

June Board Retreat

The annual VSHP Board of Directors Retreat was held on June 26-27, 2009 at the Hampton Inn Col Alto in Lexington, Virginia. Invited to this planning meeting are both the incoming and outgoing Regional Presidents, Executive Officers and Committee Chairs. This allowed a smooth hand-off of association business from the outgoing to the incoming persons. More importantly, the retreat serves as a time to rejuvenate and recharge our all-volunteer Society.

The retreat began at noon on Friday with a welcome lunch sponsored by Amag Pharmaceuticals followed by an interesting clinical presentation. The Board of Director's meeting was held and then the retreat activities began. Peggy Hoffman, President, Mariner Management and Marketing, LLC. was the keynote speaker. Her presentation centered on management in volunteer organizations, but included topics such as leadership skills, marketing, membership retention, recruiting, communication, and strategic planning.

After the day's sessions were completed, the group was treated to a horse drawn carriage ride. The carriage delivered them to the restaurant, Bistro on Main, where everyone enjoyed an evening of food and good company.

Saturday began with a discussion of "The Changing Face of Continuing Education." VSHP has made several revisions to their continuing education policy and procedures in response to the recent changes to ACPE guidelines. Some of the revisions include:

- VSHP will provide separate continuing education programming for technicians. A Technician Forum will be developed for the Spring and Fall Seminars providing four hours of continuing education specifically focused on technician needs. Regionally, we are developing a pilot program that will include 2-4 hours of technician continuing education that will be presented throughout the state.

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Virginia Health-System Pharmacy News

Summer 2009

Spring Seminar 2009

Beautiful Williamsburg, Virginia was host to the 2009 VSHP Spring Seminar. Held at the Williamsburg Marriott from April 23-25, the event provided fun, excitement, and fourteen hours of continuing education for all who attended. With several hundred participants and almost thirty exhibitors, this meeting was one of the largest held in recent years. Williamsburg proved, once again, to be an ideal location. The weather cooperated, with the balmy spring breezes keeping the days cool and the evenings warm.

As tradition dictates, the Political Action Committee [PAC] held its Board of Trustees meeting on Thursday, April 23rd beginning at 11:00am. If you are interested in contributing to or joining the PAC please contact **Kelly Gill (800) 613-VSHP** or **Gayle Slifka (804) 556-5561**. Following the PAC meeting the VSHP Board of Directors met to discuss the Society's business. This meeting is open to all VSHP members and all members are able to express their opinions and be heard. However, only those elected Board Members are able to vote. After the Board Meeting, a Cocktail Reception was held from 4:30-5:00pm. This was followed by the Opening Night Banquet, sponsored by sanofi-aventis. Quickly becoming a traditional event, Greg Morrow, PharmD, presented the kick-off lecture with a discussion of *Thromboembolism*.

After a breakfast program entitled *The First and Only FDA Approved Agent Indicated to Accelerate the Time to Upper and Lower GI Recovery with Primary Anastomosis*, the meeting began in earnest. The first CE approved presentation, *Therapeutic Drug Monitoring of Antiepileptic Agents* "What are the Best Strategies?" was given by Gretchen

Brophy, PharmD, Associate Professor of Pharmacy and Neurosurgery, VCU. This was followed by Sandra Mullen, PharmD, Clinical Pharmacist-Psychiatry, VCU who spoke on *Treatment of Attention Deficit/Hyperactivity Disorder*. In the Editor's opinion, the best talk of the entire seminar was given next. Titled *Autism – First Hand: What We Know, What We Think We Know, and What We Don't Know*, Scott Stolte, PharmD, Associate Dean of Academic Affairs, Bernard Dunn School of Pharmacy, Shenandoah University, gave an exceptional presentation, using first hand knowledge of this problem to get his points across to a very receptive audience. Lunch followed this presentation.

During the lunch break, meeting participants showed their ability to multitask. Lunch was in the exhibit hall, so attendees ate boxed lunches while conversing with the exhibitors. Here they learned about the latest developments and enhancements in drug therapy and the medication distribution process. For all of the non-JCAHO gurus, this process includes; writing, preparing, dispensing, administering and monitoring the medication. The second exhibit session was held during the evening reception where attendees once again showed their multitasking abilities by balancing finger foods with conversation.

