

Volume 1, Issue 3

April 2016

NYS-ACCP Insider



University at Buffalo School of Pharmacy and Pharmaceutical Sciences

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- NYS-ACCP officers
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UBSPPS-ACCP Student Chapter Highlights

The current chapter of ACCP at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UBSPPS) was started in the Spring of 2015 and recognized as an official student chapter in August of 2015. One of the main aims of our organization is to expose students to opportunities that exist for clinical pharmacists and to provide opportunities for students to improve their clinical skills and to spark an interest in areas such as research and academia.

In our inaugural year on campus we have initiated novel programs to engage students in activities that supplement what we are learning in class and build skills that are expected of clinical pharmacist. Among these activities is our Clinical Pearls Podcast series started last fall. For this project, interested members investigate a clinical topic or new drug and put together a podcast presentation that is posted on our chapter's website. Oversight for these presentations is provided by faculty at UB SPPS specific to clinical practice areas. Another project started this year was a journal club where our members identify important new research articles and meet to review the results and discuss how it will potentially impact clinical practice. Links to both of these are available below and we invite you to take a look. (See Web Links).

In terms of community outreach, our chapter participated in a joint brown Bag Wellness Clinic at a local Senior Center with members of the D'Youville College of Pharmacy student chapter of ACCP. At this event students help provide medication reviews for seniors to try and promote safe and appropriate medication use and to promote medication adherence. We have also formed a Fundraising and Outreach Committee which will identify and execute our philanthropic efforts going forward.

This Spring we started our Clinical Pharmacy Challenge (CPC) series. In this competition, students form teams of three and participate in a competition based on the ACCP Clinical Pharmacy Challenge. Our competition includes the same set up with trivia lightning, clinical case and jeopardy style rounds. This competition is designed to prepare students who are interested in competing in ACCP's competition the following Fall as well as a way to have fun and learn something new.

The last of our initiatives we have been able to implement in our inaugural year returning to campus was a Dinner and Discussion meeting. In our upcoming meeting on April 7th we will have the pleasure of having Dr. Brian Kersten, from Buffalo General Medical Center joining us to review advanced medical ICU case and discuss the role of a clinical pharmacist in this setting. The Dinner and Discussion program is planned to become a recurring series on a monthly basis.

-Collin Clark, PharmD Candidate: UBSPPS Class of 2017, SCCP President

Meet our NYS-ACCP Officers



Current President: Kate P. Cabral, PharmD, BCPS, CACP

Kate Cabral earned her Doctor of Pharmacy degree from Northeastern University in Boston, Massachusetts in 2004. She completed a Pharmacy Practice Residency, as well as a Cardiology Specialty Residency, at Boston Medical Center. She then practiced as a Clinical Pharmacy Specialist in cardiology/anticoagulation at Boston Medical Center and Maine Medical Center, for which she was responsible for developing and implementing inpatient anticoagulation services.

Dr. Cabral is a board-certified pharmacotherapy specialist.

Currently, she is an Assistant Professor of Pharmacy Practice at Albany College of Pharmacy and Health Sciences in Albany, NY. Dr. Cabral currently maintains a clinical practice with the cardiology services at Albany Medical Center and her didactic responsibilities at ACPHS include cardiovascular and antithrombotic topics. Dr. Cabral has authored several articles on anticoagulant-related topics and has served as an invited speaker nationally, including at ACCP Annual Meetings, on optimizing anticoagulant therapy in acute coronary syndromes and in the prevention and treatment of venous thromboembolism. She also serves as co-advisor to the Student Chapter of ACCP at Albany College of Pharmacy and Health Sciences.

President-Elect: Nicholas Norgard, PharmD, BCPS

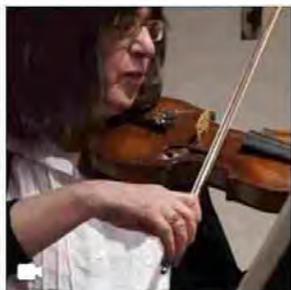
Nicholas Norgard earned his PharmD from the University of Nebraska. He has had several publications and is very active in his research in cardiology. He was awarded the NYS-ACCP Educator of the Year in 2015 and Pharmacy Practice Faculty Preceptor of the Year in 2011. He is currently a Clinical Assistant Professor of Pharmacy Practice at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences.



