Connecting Culturally Through Comics

Breaking down language barriers between healthcare practitioners and patients. 16

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Founded in 1900, the American Association of Colleges of Pharmacy is the national organization representing the interests of pharmacy education. AACP comprises all accredited colleges and schools of pharmacy, including more than 6,600 faculty, approximately 63,800 students enrolled in professional programs and 4,800 individuals pursuing graduate study.

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Less Is More When It Comes to Treating Addiction

VCU to research better addiction treatments with less side effects, thanks to an NIH grant.

Engendering Empathy

The University of Texas at Austin College of Pharmacy hosted an interprofessional event to help future pharmacists understand the life challenges some lower-income patients face.

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A Novel Idea

A University of Southern California pharmacy professor reframes Latino health issues on the pages of theatrical comic books.

Getting to Know You

Academic Pharmacy Now asked two new members of the staff about their unique backgrounds and how their experiences will influence their work at AACP.

Pharmacists’ Patient Care Process: Consistency is Critical

National pharmacy organizations come together to create a uniform process of patient care delivery.

Ahead of the Game

There was no shortage of inspiration at the record-setting Pharmacy Education 2015, where experts in education, science and technology said “game on” to the latest advances in pharmacy and healthcare.
Dear Colleagues:

I have a new favorite phrase: “Best meeting ever!” These are the words that I and other AACP leaders heard many times as the record-setting AACP and AFPC Annual Meeting concluded on July 15th. It is appropriate to pause for a moment at the start of a new academic year to reflect on what made this year’s meeting so successful.

The Annual Meeting is and will always be a meeting built and delivered by members for members. A corporate partner commented that “the program simply covered every issue that is important in health professions education today.” If you question that assessment, then I encourage you to begin thinking about your submission of a 90-minute special session or 30-minute mini-session proposal for the 2016 meeting. The call will be issued soon with submissions required by November 16.

The peer-review process used by the Program Committee is also key to the quality of the content in the education sessions. The 2015 committee reviewed 200 sessions and had the daunting task of accepting fewer than 15 percent of those, due to space limitations and other factors. AACP is actively studying ways to be able to accept a higher number of member-generated programs.

The 2015 meeting also featured some innovations, including a new third plenary session on Tuesday afternoon. University of Maryland Baltimore County President Freeman Hrabowski III delivered rich and emotional messages about expanding higher education opportunities for learners from diverse and historically underrepresented groups. He has made such programs successful at his institution, and we have much to learn from this experience. His keynote was followed by entertainment from the politically satirical troupe, the Capitol Steps and then a celebration with dancing. I think it is fair to say that no one missed AACP’s historical banquet!

Good content, great networking (as always) and a Potomac River venue that people really loved. Even the weather cooperated by avoiding some of the hottest days of summer, while we enjoyed all that this year’s meeting had to offer us and our Canadian colleagues. Our challenge now is to make the 2016 meeting in Anaheim, Calif. “the best meeting ever!”

Looking forward, AACP will embark upon development of a new strategic plan for the Association this fall. The current plan was approved by the House of Delegates in July 2010 and certainly is ready for an update. The goal established by last year’s Strategic Planning Committee is to produce a plan that is bold, visionary and aspirational. This will require substantive input from members and from our affiliated partners. I highly recommend that all members of the Academy take the time in the months ahead to read Kevin Carey’s The End of College: Creating the Future of Learning and the University of Everywhere. The book will be an important touchstone for the 2015-16 Planning Committee. Opportunities for input will be communicated via electronic newsletters, bulletins to delegates and at the Interim Meeting in Tampa, Fla. in February.

The AACP Board and Staff wishes all members great success as the new academic year quickly reaches high gear. Please know we stand ready to help you and your colleagues achieve your full potential in any number of ways.

Sincerely,

Lucinda L. Maine, Ph.D., R.Ph.
CEO and Publisher

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Participate in an AACP–E*Value Research Study

**From Learner to Practitioner: A Comprehensive Exploration of the Value and Purpose of the Student Intervention Documentation Process**

Study objectives:

- Construct a template utilizing E*Value PXDX system to track student clinical interventions on both inpatient and outpatient pharmacy rotations.
- Compare and contrast the quantity and type of clinical interventions by geographic region, practice setting and time of year.
- Estimate impact and cost-savings resulting from student documentation of clinical interventions.
- Determine student pharmacist and preceptor perceptions of the purpose and value of the student intervention documentation process.

Please note: This study is open to all schools and colleges of pharmacy, regardless of experiential learning system. To learn more, sign up on the E*Value Web site at [http://www.evaluatehealthcare.com/aacpstudy](http://www.evaluatehealthcare.com/aacpstudy).
Less Is More When It Comes to Treating Addiction

VCU to research better addiction treatments with less side effects, thanks to an NIH grant.

Treating substance abuse disorders just got a boost from an NIH National Institute on Drug Abuse (NIDA) grant, awarded to associate professor Yan Zhang at Virginia Commonwealth University School of Pharmacy. His research, “Non-Peptide Mu Opioid Receptor Selective Antagonists,” has been renewed for another five years with funding of $1.9 million.

“A lot of treatments for drug abuse and addiction, particularly for opioids, have all the side effects that the drugs themselves have,” said Zhang, who is the principal investigator for the multidisciplinary and interprofessional research project that began in his Department of Medicinal Chemistry lab in 2005. “We are looking for better treatments,” he said.

Zhang’s lab targets mu-opioid receptors, which are one of three opioid receptors that trigger the brain’s rewards system and are thought to contribute to addictive behaviors. “By not blocking the function of the other two receptors, you will avoid a lot of side effects that could be generated if the chemical was not selective to mu-receptors,” Zhang said.

The project initially was funded by NIDA in 2008 for five years at a total cost of $1.6 million. During the sixth year, a no-cost extension period, Zhang said his team worked diligently with NIDA to secure the new funding, which runs from March of this year through January 2020.

The first aim of the research is to develop a drug that will lessen the effects of addiction to opioids such as morphine. The second goal is to lessen the effects of addiction to stimulants such as cocaine. Thirdly, the lab is working on a compound that will treat constipation related to opioid use.

“Later-stage cancer patients are going to have to take opioids to treat pain,” Zhang said, adding that up to 75 percent of patients who take opioids will develop constipation. “The third purpose of our research is to benefit this group of patients.”

Research through Zhang’s lab has resulted in more than two dozen published articles in peer-reviewed academic journals and two pending patents for various chemical compounds, as well as one licensed patent. With this second phase of funding, the research team will continue to identify structurally diverse chemical entities intended to target the mu-opioid receptor, and they hope to develop a medication that will address the three research focus areas.

“Multidisciplinary grants are currently the ‘Holy Grail’ in research and the wave of the future,” said Richard A. Glennon, chairman of the Department of Medicinal Chemistry. “Dr. Yan Zhang and others in our department and school can attest to this. ... This grant includes faculty from several departments within the School of Pharmacy and other schools, such as the School of Medicine.”