The afternoon lecture series began with Mika Kessans, PharmD, Hematology/Oncology Specialty Resident, VCU Health System presenting *A Review of Gastroesophageal Reflux Disease [GERD]*. This followed by another GI related topic, *Danger in the Workplace:*

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From The President

Stephen LaHaye



Who's the new guy?

Even though I've lived mostly in Virginia for the last 14 years, I realize that most of you outside of Richmond, and some inside, probably have no clue who I am.

Hometown: With a name like LaHaye (pronounced la hay, not lay hee), it is pretty obvious that I'm not from around here. I grew up Eunice, Louisiana. Eunice is a small rice, soybean, and crawfish farming town right in the middle of Cajun country. Although most people tell me I do not have an accent, it can come out every now and then.

I completed my pre-Pharmacy curriculum at Louisiana State University (Geaux Tigers!) and received my BS in Pharmacy from Northeast Louisiana University in 1991.

My first job out of pharmacy school was as an Air Force pharmacist. While in the Air Force, I decided that I wanted to go back to school. A friend of mine from

Roanoke convinced me and my wife to drive to Richmond and take a look at MCV. We liked what we saw and in January 1995, we moved to Richmond.

I enrolled in the non-traditional Pharm.D. program at MCV in 1997 and graduated in 2000. During my time in Richmond, I've worked for the HCA Richmond Health System, with most of the time being at CJW Medical Center's Chippenham Hospital where I am the current Pharmacy Clinical Manager.

I've been active in professional organizations throughout pharmacy school and my professional life and consider it a privilege to give back to a profession that has given me so much. After all, if we as pharmacists do not take the initiative to determine the future course of our profession, someone else will.

I look forward to my term as president and meeting with as many of you as possible. VSHP is a strong organization with a dedicated membership. I hope that we can continue to grow and improve as an organization.

BSP Exams

Mark your calendars! **August 1** is the deadline for submitting applications to take the **Board of Pharmaceutical Specialties (BPS)** exams in *Nuclear Pharmacy, Nutrition Support Pharmacy, Oncology Pharmacy, Pharmacotherapy, and Psychiatric Pharmacy*. This year's exams will be administered on **Saturday, October 3**, at several sites in the U.S. and worldwide. Specialty certification is a great way for pharmacists to distinguish themselves in practice, so mark your calendars and sign up for the BPS exam today!

Find out more at the new BPS website, including an easy on-line application and payment process!

VIRGINIA HEALTH-SYSTEM PHARMACY NEWS

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Carl J. Tullio
Pharmacy News Editor

VSHP-Office Staff

Kelly L. Gill
Director of Operations
Pharmacy News Production Manager

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Calendar

- Oct 7-9:** AMCP Educational Conference, San Antonio, TX www.amcp.org
- Oct 18-21:** ACCP Annual Meeting, Anaheim, CA www.accp.com
- Oct 22-24:** VSHP Fall Seminar, Newport News www.vshp.org
- Oct 25-27:** NCPHA Annual Meeting, Research Triangle Park, NC www.ncpharmacists.org
- Oct 26-29:** Joint Forces Pharmacy Seminar, Reno, NV www.pharmacist.com
- Nov 18-20:** ASCP Annual Meeting, Anaheim, CA www.ascp.com
- Dec 7:** VSHP Midyear Reception, Las Vegas, NV www.vshp.org
- Dec 6-10:** ASHP Midyear Clinical Meeting, Las Vegas, NV www.ashp.org
- Apr 23-27:** ACCP Annual Meeting, Charlotte, NC www.accp.com

Ambulatory Care Pharmacy Practice: The Next Pharmacy Specialty

In November 2008, for the first time since 1992, a petition was submitted to the Board of Pharmaceutical Specialties (BPS) asking that Ambulatory Care Pharmacy Practice be recognized as the next specialty in the profession. The petition was a joint request by three well-known national pharmacy organizations: American Society of Health-System Pharmacists (ASHP), American College of Clinical Pharmacy (ACCP) and American Pharmacists Association (APhA). Aside from being the first petition to BPS in over 15 years, this also marks the first time that the organizations have worked in partnership on a petition.

