatrics and Women's Health PRNs.

"I belong to PRNs to obtain specific information about the areas in which I work. Specific information from my colleagues helps me gain knowledge and perspective in the area of neuroscience." — **Diane Ammerman**, member of the Ambulatory Care and Central Nervous System PRNs.



Diane Ammerman

"I belong to PRNs for several reasons. This is an excellent resource for remaining current with regards to the direction and philosophy of pharmacy practice. I work in a small community hospital, which does not recognize or allow me to apply my Pharm.D. or residency skills, thus I am limited in exposure to clinical pharmacy practice. The PRNs allow me to have dialogue with my peers and keep me mentally fresh relative to clinical pharmacy practice. A PRN is an excellent resource for new issues I encounter in this environment and provides access to the thoughts of leaders in each of the specialty areas. I am extremely grateful for the opportunity to have access to this resource." — **L. Traywick Till, Jr.**, member of the Ambulatory Care, Adult Medicine, Cardiology, Critical Care, Drug Information, Geriatrics, GI/Liver/Nutrition, Infectious Diseases, Nephrology, Outcomes and Economics, Pain Management, Pharmacokinetics/Pharmacodynamics, Pediatrics, and Women's Health PRNs.

"PRNs are a good way to stay connected to other people with similar interests. You can share knowledge with a variety of people you wouldn't be in touch with otherwise." — **Donald Miller**, member of the Education and Training and Geriatrics PRNs.

"I belong to a PRN to communicate with other practitioners who probably face similar issues and problems in their practices as I do. It also helps to see what others are doing or have done when faced with a new problem. It is nice to have a large group of practitioners to bounce your ideas off of." — **James Wertz**, member of the Adult Medicine and Critical Care PRNs.