Secretary/Treasurer: Amanda Winans, PharmD, BCPS, CACP

Amanda McFee Winans earned her PharmD in 2007, graduating from Albany College of Pharmacy. She completed a postgraduate Pharmacy Practice Residency with an emphasis in Pain and Palliative Care at Bassett Medical Center in Cooperstown, New York. Dr. Winans currently serves as the primary pharmacist clinician of the outreach Anticoagulation Management Service at Bassett Healthcare, caring for cardiology and cancer patients alike. She continues to support the pain and palliative care practice at Bassett Medical Center through the Pain Management Committee and related quality improvement initiatives.

Dr. Winans holds adjunct faculty appointments with multiple Colleges of Pharmacy and holds Clinical Faculty appointment in Pharmacology at Columbia University College of Physicians and Surgeons. She has authored and contributed to numerous peer-reviewed manuscripts related to anticoagulation, and pain and symptom management. Dr. Winans currently serves as Secretary/Treasurer of the New York State Chapter of the American College of Clinical Pharmacy (ACCP), and is immediate Past-Chair of the Pain and Palliative Care Practice and Research Network of ACCP.



Communications Officer: Roberta Schnur, RPh

Roberta Schnur grew up on a farm in central New Jersey, went to public schools in the then rural local area, and received a BS degree from Rutgers University College of Pharmacy in 1961. She practiced as a pharmacist for more than 15 years in community, manufacturing, hospital, and insurance adjudication settings, and spent more than 35 years working with computers as a systems analyst, designer and developer. She returned to practice in 2008 and currently serves the healthcare provider community through the World Professional Association for

Transgender Health. Roberta is Communications Officer and Website Administrator for the New York State Chapter of the American College of Clinical Pharmacy, a member of the national ACCP, and is active in the New York City Medical Reserve Corps and New York City Radiological Reserve Corps.

Past-President: Katherine Juba, PharmD, BCPS

Kate Juba is the current NYS ACCP past president. She received her PharmD from the University of Buffalo (UB) in 2005 and completed a pharmacy practice residency at UB/Niagara Hospice in 2006. After her residency she was a pain and palliative care clinical pharmacy specialist for three years at Suncoast Hospice in Clearwater/St. Petersburg, FL. She joined the Wegmans School of Pharmacy in November of 2009. Her teaching site for third and fourth year pharmacy students is with the palliative care team and pharmacy pain consult service at the University of Rochester Medical Center (URMC)-Strong Memorial Hospital.



Outgoing Past-President: Kelly M. Rudd, PharmD, BCPS, CACP

Dr. Rudd serves as the Network Coordinator of Anticoagulation Services, Clinical Pharmacy Service Coordinator, and as a Clinical Pharmacy Specialist focusing in Anticoagulation at Bassett Medical Center in Cooperstown, New York, an Anticoagulation Center of Excellence. Dr. Rudd also holds appointment as Adjunct Professor of Medicine of Columbia University. She holds Board Certification in Pharmacotherapy and is credentialed as a Certified Anticoagulation Care Provider.

Dr. Rudd is the primary clinician in Bassett Medical Center's Anticoagulation Management Service. Her interdisciplinary team provides care for over nearly 1,000 anticoagulated patients, under Collaborative Drug Therapy Management agreements with Internal Medicine, Cardiology, Cardiac Surgery and Hematology/Oncology providers. She also is a clinical partner in Hematology and Peri-operative Care Consultations and patient management. The US Department of Health and Human Services honored Dr. Rudd with the Life Saving Patent Safety Award in 2013 for her work in Anticoagulation Safety. IPRO, the Centers for Medicare and Medicaid Services Quality Improvement Organization for the Northeast region, has also recognized Dr. Rudd's Anticoagulation Management Network as the 2014 award recipient for Sustained Excellence in Improving Patient Outcomes and Safety.