Currently, the profession of pharmacy has five specialties. These include Nuclear Pharmacy, Nutrition Support Pharmacy, Oncology Pharmacy, Pharmacotherapy, and Psychiatric Pharmacy¹. The addition of a sixth specialty demonstrates how pharmacy is an ever evolving and expanding discipline.

The petition's Executive Summary explains why the addition of Ambulatory Care Pharmacy Practice is the next needed step in optimal patient care. "Within the current healthcare systems, there are serious shortcomings in the safe and effective management of medications taken by patients with multiple, often interrelated, chronic diseases"². Many ambulatory patients' conditions require complex drug therapies with difficult or confusing schedules. Because of this, adherence becomes a concern. "The complexity of treatment regimens requires that patients have access to knowledgeable health professionals who can help manage their medication therapy"². Introducing Ambulatory Care Pharmacy Practice specialists to this dilemma is thought to improve therapeutic outcomes.

To become specialized in Ambulatory Care Pharmacy Practice, you must complete the curriculum for the PharmD degree in addition to one of three options: 1) clinical work experience and self study, 2) PGY1 residency training, clinical work experience, and self study, or 3) PGY1 residency training followed by PGY2 ambulatory care residency training, clinical work experience and self study³.

For the petition to be considered for approval, it must meet seven criteria along with other deciding factors. The initial open hearing on the petition was held on December 9, 2008 at the ASHP Midyear Clinical Meeting, with more hearings that followed in April 2009⁴.

On 16 June 2009, the Board of Pharmaceutical Specialties (BPS) unanimously approved the petition requesting recognition of ambulatory care pharmacy practice making it the sixth specialty.

"This is a crucial decision recognizing the special skills essential to advanced ambulatory care practice," said ASHP Executive Vice President Henri R. Manasse Jr., Ph.D.

BPS said it will now work with the three pharmacist associations to establish a specialty council on ambulatory care pharmacy. Other necessary tasks include defining the details of the certification process for the new specialty and preparing content for the certification exam.

Specialists in ambulatory care pharmacy practice may be able to take the first certification exam in 2011, BPS said. Administration of that first exam depends on having sufficient human and financial resources.

References

- Board of Pharmaceutical Specialties: Current Specialties. Available at <http://www.bpsweb.org/specialties/specialties.cfm>; Accessed June 16, 2009.
- A Petition to the Board of Pharmaceutical Specialties Requesting Recognition of Ambulatory Care Pharmacy Practice as a Specialty: Executive Summary. Available at <http://www.ashp.org/DocLibrary/MemberCenter/ClinicalSpecialistsScientists/AmbCarePetitionExecSummary.aspx> [PDF] p. 2; Accessed June 16, 2009.
- A Petition to the Board of Pharmaceutical Specialties Requesting Recognition of Ambulatory Care Pharmacy Practice as a Specialty: Executive Summary. Available at <http://www.ashp.org/DocLibrary/MemberCenter/ClinicalSpecialistsandScientists/AmbCarePetitionExecSummary.aspx> [PDF] p. 7; Accessed June 16, 2009
- Pharmacy Organizations Partner to Seek Specialty Recognition for Ambulatory Care, Press Release 12/4/2008. Available at <http://www.ashp.org/import/news/pressreleases/pressrelease.aspx?id=501>; Accessed 6/18/09.