During the first funding period, Zhang worked closely with professor of medicinal chemistry Richard Westkaemper (now retired) and William Dewey, chairman of the School of Medicine’s Department of Pharmacology and Toxicology, as well as associate professor of pharmacology and toxicology Dana Selley. In the next five years, Zhang said, the team will grow with the addition of Hamid Akbarali, professor of pharmacology and toxicology; and Jürgen Venitz, professor of pharmaceutics in the School of Pharmacy.

“Zhang] is to be applauded in his efforts to assemble such a multidisciplinary field of expert people,” said Glennon. “VCU should also be applauded for having all the required expertise ‘in-house.’”
Engendering Empathy

The University of Texas at Austin College of Pharmacy hosted an interprofessional event to help future pharmacists understand the life challenges some lower-income patients face.

Students and faculty from pharmacy, nursing, social work, communication and dentistry schools recently participated in a different type of patient simulation at The University of Texas at Austin. There weren’t electronic manikins or high-tech computer screens for documenting disease symptoms, but rather quiet conversations between participants acting out disparities in living conditions within a community. More than 80 people took on the persona of one of the 45 million Americans who face significant financial challenges, or assumed the role of a staff member working in a business or community service agency that works with indigent communities.

The program, sponsored by the College of Pharmacy and Target, was organized by student pharmacists Natalia Malesa, Brian Torabi and Alex Bishop under the direction of Dr. Veronica Young, director of interprofessional education at the college. Dr. Adelita Cantu, of the UT Health Science Center School of Nursing, led the simulation.

During the exercise, participants experienced the realities of living with a small budget and limited time by role-playing as familial units challenged by specific circumstances. “I felt guilty role-playing what people struggle with in real life,” said second-year student pharmacist Haemy Chung. “However, after participating in the simulation, I feel like I better understand the struggles of lower-income families that I will serve as a pharmacist. When there were bills threatening eviction, healthcare became a luxury.”

Understanding Patients’ Struggles

As the simulation progressed, the participants were given opportunities to collaborate with available institutions and resources that provided food, water, shelter and miscellaneous expenses for a one-month period, broken into four one-week units. A team of 20 volunteers represented agencies and organizations including public schools and work environments, utility and mortgage companies, pawn and quick loan agencies and grocery stores, as well as social service agencies.

“One of the most eye-opening things for me was the intense level of stress I experienced in just a one-hour simulation,” said Sara Rumbellow, another second-year student pharmacist participant. “Navigating a system I did not fully understand while feeling embarrassed and stressed about not being able to pay bills was very intimidating. In the future, I will think much more about the challenges my patients face on a daily basis and how those challenges might affect their health and ability to effectively use medications.”

Interprofessional students faced tough choices when role-playing on a small budget. Student pharmacists gained a deeper understanding of the realities facing the lower-income families they will serve as healthcare professionals.
Student organizer Natalia Malesa said, "Throughout the planning and execution of the event, I was asked, ‘What does pharmacy have to do with poverty?’ During the simulation, my volunteer partner—a social work student—acted surprised that pharmacy was hosting this event. These reactions had a big impact on me. Community and ambulatory care pharmacists are on the front lines of providing care for patients living with disparity, yet we are among the last healthcare professionals that people think of in relation to issues of inequality.”

Dr. Young believes the simulation is a useful tool that increases empathy toward patients and helps practitioners think about whether the care they provide is truly patient-centered. “I would love to see all health and social care professions students, including anyone who serves the community, participate in this type of simulation,” she said. “It helps participants set aside preconceived notions of what they think it means to live in poverty, and it helps them better appreciate the stress and daily struggles of those living with disparity.”

Participants also learned that helping patients through this process is best achieved by collaborating with other professions and community-based organizations, she added.

An Enlightened Outlook
The atmosphere during the simulation quickly became somber and stressful. As time and resources slipped away and they became immersed in their roles, participants began to understand the unique challenges faced by those living below the federal poverty rate of $22,000 annually for a family of four.

“The simulation provided realistic situations and created opportunities for all students to experience the stress, emotions, and physical and financial distress that real people experience every day,” said Dr. Mary Mulvaney, clinical professor of social work, who participated in the exercise. “Some stereotypes were debunked, and the increased sensitivity to individuals and families in their environment will benefit all of our students.”

In Texas, where many of the simulation participants will enter the workforce, living in poverty is a daily concern for 38 percent of single-parent families and for 16 percent of senior citizens. It is also estimated that more than one in four children in the state lack adequate access to food.

“Empathy is hard to acquire in a world where self-interest and self-preservation are often a priority,” said Brian Torabi, a second-year student pharmacist and the third student coordinator. “The power of this simulation is that it generates a lifetime of empathy toward a specific patient population.”

Above: As the simulation progressed, the participants were given opportunities to collaborate with available institutions and resources that provided food, water, shelter and miscellaneous expenses for a one-month period, broken into four one-week units. From left: Dr. Adelita Cantu, faculty member at the University of Texas Health Science Center School of Nursing, led the simulation coordinated by student pharmacists Alex Bishop, Brian Torabi, Natalia Malesa, and Dr. Veronica Young, director of interprofessional education at the College of Pharmacy and faculty advisor for the planning team.
The Right Prescription for Internationalization

Pharmacy schools are balancing various options to deliver the best solutions to influence local and global health.

By Karen Leggett

“Pharmacists have potential for a large impact internationally, from clinical service development to procurement of appropriate medications to management issues. It’s time for pharmacists to be involved at a global scale,” says Stephanie Lukas, a graduate of the University of Iowa Pharm.D./Master of Public Health program. Lukas now works in public health in Rwanda but her pharmacy education included internships, rotations and residencies in Liberia, Kenya and Mexico. Increasingly schools of pharmacy are offering such international experiences. AACP’s Global Pharmacy Education SIG recently offered a Webinar on preparing students for Advanced Pharmacy Practice Experiences (APPEs) in developing countries. In 2013 the International Pharmaceutical Federation (FIP) Education Initiative launched its first report on the status and transformation of pharmacy education worldwide. That transformation to an increasingly patient-centered role for pharmacists is itself fueling interest in academic partnerships as well as student and faculty exchange opportunities.

“A Harvard Executive MBA Program” for Pharmacists

The Skaggs School of Pharmacy at the University of Colorado has combined this interest in patient-centered pharmacy with the growing acceptance of online learning into its new International-Trained Pharm.D. program, which is a pathway of the entry-level Pharm.D. program and accredited by ACPE. “We want to be like a Harvard Executive MBA program,” says Dr. Kari Franson, associate dean for professional education, anticipating only 10 students per year with the first graduates scheduled in 2017. Foreign students are expected to be practicing pharmacists who come to Denver for one month at the beginning of the program, followed by two years of online course work and 10 months of clinical rotations in Denver. Students continue to work in their own jobs and may complete the program in three to six years on a full- or part-time basis. The Middle East is particularly interested in the Pharm.D., and Skaggs promoted it at DUPHAT, the Dubai International Pharmaceuticals and Technologies Conference.