Dr. Rudd also serves IPRO as a member of their Anticoagulation Coalition Advisory Panel, comprised of several national experts in anticoagulation therapy management. Dr. Rudd was honored in 2010 as the NYS-ACCP Researcher of the Year for her work in anticoagulation safety and outcomes, and has published in and regularly reviews for a number of national and international journals on the same.

Clinical Spotlight: Kimberly Mulcahy PharmD, BCPS

PGY-2 Resident at the Buffalo Psychiatric Center



What made you interested in Clinical Pharmacy?

Before I started pharmacy school, I honestly was not aware that there were so many opportunities as a pharmacist, I just knew I had wanted to enter the medical field but I did not have the stomach to survive medical school without being as green as the Grinch. Shortly into pharmacy school was when I realized all the different avenues there were to pursue. I specifically was drawn to psychiatry because I find the brain amazing. It is absolutely mind-boggling how delicate of a machine it is. I love that there's truly no "guideline" for managing a lot of conditions (i.e. there's not a JNC-8-equivalent for depression) and a lot of it is more of an art, especially with treatment resistant patients. Whether you admit it or not, everyone has been affected by mental illness in one way or another, and yet there is still so much stigma associated with it. By pursuing a clinical position, I hope to not only become a great healthcare provider, but also a voice for the millions of people who cannot advocate for themselves.

Did you have a mentor whom you looked up to or went to for advice?

I had a few professors as mentors in pharmacy school: two of which were psychiatric pharmacists (surprise!) and another in ambulatory care. The two psychiatric pharmacists helped guide me throughout the psychiatry world of pharmacy (poster presentations at clinical meetings, helping me with my residency pursuits, etc.), and the ambulatory care professor helped me grow as a person and always helped me see pharmacy as a whole (not just the niche I was interested in). I still talk to all three of them regularly and make sure whenever I'm back home or at a clinical meeting I meet up with them.

What were you involved with during your college years?

I was a member of Student Society of Health Systems Pharmacy, College of Psychiatric and Neurologic Pharmacists, American Association of Pharmaceutical Sciences, and my school's interprofessional organization. However, I was predominately involved in Lambda Kappa Sigma, and I'm most proud of creating our organization's relationship with a local group home for women recovering from substance use and emotional/physical abuse. Currently, I still remained part of CPNP and ASHP, but have been pursuing more leadership roles. I also joined ACCP at the beginning of my residency as well as local New York pharmacy association chapters.

What is your current practice/role?

I am the PGY2 Psychiatric Pharmacy resident at the Buffalo Psychiatric Center of the Office of Mental Health for the state of New York. I round with psychiatrists, physicians, and other members of an interdisciplinary team, visit patients at their homes or group homes as part of the Assertive Community Treatment (ACT) team, provide admission and discharge medication reconciliations, lead patient medication education groups, and precept IPPE and APPE students for UB and co-precept D'Youville students. I always have a myriad of active research projects (and if anyone is looking for any extra experience with that they should reach out to me!).

How do you stay current on all of the updated guidelines, treatment options, and medications?

Precepting kind of forces you to make sure you're on your A-game (you don't want to misinform students!) so I'm always looking through journal articles. I have a few subscriptions to different journals, but I also learn a lot from current CE's, maintaining my BCPS, and resident journal clubs.

What advice would you give a pharmacy student interested in pursuing a clinical pharmacy career?

Before you pigeon-hole yourself in something, make sure you explore other possible clinical specialties as well! It is normal to feel like you have a passion in one particular area (especially if you aced a test in that subject), but pharmacy school and rotations are your time to see as much as you can, and don't sell yourself short on all that you can do.

-Interviewed by Megan Skelly, PharmD Candidate: UBSPPS Class of 2017, ACCP P3 Liaison

NYS Legislation: UBSPPS Pharmacy Students advocate to vaccinate

Imagine the first time administering a flu shot to a patient, as a newly licensed pharmacist, with only one day of practice, on an orange. Do you feel 100% confident giving this immunization? If you answered no, you're not alone. Unfortunately, this is all too familiar for graduating pharmacy students in New York State. NYS is one of 8 states that does not allow its pharmacy students to administer immunizations as licensed interns, although they receive the same education and training as the 42 states that do allow students to immunize. For example, Rhode Island and North Carolina have students trained to vaccinate in the fall semester of P1 year, allowing for more than 3 years of practice under the supervision of an immunization licensed pharmacist. Students will gain the advantages of receiving feedback from their supervisors for several years and will have repeated practice on real patients, in order to further develop their skill set and confidence administering vaccinations.