— Elizabeth Lin, Pharm.D. Candidate
Hampton University School of Pharmacy

VIRGINIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 2009-10 Board of Directors

<i>President</i> Stephen M. LaHaye Midlothian stephen.lahaye@hcahealthcare.com	<i>Newsletter Editor</i> Carl J. Tullio Yorktown carl.tullio@pfizer.com
<i>President-elect</i> Elsbeth Harp Norfolk ehdessel@sentara.com	<i>VSHP Webmaster</i> Mark P. Chabot Charlottesville mpc3y@virginia.edu
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	<i>VCU Liaison</i> Nancy Yunker Richmond nyunker@vcu.edu

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The Hidden Dangers of Acid Suppressive Therapy given by Leigh Ann Hylton Gravatt, PharmD, BCPS, Internal Medicine Clinical Pharmacist, VCU Health System. Next Jennifer Clements, PharmD, BCPS, Assistant Professor of Pharmacy Practice, Bernard Dunn School of Pharmacy, Shenandoah University enlightened the audience with her discussion of *Prevention and Treatment of Osteoporosis: Application of Guidelines*. Wrapping up the first day's educational program was Deb Saine, MS, RPh, Medication Safety Manager, Winchester Medical Center, who presented *Pharmacy Driving the MAR: Safety Along the Way*.

An evening of 'dinner of your own' followed the day's events. This gave attendees a chance to relax, to bond, and to build memories.

Saturday morning found meeting attendees fresh and ready for another day of interesting lectures. Beginning with Kelly Branham, PharmD, Critical Care Pharmacy Resident, VCU Health System, discussing *Managing Opportunistic Infections in Adults with Human Immunodeficiency Virus [HIV]*, the program was off to a roaring start. This was followed by the always popular *New Drug Update*, presented by the tag team of Lynn Limon, PharmD, and Brian Baird, PharmD, Drug Information Specialist both

from VCU Medical Center. A nationally recognized expert in the field of medication errors, Bruce Gordon, PharmD, Principal Consultant, Premier Pharmacy Program discussed *Anatomy of an Error*. This lecture gave attendees an in-depth look at how errors occur and offered tips for preventing them. *Medication Adherence*, always a timely topic and near and dear to the hearts of all pharmacists, was given by Amy Kennedy, PharmD, Community Practice Pharmacy Resident, VCU School of Pharmacy. The meeting ended with Kathleen DeGregory, PharmD, BCOP, Pharmacy Clinical Specialist Hematology/Oncology, UVA Health System teaching the audience about *Acute Leukemia: An Old Dog with a Few New Tricks*. With these last lectures under their belts and their heads spinning with new knowledge and insights, plus memories of lasting friendships, meeting attendees departed for home. The next gathering for VSHP will be the Fall Seminar, to be held on **October 22-24th, 2009** at the new Marriott Hotel, in the Newport News Town Center. Make your plans early to attend this meeting. The Newport News Town Center is an exciting new area with plenty of upscale shopping and restaurants, all within walking distance.

Board Retreat • continued from 1

- VSHP has developed new strategies to help identify the specific gaps in knowledge or skills or areas for enhancement for our membership.
- VSHP has developed new guidelines to assist our speakers which will require active learning strategies that include the audience in their presentation.

That discussion was followed by the actual ACPE training of the Regional Officers, which is required in order for the local chapters to be able to provide continuing education credit at their chapter meetings. Following the officer training the board gathered for a general brainstorming session that focused on engaging our membership. VSHP wants to get it's members involved and the board developed several strategies focused on outreach and communication. The next issue of Pharmacy News will elaborate on this new plan.

With this task completed, the meeting adjourned. Attendees headed home knowing that their Society was vibrant, alive, and moving in the right direction.

Your Comments Are Needed

The Virginia Board of Pharmacy is seeking comments on the proposed "Standards of Conduct". If you have comments, concerns, questions, etc. please contact the Board of Pharmacy at <http://www.dhp.virginia.gov/Pharmacy/> and click on the "Contact US" bar.