The first three students are Egyptian pharmacists working in Qatar, including Sara Mahmoud, who believes a Pharm.D. from a U.S. institution will open doors professionally for her. “Pharmacists are not just dispensing individuals any more. We are the experts on medications. Clinical pharmacy has been shown to reduce costs, reduce hospital stays, and reduce mortality in general.” Her initial month in Denver included classes on communication, U.S. pharmacy law and terminology, as well as visits to retail pharmacies, clinics and hospitals. Mahmoud says the training in patient communication has already improved her clinical skills: “I have learned so much about patient autonomy. In the Middle East, patients aren’t often involved in the decision-making with a pharmacist; no one tells you a patient has a right to choose something for himself.”

Mahmoud will finish her online courses next year and spread her clinical rotations in the United States over two years. Does she feel she is missing anything with lectures offered online rather than in person? Not at all. “I have an established job and career in a very good, high-standard facility. I don’t want to lose that. The online program is accredited and I don’t feel like I’m missing anything,” says Mahmoud. “The online lectures are more convenient; when I finish the slides, I e-mail my questions and the professors answer. The professors are very accessible and helpful. You feel like everybody wants to help you.”

Sara Mahmoud, from Egypt, is enrolled in the new International-Trained Pharm.D. program at the University of Colorado’s Skaggs School of Pharmacy.
Community Impact

“Pharmacists are not just dispensing individuals any more. We are the experts on medications. Clinical pharmacy has been shown to reduce costs, reduce hospital stays, and reduce mortality in general.”

— Sara Mahmoud

Rotations in the International Pharm.D. program meet the same required six-week placements in ambulatory care facilities, internal medicine, and community and institutional pharmacies as those for U.S. students. International Pharm.D. students cover all tuition and fees, though some financial aid is available. Mahmoud calls the program an “eye-opening experience…I will be the phenomenal clinical pharmacist I hope to be.”

Rotating Globally

Many pharmacy schools including Skaggs offer fourth-year students the chance to elect at least one overseas rotation. Franson says about 10 percent of Skaggs students take advantage of these opportunities, often setting up their own international practice site or choosing a site where Skaggs already has contacts, including Australia, New Zealand, the United Kingdom, Netherlands or Costa Rica. Skaggs students are required to complete three rotations in the United States before going overseas and they are reminded to be flexible, as sites may not be finalized until a few weeks before a rotation begins. Skaggs maintains a partnership in drug development and clinical research with the University of Leiden in The Netherlands, as well as a six-week Spanish rotation in Costa Rica with Common Ground International. Students live with a Costa Rican host family, learn the pharmacy system in Costa Rica, and join an interdisciplinary team to assess public health risks and barriers to care in target communities. The University of Colorado has its own interdisciplinary clinic in Guatemala and the first pharmacy rotations were offered there in the summer of 2015.

“Schools are really demonstrating that global health and outreach can expand to include pharmacy services,” says Franson. “Securing a safe supply chain and providing patients with information and care is important.”

At Drake University, Dr. John Rovers, associate professor of pharmacy practice, says the College of Pharmacy and Health Sciences spent several months developing a rubric to qualify international clinical rotations in terms of safety standards, level of English language understanding, curriculum match between Drake and the foreign institution, and availability of qualified preceptors who can oversee the student experiences. Drake established a committee to evaluate each proposed opportunity, because “these things do not always grow purposefully,” says Rovers, “they grow by interpersonal contacts.” Even if a partnership starts with a personal connection—as they typically do—an approved international rotation must offer a “purposeful educational experience with explicit goals, objectives, workload and budget. It should be the college’s program, not Rover’s program, so you also have to think about succession.”

Since 1997 Drake has sent 125 Pharm.D. students to 15 sites in nine countries, including Pravara Institute of Medical Sciences in India, Hillside Clinic in Belize, community pharmacies in Australia, the University of KwaZulu-Natal in South Africa, Princess Margaret Hospital in Canada, and various sites in Ecuador, France, New Zealand and Tanzania. Drake prefers not to send students overseas alone. There could be as many as eight in a single group. Rovers says he finds growing interest among students for international experiences. “Students are generous, responsible, interested. They are looking for a way to make the world a little better.”

The goal at St. Louis College of Pharmacy is to send a third of its students on an international serving learning project or an APPE rotation. Dr. Kenneth Schafermeyer, professor of pharmacy administration and director of international initiatives, says the college typically has an official agreement with a university, hospital, pharmacy or nongovernmental organization (NGO) overseas. Internships for credit must also be approved by the Missouri Board of Pharmacy. Housing in the host country can be challenging. Schafermeyer says there may be hospital guest rooms, a youth hostel, hotels or apartments. In Bangladesh, Swaziland, and South Africa, St. Louis College of Pharmacy students work with local organizations to train mid-level healthcare workers on ways to improve patient adherence to HIV and tuberculosis medication regimes. Schafermeyer says Swaziland has fewer than 50 pharmacists, so the college is working to train nurses and other community health workers to dispense medication. In Portugal, St. Louis students worked with FIP to research and develop leadership programs for schools of pharmacy in Africa. Student Stephanie Tackett blogged that “in order for us to conduct research it was required that we take several different online trainings regarding social, behavioral and ethical aspects of research.” The same program also brought...
students from Portugal and Hungary to the St. Louis campus where they visited community pharmacies, a hospital, a mental health facility and Express Scripts.

St. Louis College of Pharmacy student Shannon James chose to participate in a fourth-year rotation organized by the International Pharmaceutical Students’ Federation (IPSF). The Federation has 350,000 student pharmacist members in 84 countries. “I applied for Egypt two days before the revolution took place ... and found out I was accepted about two days after the revolution happened in January 2011.” James joined student pharmacists from Hungary, Portugal, the Czech Republic and Poland for two weeks of pharmacy experience and two weeks of travel in Egypt. She shadowed a pharmacist at a large Egyptian pharmacy chain and also observed the 57357 Children’s Cancer Hospital in a poor neighborhood of Cairo. In a country with little private health insurance, James said Egyptian colleagues “had no idea what we were talking about when we asked how they process insurance claims.” But she also learned that the number in the hospital’s name comes from bank account numbers where donors could contribute to a planned expansion, including housing for patients’ families. “It’s important for us to be as open and willing to learn about alternative ways of doing things,” says James, “because there’s not always one best way. By sharing information, we can improve the profession.”