So, what can we do to speed things up in NYS?

Advocate! With help from local organizations like the Pharmacists Association of Western New York and the state organization-the Pharmacists Society of the State of New York, students can play a crucial role in expanding the experiences they're involved in. Currently, the UB student chapter of PSSNY (SPSSNY) is involved with drafting a "Students as Immunizers" resolution, which can be presented during the House of Delegates at the annual meeting. If accepted, the legislative process can begin with the end goal of reaching the Office of Higher Education. We still have a long road ahead, so get out there, get involved, and lobby for our future!

-Ali Scrimenti, PharmD Candidate: UBSPPS Class of 2017

"Phundamentals" #1

A disclaimer: since 7th grade, 7 years after the assassination of President Kennedy, I maintain my interest in journalism. In fact it was my initial career choice but I fortunately received EXCELLENT advice two years later from the teacher of my elective course in journalism: "journalists are becoming a dime-a-dozen, pursue another career!" As a result the continuous inner conflict between this admiration of journalism and the horror experienced daily from reading what masquerades as such may bias this column.

Having stuck my neck out to offer praise to our colleagues who assembled the initial issue of our quarterly newsletter I was promptly summoned to prepare a submission for this issue. I am willing to do so and will continue to as long as readers find it to be of value. The overarching theme is a nod to my high school baseball coach: "Your success will always come down to fundamentals son." This statement rings true not only in sports, but in most aspects of life. For this column I will try to limit my comments to pharmacy, hence "Ph-undamentals".

Many, not all, pharmacy organizations have evolved into big businesses over the span of my career. One fundamental purpose of a pharmacy organization has been to act as a conduit for communication of vital information to and between its members. The first organization I joined as a student, SAPHa, deluged me with 2-4 page (printed) newsletters biweekly from both the state & national group as well as a monthly glossy journal. Like a sponge I would pour over the contents to learn about all things pharmacy. This became normative and increased the contents of my mailbox as I joined additional organizations, most beginning with the letter "A". Then the internet happened.

This electronic disruption has created a paradox where so much information is available literally at one fingertips yet so little gets communicated. Many organizations have "saved their budgets" by either significantly reducing or discontinuing the mailing of print newsletters and many did NOT proceed with electronic news sent via email. As a result rank-and-file members lost touch with the organization and many seem to view them as "businesses" that provide a product (i.e. "CE"). This is a serious problem and a breach of the basic fundamental noted above. It is SO GOOD that our colleagues have chosen to publish this newsletter. I encourage every member to READ it, WRITE to contribute and participate in OUR organization so that we can not only improve our individual professional practice but also that of our peers across NY State.

In the interlude before the next newsletter, perhaps someone can share their techniques for sorting through emails that we likely more often than not put aside to read when we "can get to it". At least when I had many stacks of unread journals and newsletters gracing every possible space of my office desk and floor both at work and at home, I had an automatic means of prioritizing them by skimming the table of contents. Your thoughts, ideas concerning other fundamentals of pharmacy practice can be shared with szypharm1980@gmail.com.

-Gregory Szymaniak BSc, PharmD, BCACP

UBSPPS-SCCP Podcast Series

Here at UB's chapter of ACCP we've been trying to get students involved to striving towards excellence not only inside the classroom, but to also look beyond what is projected to them in 90 minute classes since the area of pharmacy is ever-evolving and filled with constant change. We have therefore started what we call our Clinical Podcast Series, which gives students the opportunity to research new and exciting topics/drugs in the field of pharmacy that may not be covered in their therapeutics classes or that they find personally interesting.

In the beginning of the semester we determine how many students we have interested in completing a podcast and we space them out evenly over the three months of the semester. Each podcast runs for approximately five minutes and once completed is posted on our organization's website (sccpbuffalo.wix.com/ubsccp). An email is sent out to the entire school listserv directing them to the newly uploaded file.