18VAC110-20-25. Unprofessional conduct

The following practices shall constitute unprofessional conduct within the meaning of §54.1-3316 of the Code of Virginia:

1. Failing to comply with provision of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records or related to provision of patient records to another practitioner or to the patient or his personal representative;
2. Willfully or negligently breaching the confidentiality of a patient, unless otherwise required or permitted by applicable law;
3. Failing to maintain confidentiality of information received for the Prescription Monitoring Program, obtaining such information for reasons other than to assist in determining the validity of a prescription to be filled, or misusing information received from the program;
4. Engaging in disruptive or abusive behavior in a pharmacy or other health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient;
5. Engaging or attempting to engage in a relationship with a patient that constitutes a professional boundary violation in which the practitioner uses his professional position to take advantage of a vulnerability of a patient or his family, including but not limited to sexual misconduct with a patient, or other conduct that results or could result in personal gain at the expense of the patient;
6. Failing to maintain adequate safeguards against diversion of controlled substances;
7. Failing to appropriately respond to a known dispensing error in a manner that protects the health and safety of the patient;
8. Delegating a task within the practice of pharmacy to a person who is not adequately trained to perform such a task;
9. Failing by the PIC to ensure that pharmacy interns and pharmacy technicians working in the pharmacy are registered, and that such registration is current;
10. Failing to exercise professional judgment in determining whether a prescription meets requirements of law before dispensing.

Cardiovascular Disease Prevention, Where Do We Go Now? Interpretation of CRP

The current National Cholesterol Education Program guidelines and update identify cigarette smoking, hypertension, low HDL-C, and high LDL-C as significant modifiable cardiovascular risk factors¹. In recent years, growing evidence has suggested C-reactive protein (CRP) to be a potential modifiable emerging risk factor in coronary heart disease (CHD)². The JUPITER Trial adds to the body of literature regarding the validity of CRP as a risk factor. This factor revolutionizes clinical practice by identifying the risk leading to myocardial infarction, stroke, and cardiac mortality among apparently healthy patients with no history of atherosclerosis but with elevated highly sensitive CRP (hs-CRP), defined as 2 mg/L or higher.

In 1930, CRP was observed in individuals infected with pneumonia due to a precipitate formed with the C-polysaccharide fraction of *S. pneumoniae*. Much later, CRP became recognized as an acute-phase reactant derived from the liver and found in the blood during an inflammatory process, bacterial/viral infection, malignancy, or MI. The protein is typically absent in healthy individuals³. CRP appears in the blood 18 to 24 hours after the onset of tissue damage with levels that increase up to 1,000-fold and then decline rapidly when the inflammatory process subsides³. The casual relationship between CRP and CHD has been linked by the understanding of atherosclerosis as a chronic inflammatory disease caused by the accumulation of oxidized LDL-C and subsequent plaque formation.

The traditional test for CRP has a wide reportable range of 3, which corresponds to the 90th percentile of the general population, to 200 mg/L. However, the CRP assay lacks sensitivity within the low to normal range and is therefore not effective for determining the risk of CHD in healthy individuals. To improve the sensitivity and reproducibility of CRP measurements, hs-CRP assays were developed. An hs-CRP assay detects variations in levels of less than 1 mg/L. At these low levels, previously categorized as normal in a traditional assay, hs-CRP can be used to detect persons at risk for a plaque to become unstable and rupture. The relative risk of future cardiovascular events is low in those with hs-CRP levels less than 1

mg/L, average in those with hs-CRP of 1 to 3 mg/L, and high in those with hs-CRP greater than 3 mg/L³. HS-CRP testing is not recommended in patients who have had an acute illness, rheumatoid arthritis, or lupus because CRP levels are usually high in these patients⁴.

Previous controlled trials AFCAPS/ TexCAPS, REVERSAL, and PROVE IT show strong evidence that lowering CRP levels with a statin drug is associated with improved outcomes and lower cardiac event rates in patients with low to average LDL-C levels³. The American Heart Association has stated that hs-CRP is best used to facilitate decision making in persons whose estimated 10-year coronary disease risk according to the Framingham Risk Score is in the range of 10-20%⁵. Sole use of hs-CRP, however, is not recommended to guide dyslipidemia treatment decisions⁵.

The JUPITER trial suggests hs-CRP can assist as a primary preventative marker in reducing MI, stroke, and arterial revascularization. However, the study raised questions as to whether the reduced risk of events was due to a reduction in inflammation, an intensive reduction in LDL, or both. Until further evidence, practitioners should continue making decisions regarding lipid therapy using LDL-C as the primary target.