Albany College of Pharmacy and Health Sciences offers six- or twelve-week clinical rotations in Brazil, China, Switzerland and Japan. A new rotation is available on a U.S. Air Force Base in Italy. In some of these rotations, students are actively involved in research—allopathic/homeopathic research in Basel, Switzerland; traditional Chinese medicine at Fudan University in Shanghai; lab work with natural plant extracts at Maruzen Pharmaceuticals in Hiroshima; fluorescence and polarized light microscopy at the University of Sao Paolo, Brazil. Albany College of Pharmacy sends two students each year for a six-week rotation at Ewha Womans University in Seoul and two Ewha students come to Albany. There is also a shorter, cultural exchange program for 20 U.S. students on the Ewha campus. It is Jessica DiLorenzo’s job as director of global initiatives to launch each new program and make sure it offers “enough healthcare and not just cultural immersion.” She says her challenge is often convincing professional school faculty of the value of this type of cultural competency experience for students.

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences has several opportunities for overseas rotations and other international experiences, beginning with two elective courses on the Buffalo campus: Global Health Outreach and Spanish for Pharmacists. The global health course focuses on such issues as HIV, maternal and fetal health, counterfeit medicines and refugees. There were 19 students in the first class, including foreign students who shared personal experiences about the lack of access to diabetes supplies and the high cost of counterfeit drugs in their home countries. Dr. Gina Prescott, clinical assistant professor, said a class on spirituality enabled students to share different perspectives on efforts to prolong life.

Since 2002 the University at Buffalo has had an HIV research collaboration with the University of Zimbabwe. In fall 2015 the first Buffalo student pharmacist will do a six-week rotation analyzing medicines in the Zimbabwe research lab.

**Students Leading the Way**

Two University at Buffalo students are actively working to expand such global opportunities. Sara DiTursi is a Pharm.D. student who spent five weeks in a Taiwan program sponsored by the IPSF. DiTursi paid for her airfare and food; Taipei Medical University provided housing for seven exchange students from the United States, Singapore, Malaysia, France and Serbia. They observed pharmacists at work, attended classes on Chinese medicine, and learned about a healthcare system in which everyone just brings a “national insurance card to the pharmacy to be swiped with no exchange of cash.” DiTursi came home with a new appreciation for how culture affects the way people view medicine. “Some patients who use Chinese medicine think it is completely separate from pharmacy medicines. They often don’t know about drug interactions which can happen with Chinese medicine.”
Another Buffalo student with a similarly strong interest in promoting overseas learning is Ciera Patzke, founder of Student Pharmacists for Global Outreach, now an officially recognized student organization at the University at Buffalo. The group is sponsoring at least one trip each year to the Dominican Republic or Honduras, one trip to underserved populations in the United States (so far Tennessee and Chicago), and a local outreach initiative in Buffalo.

One of the first trips organized by the student group was to Honduras. Nine first-, second-, and third-year student pharmacists partnered with a secular NGO, Shoulder to Shoulder, to meet patients in their homes. “We hiked to them, took their blood pressure, and completed annual or monthly check-ups,” says Patzke. “I think it provided great quality but we hiked to five patient homes in a day and you want to reach out to so many more.” During the post-trip meeting, Patzke said students discussed the need to utilize technology to make health communication more efficient. “Despite these countries being poverty-stricken,” says Patzke, “everyone has a smartphone and we should take advantage of that.” Patzke says the student group also wants to organize more interdisciplinary teams that include dental and nursing students from Buffalo as well as in-country healthcare providers. The greatest challenge has been getting pharmacists to accompany each group because of their personal and professional obligations at home. Someday, Patzke wants to be one of those pharmacists for at least one international trip each year, adding, “I want it to be part of my life, just not my entire life.”

**Medical Missions**

The short-term trips described by Patzke are typically referred to as medical mission trips and they are the most common overseas experience offered to student pharmacists, typically providing cultural immersion and some service learning. The most effective mission trips make a concerted effort to work with an NGO or clinic that provides continuity of care on the ground. At St. Louis College of Pharmacy, Schafermeyer has led 21 Habitat for Humanity construc-
community impact

Albany College of Pharmacy generates interest in its alternative spring break with such on-campus events as a foreign film festival and a special day when 30 students win free passports. There are two- or three-week for-credit travel courses available in Senegal, Belize, Costa Rica and other Central American sites. The trip to Belize is preceded by a full-semester course on campus that focuses on tropical diseases, health clinic skills, and preparing educational pamphlets to share with Belizean patients.

Kelsey Japs and Erica Truong, both Pharm.D. students at Drake College of Pharmacy, joined this year’s trip to the Dominican Republic. Seven healthcare providers saw 600 patients in a week. Japs did everything from measuring medication doses to providing fluoride treatment to children, taking vital signs and shadowing a physician’s assistant. The trip gave Japs experience working as part of a global health team and running a pharmacy in a resource-limited area, especially in a tropical climate where there might not be refrigeration to store certain medications. She believes international travel is the best way to see all the factors that contribute to health—“financial restrictions, transportation—there is no better way to see all that in play.”

At the University at Buffalo, Prescott works to make sure even short trips offer “less vacation and more understanding of the ongoing issues of global health.” She speaks with students about selecting drugs for a particular trip. “I focus on medication safety because we give medicine in plastic bags when there are lots of children around. We write in Spanish, but some patients can’t read. We also have to pay attention not to take medicines that require follow-up.” And after all that, patients “have to pay for everything associated with their care and yet they are gracious and appreciative. Students do learn a little about medicine but a lot is cultural. It brings the humanistic part of medicine back.”

The University of the Incarnate Word’s (UIW) Feik School of Pharmacy in San Antonio, Texas, takes a team of physicians along with students in pharmacy, nursing and optometry to Oaxaca, Mexico, for eight to 10 days each summer with Los Quijotes Ambassadors of Health, an arm of the university’s Sisters of Charity. Students take an elective course in the spring to learn about cultural traditions, educational and political systems, and healthcare practices. Dr. Russell Attridge, associate professor of pharmacy practice, believes the collaboration between nursing and pharmacy enhances communication with other professions later and translates to improved patient care.

The Corporate Connection

UIW also has a unique and well-established three-pronged partnership in Brazil with both a pharmacy school and a pharmaceutical company. It started when UIW’s Brazilian pharmacy professor Dr. Marcos Oliveira began looking for an academic partner with a similar faith-based mission and complementary programs. He identified Pontificia Universidade Catolica de Parana (PUC-PR), a private Catholic university, and the Brazilian generic pharmaceutical company Prati-Donaduzzi. “I saw that Brazil had a growing need to engage in patient care. America had moved away from industry but we hadn’t closed the door and our students had difficulty seeing how they could engage with industry. We had complementary strengths.”

PUC-PR provided a grant to cover six-week student exchanges in both directions. Faculty members also go back and forth. The Brazilian students rotate to acute care hospitals, a Veterans Administration facility and retail pharmacies. U.S. students work in the pharmaceutical company, often completing significant research. One student wrote a protocol for a phase three clinical trial; another redesigned a software system that monitors for human contamination of raw medical products. In return, the Brazilian company also receives assistance understanding U.S. visa regulations and processes at the U.S.