So far we've had a half dozen completed and posted podcasts, and have several more in the works for this upcoming semester as well as next year. We hope that by creating this program, we can sustain a program that allows students to help other students to learn more. We also believe that by completing one of these podcasts, it will allow our students to understand how to thoroughly research a topic and professionally present it (something that they can take with them to a practice site). Students can then use this audio clip on formal interviews or as CV documentation to showcase their skills to an interviewer or residency program rather than simply talk about them.

—Robert Bennett, PharmD Candidate: UBSPPS Class of 2018

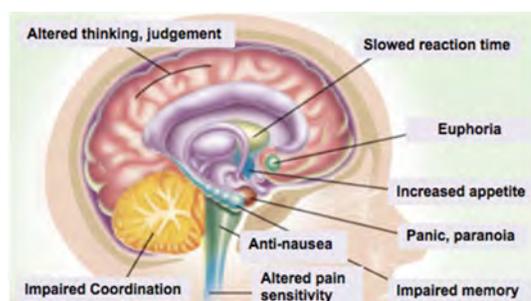
UBSPPS-SCCP Podcast Series: Geriatrics & Medical Marijuana

Who, What, Where, When, and Why?

Who: As of February 16, 2016: 393 physicians have registered for the NYS Medical Marijuana Program, and 921 patients have been certified by their doctors. This was a big jump from less than a month ago when Megan Skelly and Elisa Torres, PharmD Candidates of 2017 conducted a UB SCCP podcast regarding Medical Marijuana use in the elderly where only 306 physicians and 465 patients were registered.

What: Medical marijuana has a variety of indications for use. Common uses in the geriatric population include cancer, muscle spasticity, glaucoma, pain and nausea. Epilepsy and seizures are common indications for medical marijuana; however, its use is limited in the elderly due to its safety and efficacy profile, as compared to the pediatric population.

Where: Cannabis induces multiple neurologic effects. Positive effects include anti-nausea, increased appetite, and altered pain sensitivity. On the other hand, negative effects include altered thinking, paranoia, euphoria, impaired coordination and memory deficits, which can pose problems in the elderly population. Drug interactions should be considered when prescribing medical marijuana. THC is a substrate of CYP3A4 and 2C19 which are common enzymes in drug metabolism.



When: In July of 2014, Governor Cuomo and the New York State Legislature enacted the Compassionate Care Act to provide a comprehensive, safe and effective medical marijuana program that meets the needs of New Yorkers.

Why: The psychoactive and lipophilic properties of cannabis has a longer half life of about 7 days in the oral formulation compared to the inhaled route which has a half life of 18 hours. We should then be mindful of these effects when treating geriatric patients specifically. Although marijuana has been found to induce sleep, it is not a safe therapeutic alternative because of alterations to sleep architecture causing more daytime drowsiness. Chronic exposure of marijuana has also shown neuropsychological decline from childhood to midlife with reductions in cerebral

blood flow and enhance dopaminergic neurotransmission. This is very concerning in the elderly due to the induction of psychosis, disruption of long-term memory, and possible cognitive decline which may exacerbate conditions like Alzheimer's and Parkinson's. In general, the acute symptoms such as euphoria, sedation, impaired judgement, panic/anxiety attacks, and psychosis are an important factor to consider in the elderly due to the impact it can have on older patients' falls risk. Prescribers should evaluate the risk versus benefit when prescribing marijuana for the elderly due to the safety issues that entail.

—Elisa Torres and Megan Skelly, PharmD Candidates: UBSPPS Class of 2017

A special thanks to:

University at Buffalo School of Pharmacy and Pharmaceutical Sciences—Student ACCP Chapter
Megan Skelly, PharmD Candidate: UBSPPS Class of 2017, UBSPPS-ACCP P3 Liaison, editor
Stephanie Lombardi, PharmD Candidate: ACPHS Class of 2018, layout, design, & graphics

Questions? Please contact:
Amanda Winans, PharmD.,
NYS-ACCP Treasurer
amanda.winans@bassett.org