¹ National Cholesterol Education Program Expert Panel. Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). NIH; 2002

² Lee M, ed. Basic Skills in Interpreting Laboratory Data. Third Edition. Bethesda MD: ASHP; 2004

³ Maron DJ, Ridker PM, Grundy SM, Pearson, TA. Preventive Strategies for Coronary Heart Disease. In: Fuster V, ed. Hurst's the Heart. McGraw-Hill Professional; 2007: Chapter 51

⁴ Brasier AR, Recinos A, Eledrisi MS. Vascular inflammation as a cardiovascular risk factor. In: Runge MS, ed. Principles of Molecular Cardiology. Springer; 2005: Chapter 32

⁵ Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: a statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. *Circulation*. 2003; 107; 499-511

Bernard J. Dunn, Jr.

One of Shenandoah University's most generous benefactors has died. **Bernard J. Dunn Jr.** of Reston died of natural causes in Inova Fairfax Hospital. He was 84. He established a \$10 million endowment in 1998 for SU's pharmacy school, which is named for his father, Bernard J. Dunn. The younger Dunn's gift was the largest single contribution to Shenandoah University in its 134 year history. Shenandoah University President Tracy Fitzsimmons sent an e-mail to the entire school community shortly after Dunn's death. She praised his dedication to the Bernard J. Dunn School of Pharmacy. "He was a frequent visitor to our pharmacy school and also very much enjoyed Conservatory performances," Fitzsimmons wrote. "I never saw him talk about Shenandoah University without a twinkle appearing in his eyes; he very much believed in SU's mission and took great pleasure in meeting our students."

The pharmacy school opened in 1996, but Dunn's donation two years later allowed it to expand. In addition to his donations to the pharmacy school, Dunn served on Shenandoah's Board of Trustees from 1992 until his death. "He had very, very broad philanthropic and intellectual interests," said Stan Harrison, a long-time friend of Dunn. Harrison knew Dunn for 41 years and said his "cordial" nature and general knowledge made him accessible to everyone. "He was very much interested in working with youth. He could sit down and talk with you about any subject." Dunn earned his undergraduate degree and doctorate in physics at Fordham University and his master's degree in physics at Columbia University. In 2004, he was awarded an honorary doctor of science degree from Shenandoah University. The widow of Bernard J. Dunn Jr. has requested that memorials be made to the pharmacy school's Dr. Bernard J. Dunn Student Scholarship and Emergency Fund, 1460 University Drive, Winchester, Va. 22601.

2009 FALL SEMINAR

Save the Date
October 22-24

Marriott Newport News at City Center
740 Town Center Drive

Some of Our Topics Include:

Pandemic Flu

Pharmacogenomics

Generalized Anxiety and Depression

Post Traumatic Stress Disorder in Veterans

Clinical Pearls

Atrial Fibrillation

An Inspirational Talk from Reader's Digest Hero of the Year

Featuring:

2009 Annual Awards Banquet

Clinical Skills Competition

Technician Forum

Residency Forum

Silent Auction

Visit our Web Site after August 7 at www.vshp.org for more information.

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Name _____
(First) (MI) (Last) (Jr/Sr/III)

Address _____
(Street Address) (Apt. #)

(City) (State) (Zip Code plus four)

Home Phone Number (____) _____ Email Address _____

Date of Birth ____/____/____ Year of Graduation _____ Sex: M / F
(MO) (DA) (YR)

Recruited By _____ Credentials (BCPS, CDE, etc.): _____

Practice Site

Name _____
(Name of Practice Site)

Address _____
(Street Address) (Suite)

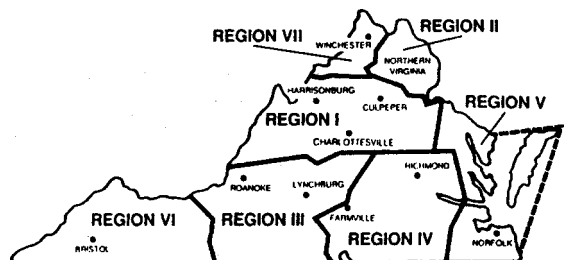
(City) (State) (Zip Code plus four)