Web Exclusives


Also, access additional resources from the AACP Global Pharmacy Education SIG on our Web site: http://bit.ly/GlobalPharmEdSIG

“Schools are really demonstrating that global health and outreach can expand to include pharmacy services. Securing a safe supply chain and providing patients with information and care is important.”

— Dr. Kari Franson, University of Colorado Skaggs School of Pharmacy
Food and Drug Administration. Dean Arcelia Johnson-Fannin believes other pharmacy schools in Brazil are eager for similar American partnerships now that the Brazilian government has mandated a focus on clinical rather than industrial pharmacy.

Welcome to the United States

UIW welcomes student pharmacists from the University of Navarra in Spain and the Lebanese American University for clinical rotations in San Antonio or Houston. The University at Buffalo has an exchange program with Chongqing Medical University in China. Buffalo faculty members teach in the pharmacy school in Chongqing with a few Chinese students expected on the Buffalo campus in 2016. They are expected to complete their Pharm.D. in Buffalo but must first pass pharmacy entrance and TOEFL language exams.

St. Louis and Skaggs both participate in the Pharmabridge program initiated by FIP to strengthen pharmacy services and education in developing and transitional countries. Between 2002–2012, 41 pharmacists from Egypt, Ethiopia, Ghana, India, Nepal, Nigeria, and Peru had four-week training visits to Canada, Finland, the United Kingdom and the United States. Dr. Olubukola Oyetunde came to St. Louis College of Pharmacy from the University of Lagos in Nigeria to observe faculty and visit community pharmacies and hospitals. Oyetunde said she hadn’t thought about “curriculum design before coming here, but I’ve discovered the key to the doctor of pharmacy degree is the curriculum.” Most pharmacy schools in Nigeria offer only a bachelor of pharmacy. Oyetunde believes her university may become one of the few to offer a Pharm.D.

St. Louis College of Pharmacy was chosen through a competitive grant from the American International Health Alliance to assist in the development of a pharmacy technician training program at Nelson Mandela Metropolitan University in South Africa. The head of the pharmacy department in South Africa and a South African lecturer talked with U.S. faculty about distance learning, development of curriculum and instructional materials, and training of preceptors. Schafermeyer says South Africa needs about 2,500 additional pharmacy technicians each year to deliver care to more than 5 million patients with HIV and AIDS. “It’s clear,” he said, “that the College has the resources, expertise and interest to contribute to the success of this international collaboration...Our NMMU partners are outstanding professionals and are very dedicated to expanding access to healthcare services in Africa.”

Chinenya Onodugo is a Nigerian pharmacist in the Pharmabridge program at Skaggs School of Pharmacy. During his month in Denver in spring 2015, Onodugo was eager to learn about access to patient medical information, electronic prescriptions and medicine storage and distribution. He had discussions with infectious disease pharmacists about antibiotic stewardship programs to reduce resistance to antibiotics, a protocol he wants to take home to Nigeria. “All the U.S. hospitals we visited had functional antibiotic stewardship programs and clinical pharmacists dedicated to these antibiotic management programs.”

The conversation comes full circle to Stephanie Lukas in Rwanda. She believes international pharmacy work must be organized without causing interruption in the current healthcare setting. “We have to be really careful that we are doing international experiences that are a benefit both to us as visitors and the community.” She mentioned a deworming clinic by University of Iowa students that is based on an ongoing relationship with schools in a Mexican community, Rotary International, and the university. “This is a good way to provide short-term health services that are discreet and don’t interrupt the existing healthcare system.” Her clinical rotation in Liberia reminded her that the country’s health system and policies were in the early stages of development, but “there is a lot of passion, intelligence and people who want to see a strong health system.”

KAREN LEGGETT is a freelance writer in Washington, D.C. Her last article for International Educator was “In Another’s Shoes,” about internationalizing mental health programs, which appeared in the November/December 2014 issue.
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A University of Southern California pharmacy professor reframes Latino health issues on the pages of theatrical comic books.

By Maureen Thielemans
Telling a good story is more than just reading words from a page in a book or swapping anecdotes with friends. Sharing ideas, thoughts and feelings can open lines of communication, teach valuable life lessons, and in some cases, save lives.

Associate Professor of Clinical Pharmacy Dr. Melvin F. Baron has been working to eliminate health disparities in the Latino communities of Los Angeles for the past 15 years. This population faces a higher risk of cardiovascular diseases, diabetes and obesity, among other conditions. Increasing health literacy among Latinos is Baron’s passion, and to accomplish this, he tells stories through dramatic comic books called fotonovelas.

If At First You Don’t Succeed
Baron’s flair for dramatic storytelling happened by accident, he said. While attending a conference focused on breast cancer prevention and treatment, he met a pediatrician who specialized in birth defects within the Latino community. She was having trouble delivering her message to Latino women, so Baron suggested embedding prenatal education into middle and high school curriculums. When that didn’t succeed, a colleague recommended storytelling through fotonovelas.

“Growing up in east L.A., I knew that novelas were extremely popular,” he said. “So I thought, ‘How can we put our messages into a soap opera?’”

The first book was created and distributed in 2000, and its message recommended that women take 400 micrograms of folic acid before becoming pregnant. The cover image was quite provocative, Baron recalled, and he questioned if this tactic was going to work. To his surprise, the response was overwhelming.

Lights, Camera, Action
More than 15 years later, these stories, and the important messages about preventive healthcare they illustrate, continue to resonate with the Latino community. From the initial idea to distribution at health fairs and safety-net clinics, the process by which each fotonovela is created requires a substantial commitment of time and money.

Topics are carefully selected through focus groups, healthcare literature analysis, suggestions from donors, or by simply listening to what community members believe to be important and timely public health issues. For example, diabetes was a disease that Baron knew was confusing to Latinos. They assumed insulin was “the bad guy, causing blindness and amputations, not the disease,” Baron said. He knew that telling the right story about diabetes would help dispel those myths.

It’s not easy to do, he discovered. “If the community believes something, it’s technically a myth, but still real to...”
Story Snapshots

Other Titles and Topics: In Gloria Takes the Leap, a comedienne must confront her fear of getting a mammogram after her sister is diagnosed with breast cancer. Rosa Out of Control addresses childhood obesity and diabetes by telling the story of a single mom whose poor diet choices are impacting the health of her two kids. Memo is an elderly mariachi musician who is showing signs of memory loss in Forgotten Memories. This fotonovela aims to promote memory screenings and tackles difficult topics in the Latino community such as dementia and Alzheimer’s.

Timeline: After selecting a topic, fotonovelas can take up to a year to produce and requires the university IRB (institutional review board) approval.

Cost: Approximately $100,000 per issue.

Production: Anywhere from 75,000 to 175,000 print copies are produced and distributed in the community.

Funding Sources: Grants from foundations, pharmaceutical companies, health insurance providers, USC “Good Neighbor” Campaign, individual contributions and more.

Community Outreach: Fotonovelas are distributed at safety-net clinics, health fairs and local pharmacies, among other locations. Three fotonovelas totaling 175,000 copies were inserted into La Opinion newspaper, Los Angeles’ primary Hispanic publication, and distributed to specific communities.

Two fotonovelas were performed live at the Los Angeles Times/USC book fair. Bilingual students answered questions from the audience.

On the Right Track: To read peer-reviewed publications that evaluate the fotonovelas’ effectiveness, visit the AACP Web site at: http://bit.ly/PeerReviewedArticles
themselves,” he said. “From the scientific point-of-view, how do you tell that in a story?”

After selecting a topic, Baron and his colleagues identify five key messages that the fotonovela should illustrate. Next, they develop an entertaining story, which includes crises, humor and larger-than-life characters, he said. The finalized story is written first in English and then given to layout artists who determine the right number of words that should appear in a photo's thought bubble in order for the messages to be effective.

Selecting an appropriate location for the story to unfold is also important, Baron said. A fotonovela emphasizing vaccination awareness was shot at a laundromat, while another book used a comedy club as the backdrop for a story about a woman who’s reluctant to get a mammogram. Professional actors are used for all the photoshoots, and after which, the photos are matched with the dialogue. Using a translation

Expanding Pharmacy’s Vocabulary

According to the U.S. Census Bureau, Latinos will comprise 31 percent of the U.S. population by 2060, which underscores the importance of cultural competency among healthcare providers. As a result, many universities across the country are providing student pharmacists with foreign language learning opportunities. Whether through required courses, electives or special concentrations within a degree program, learning a different language is helping students better prepare for providing care in the real world.

“Exposing students to foreign languages through electives or required courses is becoming more common,” said Dr. Lakesha M. Butler, clinical associate professor in the Department of Pharmacy Practice at Southern Illinois University Edwardsville, and chair of the AACP Health Disparities and Cultural Competence SIG. “At SIUE, pharmacy students are required to take a course that focuses on cultural competency, health disparities, cross-cultural communication and specifically, communication with Spanish-speaking patients. That course has expanded to an elective course for all healthcare students, titled “Spanish for Health Professionals.”

Wilkes University has gone further, providing a Spanish concentration specifically for pharmacy students. While a minor requires more credits, the concentration has a required experiential and healthcare focus, in which students must use their developing language skills in a clinical setting. Students are also required to complete a study abroad component, explained Dr. Jennifer Malinowski, associate professor of pharmacy practice and co-director of the Spanish concentration. “That gives it a different twist, so students are more immersed in the culture and are speaking the language versus just sitting in the classroom.”

Both Butler and Malinowski agree that language programs provide benefits to both patients and students. Even though third party translation resources are available to pharmacists in a clinical or retail setting, Butler stressed the importance of direct communication between pharmacist and patient. “There already exists a communication barrier when the patient comes in and does not know the pharmacist very well.” As for student benefits, Malinowski said, the professional opportunities open up. “These students have been scooped up fairly quickly in terms of residency opportunities. We have one doing a fellowship, one doing a residency, and another two are involved in global public health activism. It is an attractive aspect to the curriculum for the students.” Butler added, “Areas within the U.S. that have a high concentration of Spanish-speaking patients will favor hiring pharmacists and interns who are fluent in Spanish.”

The Health Disparities and Cultural Competence SIG is helping equip pharmacy faculty with the tools to properly prepare students for these cross-cultural scenarios. For example, its recent Webinar, Say What?: Communicating with Patients with Limited English Proficiency and/or Limited Health Literacy, showed participants how to identify limited English proficiency and work with interpreters to effectively communicate with patients. (For this Webinar and others in the series, visit: http://www.aacp.org/governance/SIGS/hdcc/Pages/webinars.aspx) Additionally, they plan to provide a newsletter with pertinent teaching resources in the near future. “Pharmacists will experience these types of scenarios whether in a retail setting or institutional setting,” Butler says. It’s best to be prepared.

—By Kyle R. Bagin
leads the research evaluation component of the projects; Dr. Margaret Gatz, professor of psychology in the Dornsife College of Letters, Arts and Sciences; and Dr. Leo Cabassa, associate professor in the School of Social Work at Columbia University.

Baron’s student pharmacists also play key roles in the creation and distribution of the fotonovela. He introduces the concept in his required first-year class when discussing cultural competency and healthcare disparities. Students have the opportunity to conduct research, assist with script writing, help outline the story, and distribute the booklets at health fairs and safety-net clinics.

Directing actors in a laundromat was not the career Baron envisioned 58 years ago when he opened his own pharmacy, just six months after graduating from pharmacy school. But that’s a testament to how the profession has evolved, he said.

“Informing an underserved population about healthcare and disease is an important public health issue,” Baron added. “This has been an incredible journey for a pharmacist.”

Maureen Thielemans is Associate Director of Communications at AACP and editor of Academic Pharmacy Now.
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Getting to Know You

AACP recently welcomed two new members to the staff. Academic Pharmacy Now asked them about their unique backgrounds and how their experiences will influence their work at AACP.

Q: What are your main responsibilities at AACP?

Savini: I support Kirsten Block, associate director of research and graduate programs, and Katie Owings, manager of student affairs. Most recently, I assisted Kirsten with the maintenance and verification of Faculty Research Grant Database submissions. It’s a database of all the grants that schools receive, including federal, non-federal and private grants. Colleges of pharmacy are ranked based on the amount of grants and funding they receive, and we compile that information. We don’t rank schools, but we release the information so schools can use it as they see fit.

Q: You graduated from the University of California, San Diego. Are you from California?

Savini: I was born in Sri Lanka, but I’m from Orange County, California. (It’s not like the TV show, though!) I spent most of my life in California, and really wanted to move to the East Coast, be independent and do my own thing—so I bought a plane ticket and was suddenly here, at a college friend’s doorstep.

Q: How have your previous experiences prepared you to work at AACP?

Savini: My extracurricular activities prepared me well for my work at AACP. This position requires project support, program implementation and balancing multiple responsibilities. As a resident assistant in college, I coordinated a lot of events; I’ve put on a high school conference, I’ve fundraised and more.

Q: Your position is new at AACP. What are some of your main responsibilities here?

Sean: I assist with the production of digital and print communications materials.

Q: Did you study graphic design in college?

Sean: I studied communication design and interactive design at Northern Virginia Community College (NOVA), with some amazing professors who stressed a real-world work environment in the classroom.

Q: You also studied in the Czech Republic during college. What did you study?

Sean: I was in Prague for eight months, in a B.A. honors program [under the British degree system] for graphic design. I focused on interactive design and my projects had elements of both print and digital, so there were usually print pieces that accompanied the digital work.

Q: Have any experiences outside the classroom prepared you for work at AACP?