Phone (____) _____ Fax (____) _____ Email _____

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Membership

<p>Membership Category <small>(please select one)</small></p> <p><input type="checkbox"/> Active \$ 95.00</p> <p><input type="checkbox"/> Joint* \$150.00</p> <p><input type="checkbox"/> Associate \$ 95.00</p> <p><input type="checkbox"/> New Practitioner \$ 95.00 (2 Year Memb)</p> <p><input type="checkbox"/> Resident/Fellow \$ 35.00</p> <p><input type="checkbox"/> Technician \$ 25.00</p> <p><input type="checkbox"/> Retired \$ 25.00</p> <p><input type="checkbox"/> Student* \$ 10.00</p> <p>Anticipated year of graduation: _____</p>	<p>Local Chapter <small>(please select one)</small></p> <p><input type="checkbox"/> Region 1</p> <p><input type="checkbox"/> Region 2</p> <p><input type="checkbox"/> Region 3</p> <p><input type="checkbox"/> Region 4</p> <p><input type="checkbox"/> Region 5</p> <p><input type="checkbox"/> Region 6</p> <p><input type="checkbox"/> Region 7</p> <p><input type="checkbox"/> Region 8 (Students)</p>
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*If applying for joint membership, please complete an application form for self and spouse. If applying for student membership, please include a photocopy of current student I.D.

Send completed application and check made payable to VSHP to P.O. Box 2567, Fairfax, VA 22031-2567.

Member News

On January 31, 2009, **Patricia and Frank Fulco** became the proud parents of Paolo Frank Fulco, born at 9:37a.m. and weighing 6 lbs 2 oz, measuring 18 inches long and Sophia Josephina Fulco, born at 9:38 am weighing 5 lbs 8oz, measuring 17 inches long. Mother and children are doing well. The father is finally settling down.

From Carilion Health System: **Clara Anne's** daughter, Lauren, had a little girl. The granddaughters name is Lillian Elizabeth and she is 9lbs 7 oz. Clara Anne was Region III president in 2006 and has been a VSHP member for many years. Her position at Carilion is the Pharmacy Contracting Specialist (unless it changed recently), and she is often the point person involved in many strategic change projects. Rumor has it that this is her first grandchild.

VSHP member, **Douglas G. Holroyd**, Director of Pharmacy, Augusta Medical Center, Fisherville, VA, was selected to attend ASHP's Leadership Institute.

Deb Saine, Medication Safety Manager, Winchester Medical Center, is the Editor of a book recently published by ASHP. The book, ASHP's Safety and Quality Pearls 2, is a compilation of 17 original presentations given at the 2007 and 2008 mid-years. Each example outlines a creative approach to improving patient safety and quality of care in health systems.

ASHP Committee Appointees

The following VSHP members were recently appointed to the following national level positions within ASHP:

Janet Silvester (Vice-Chair)
Commission on Goals

Deborah Saine (Vice-Chair)
Council on Pharmacy Practice

Michelle McCarthy
Commission on Credentialing

Stephen LaHaye
Membership Development

ACIP Now Recommends Four Vaccinations After Rabies Exposure

"People exposed to rabies need only four vaccinations...a vaccine advisory committee said recently." Before the 1970s, "an encounter with a rabid animal led to at least 14 shots in the abdomen." Since then, however, vaccines have since improved, with "five shots in the arm or thigh" having "been the US standard for more than 20 years." But, "after hearing that out of 20,000 to 40,000 Americans exposed to rabies each year, an estimated 1,000 get only three or four shots, and none of them have developed rabies," the Advisory Committee on Immunization Practices (ACIP) decided to revisit the guideline.

The advisory panel, which passed its suggestions to the CDC, said they were inspired to do away with the last shot because companies who supply the vaccine experienced some manufacturing issues throughout 2007 and 2008, leading to a shortage that lasted until earlier this year.

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