Sean: I gained some professional office experience at the Archives of American Art, which was quite beneficial. I worked on wire frames for a digital viewer, to show content whether it was static, audio or video, that will be featured on their new Web site.
Recognizing the need for a consistent process in the delivery of patient care across the profession, the Joint Commission of Pharmacy Practitioners (JCPP) recently released the Pharmacists’ Patient Care Process. The process is applicable to any practice setting where pharmacists provide patient care, and for any patient care service provided by pharmacists. This article describes the development of the Pharmacists’ Patient Care Process, what the process is, why it’s important, and initial implementation steps.

**From Vision to Reality**

The JCPP serves as a forum on matters of common interest and concern to national organizations of pharmacy practitioners and invited liaison members. Its vision statement for the pharmacy profession, and strategic plan for reaching this vision, were revised in July 2013 as part of a strategic planning retreat that included thought leaders from inside and outside the profession. The newly adopted vision, that “patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based health care,” reflects the need for pharmacists to be patient-centered and accountable for patient outcomes, while working collaboratively with other members of the healthcare team.

Key drivers to achieving the JCPP’s vision include:

1. A widely-adopted and consistently delivered pharmacist patient care process;
2. Quality measures to measure the value of pharmacists’ services;
3. Robust health information technology to support patient care; and
4. Payment for pharmacists’ services.

The need for pharmacists to use a consistent approach to patient care delivery has always been important. However, with the increasing movement to outcomes-based payment models in the healthcare system, this need is becoming more urgent. Payment models are starting to emerge in which healthcare professionals are paid for achieving desired outcomes for their patients, instead of by the number of patient visits they complete. To measure the outcomes of pharmacists’ services in a meaningful way, a consistent process of care must be used to deliver the services. That way an “apples to apples” comparison can be made for the collective value that pharmacists provide within the healthcare system.

The Pharmacists’ Patient Care Process was developed by a group of national pharmacy organizations working under the direction of JCPP. The foundation for the process is embedded within the pharmaceutical care model developed by Hepler and Strand in the 1990s and was developed by examining a number of key source documents on pharmaceutical care and medication therapy management. These key documents were catalogued and compared to create a patient care process consistent with best practice models in pharmacy. The patient care process is articulated in a manner aligned with the patient care processes of other healthcare professionals, while at the same time detailing the unique medication-related aspects of pharmacists’ training. The development process included organizational comment periods and testing with clinicians to create the document approved by JCPP on May 29, 2014.
The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources, including existing patient records, the patient and other healthcare professionals. This process includes collecting:

- A current medication list and medication use history for prescription and nonprescription medications, herbal products and other dietary supplements.

Using principles of evidence-based practice, pharmacists:

**Collect**

The process includes collecting:

- A current medication list and medication use history for prescription and nonprescription medications, herbal products and other dietary supplements.

**Assess**

The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing:

- Relevant health data that may include medical history, health and wellness information, biometric test results and physical assessment findings.
- Patient lifestyle habits, preferences and beliefs, health and functional goals and socioeconomic factors that affect access to medications and other aspects of care.
Stamp of Approval

By John C. Ressler

In June, AACP was approved as a provider of continuing education (CE) credit for its professional development programming, culminating a year-long effort by the Association to bring the process in-house and bolster our professional development opportunities available to members.

For more than a decade, AACP has collaborated with the Virginia Commonwealth University School of Pharmacy to offer professional development events with CE to members. Most notably, AACP partnered with VCU to offer CE for the educational sessions presented at our Annual Meeting. The administrative burden of collecting event materials and evaluations, and then reporting data to ACPE and NABP was handled by VCU.

Offering CE directly will allow AACP to provide a broader range of opportunities for presenting professional development events with CE credit.

Becoming a Continuing Professional Development (CPD) provider required an extensive and in-depth application process with ACPE. AACP outlined in detail the processes and procedures for providing CPD events, from creating a needs analysis for Academy members and writing agreements and disclosures with speakers, to the infrastructure used for communicating and reporting credits. Completing all parts of the application required the input of numerous staff over a three-month period of time.

AACP stands ready to provide its members with a richer collection of professional development programming, including a series of events focusing on a specific topic and live webinars, just to name a few. Bringing CE in-house strengthens AACP’s focus on ensuring our programs offer quality content, which enhance members’ professional development and strengthen participants’ skills.

John C. Ressler is Director of Academic Programs and Professional Development at AACP.
Ahead of the Game

There was no shortage of inspiration at the record-setting Pharmacy Education 2015, where experts in education, science and technology said “game on” to the latest advances in pharmacy and healthcare.

Record-setting, globally-focused and more connected than ever, the 2015 AACP & AFPC Annual Meeting delivered on its promise to be bigger and better than ever. Crossing borders and pushing boundaries, Pharmacy Education 2015 provided new perspectives on the latest advances in education and practice through collaboration with peers and inspiration from today’s leaders in education, technology and healthcare.

Fine-Tuning Talent

Annual Meeting pre-sessions helped generate buzz ahead of the Opening General Session on Sunday. There was something for everyone, as authors honed journal-writing skills and learned submission best-practices, and Teachers Seminar attendees explored how to develop the self-aware pharmacist.

With the debut of the Joseph T. DiPiro Excellence in Publishing Workshop, meeting attendees got an inside look into the “essentials of excellence” every paper should have prior to submission to peer-reviewed journals. The American Journal of Pharmaceutical Education editorial team was on-hand to review attendees’ manuscripts and guide them through the process of enhancing and submitting their work.

Perspective was the theme of the 2015 Teachers Seminar: Beginning with the End in Mind. An interprofessional panel provided insight into the link between the self-awareness of student pharmacists in their journey through didactic, experiential and extra-curricular training, and the optimization of graduates’ knowledge, skills and attitudes when entering practice.

In keeping with the meeting’s global focus, AACP partnered with the Association of Faculties of Pharmacy of Canada and also presented a post-meeting Global Workshop, which explored the need for global pharmacy education. The workshop demonstrated for attendee teams the most effective ways to build international relationships, determine needs for global pharmacy education and formulate plans that support global public health.

Pharmacy Education 2015 featured new and exciting events, as well as dynamic keynote presentations and a unique Science Symposium.

Patricia Chase, Ph.D., who served as Gates Wigner dean at the West Virginia University School of Pharmacy during her
AACP Presidency, opened the meeting. Reminding the audience that the changes in higher education and healthcare compare to the challenges of whitewater rafting, a favorite West Virginia pastime, Chase commended the work of each AACP standing committee within the themes of access, affordability and accountability.

“As they have done in the past, each committee embarked on a serious analysis of their charges,” Chase said. “The work contained in their reports is extraordinary, far reaching and, in some cases, even controversial.” She referenced Kevin Carey’s book, The End of College, in highlighting the conclusion of the Academic Affairs Committee that “higher education, and more specifically pharmacy education, may have become too expensive and too cumbersome”—as well as the committee’s proposed remedies.

More Play Equals Better Health

Chase introduced the Opening General Session speaker, Dr. Jane McGonigal, internationally-known game designer, futurist, creator of SuperBetter and author of Reality is Broken: Why Games Make Us Better and How They Can Change the World. McGonigal engages the audience in a thought-provoking, interactive presentation. She blends personal experience with scientific data to support her findings that gaming and interactive play increase motivation, learning and resilience.

Ideas Marketplace

The latest technology and cutting-edge information came together in the Exhibition Hall and during Research/Education Poster Sessions spanning two days. Attendees browsed innovative tools to advance their work, while networking with peers about their posters. The HeadShot Café, sponsored by Rite Aid, was a huge success, with attendees lining up for complete professional “makeovers”!


Dr. Jane McGonigal, world-renowned game designer, futurist and Opening General Session keynote, poses for a selfie with an excited attendee. McGonigal's SuperBetter helps users achieve health and recovery goals through gaming, by increasing their personal resilience.
McGonigal led the audience in a series of exercises, designed to show how the SuperBetter process can lead to greater physical, mental, emotional and social reliance. Indeed, the SuperBetter project has learned, from half a million players, that “games work best at treating the underlying anxiety and depression that prevent most people from making positive changes.”

@tmpbrock Jul 12
“Super-empowered hopeful individuals” better descriptor than “gamers” when considering effects of games in patients. @avantgame #PharmEd15

@kfblock Jul 12
Playing a game helped young patients battle real life disease. Impressive evidence for prescribing games for good health! #PharmEd15

@DanaThimons Jul 12
Our 1st quest build physical resilience @avantgame #PharmEd15

@DrJeffCain Jul 12
The potential for games in #learning & #healthcare is enormous. It just needs to be done correctly. #PharmEd15

Citizens for the Future
AACP President-elect Cynthia Boyle, Pharm.D., chair of the Department of Pharmacy Practice and Administration at the University of Maryland Eastern Shore School of Pharmacy and Health Professions, used the history of the nation’s capital area to set the broad theme for her presidential priorities: Capitalizing on foundations in citizenship. She emphasized the responsibility of pharmacists and pharmacy educators, who are “citizens within the profession...they are free to pursue their interests, but they also have responsibilities.”

Boyle reminded the audience that as AACP has grown, so have its members and their need for support and services. And she spoke to the challenges faced by member institutions—including student recruitment, access to funds and new accreditation standards—which will require renewed focus, as schools prepare pharmacists as full members of healthcare teams. She closed with words from Margaret Mead: “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed it’s the only thing that ever has.”

Patient Power
Debra R. Lappin, J.D., took Science Symposium attendees on a journey through the decades, charting the change in patients’ expanding role in the healthcare process. Panel members shared their own stories as researchers, regulators or patient advocates. As a result, the symposium generated intense on- and off-line discussion about how the public’s full engagement in health research is transforming all elements of the process.

@kfblock Jul 13
On the patient-researcher partnership: your patients shape your research question, you listen to their needs. #PharmEd15 Science Symposium

@sgjead Jul 13
Shouldn’t back away from #pharmacist ability to foster #patientengagement in practice and #interprofessional ed - @AACPharmacy #PharmEd15

A Big Finish
“Good morning, Dr. Hrawbowski.” That’s how 13-year-old Freeman Hrabowski III would greet himself in the mirror. His childhood inspiration set the tone for a passionate Tuesday General Session, a new and well-received component of the Annual Meeting. His presentation, which fused his own early experiences in the civil rights movement and his presidency at the University of Maryland, Baltimore County, inspired attendees to Hold Fast to Dreams!, and provided guidance in both developing and sustaining programs for under-advantaged learners.

“Teachers touch eternity through their students,” Hrabowski said.
Now Trending

The buzz for #PharmEd15 was greater than ever, as attendees connected with the meeting and each other in new and dynamic ways. For a snapshot of the Twitter, Facebook and Instagram excitement, visit our Storify page: https://storify.com/aacpharmacy/pharmacy-education-2015/

Now Trending

@AACPharmacy Jul 14
“...and some things you have to write because they’re important.” Lyman recipient David Holdford (@VCU) #PharmEd15

@DrRMWise Jul 14
TONS of learning but also lots of fun!! #PharmEd15
@AACPharmacy

The Capitol Steps

Teamwork Meets Network

Pharmacy Education 2015 served as a hub for the dynamic exchange of ideas, with interprofessional education and advances in technology driving attendee discussion in special sessions, in person and online. Collaborative sessions, such as roundtable discussions on emotional intelligence in the Pharm.D. curriculum and international panels on global opportunities for pharmacy education, infused Annual Meeting programming with countless opportunities for engagement. Approximately 70 percent of the plenary, section, SIG, mini and special sessions were eligible for CE credit, giving attendees even more to take home.

The New Faculty Mentoring Program ensured that first-time attendees were paired with more experienced colleagues, to guide them through programming, learn about networking opportunities and share daily experiences. Stephan Saunders Fouch is Senior Advisor, Outreach and Communications at AACP; Kyle R. Bagin is Communications Coordinator at AACP.

Stephanie Saunders Fouch is Senior Advisor, Outreach and Communications at AACP; Kyle R. Bagin is Communications Coordinator at AACP.

Now Trending

The world of tomorrow can be a better place than it is today #FreemanHrabowski #PharmEd15

Want to touch #eternity? Work, lead, and teach thru your students @AACPharmacy #PharmEd15

@sgjead Jul 14

Greatest bucket list moment of this conference #freemanhrabowski @AACPharmacy #PharmEd15

Your students love you! I miss you all already! #PharmEd15
@PhDSus Jul 14
A scholarly journal’s reputation is built on the quality, relevance and strength of the papers it publishes. Peer reviewers are invaluable to this process. A thorough and thoughtful review helps authors with focused peer-feedback that strengthens their work. It also helps editors assemble content for the American Journal of Pharmaceutical Education that reflects the exciting range and depth of current work by scholars in academic pharmacy. And of course, the work of reviewers ultimately helps advance the field of pharmacy education and in turn, the broader world of healthcare professionals and the patients they serve.

**What makes a good reviewer?**

Good reviewers understand the importance of lending their expertise in the various capacities of pharmacy education to ensure and enrich the quality of the field’s literature.

**What are the requirements?**

Above all, reviewers must have knowledge and passion for pharmacy education. Reviewers agree to receive 2-4 papers per year, spend 2-3 hours on each paper, and to return completed reviews within three weeks.

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Reviewing for AJPE enhances your professional reputation and hones your scholarly aptitude by keeping you abreast of new research and emerging themes in pharmacy education. It can also provide a path for mentoring junior colleagues, residents and students. And of course, the work of reviewers ultimately helps advance the field of pharmacy education and in turn, the broader world of healthcare professionals and the patients they serve.

**Spread the Word**

Tell respected colleagues to review for AJPE, the premier scholarly journal of academic pharmacy. You will be sharing the opportunity to advance professionally while keeping the Journal fresh and relevant with a diversity of ideas from the Academy.