



UNIVERSITY POINT OF CONTACT NEWSLETTER

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USPHS Pharmacists in the 2014/2015 Ebola Response submitted by LCDR Stephanie Daniels

The Ebola outbreak in West Africa has claimed over 10,000 lives and sickened nearly 30,000 people since it began in a small village in Guinea over a year ago. In October 2014, President Obama declared the Ebola epidemic to be a “national security priority”, and called on the USPHS Commissioned Corps to protect the American public. The Corps Ebola Response Commander, RADM Scott Giberson, knew that the best way to fight the outbreak was to contain it at its source, and spearheaded the plan for an Ebola Treatment unit in Liberia staffed by Commissioned Corps officers. . The Monrovia Medical Unit (MMU), a 25-bed field hospital, was constructed by the U.S. government as a unique Ebola Treatment Unit (ETU) designed to provide high level care specifically for healthcare responders who were infected with Ebola virus disease (EVD). It was the only U.S. Government-run ETU and was one of the most advanced treatment facilities in all of Liberia. The primary mission of the MMU was not just to treat EVD patients, but to serve as a force multiplier for the local and international aid community. Prior to the existence of the MMU, healthcare workers who were infected were not guaranteed a bed in even their own ETU’s due to the overwhelming severity of the outbreak, and more than 120 physicians and nurses had died by August 2014. The very presence of the MMU ensured that all healthcare workers had a place to go, which helped rebuild confidence and served as a springboard for the expansion and adequate staffing of ETUs throughout the country.



MMU Team 4 Pharmacists, from left: LT Kemi Asante, LCDR Stephanie Daniels, LCDR Kimberly Andrews, LCDR Joshua Wireman, LCDR Celestina Arowosegbe

Between October 2014 and May 2015, the USPHS Commissioned Corps sent four teams of approximately 70 officers each to staff the MMU. Each MMU team began their deployment at FEMA’s Center for Domestic Preparedness in Anniston, AL, where they spent a week learning how to come together as a team, properly don and doff personal protective equipment, and construct and operate an ETU, Pharmacists served on each MMU team, both in clinical roles and in other support functions, from safety officers to public information chiefs.



LCDRs Andrews and Wireman inspect the MMU pharmacy inventory.

I served with the MMU from March 6th through April 30th, 2015. I was initially deployed to

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serve as a clinical pharmacist, but the pharmacy team had enough depth that I was primarily needed with the safety team in “doffing”. Doffing encompasses the entire procedure of safely decontaminating and removing personal protective equipment (PPE). The MMU’s doffing procedure counted 27 steps, each of which had to be performed in exact order and with great attention to detail to ensure that officers minimized their chances of contact with the potentially deadly infectious material. Doffing



LCDR Daniels and LCDR John Mastalski decontaminate and doff LCDR Mark Scheckelhoff and CDR Alex Brenner.

coaches were responsible for spraying each officer leaving the “hot zone” with chlorine spray to inactivate virus particles on their PPE, as well as coaching them through each step of the removal process. If I had a nickel for every time I said “Now wash your hands again”, I’d probably have a house in Malibu. Doffing was considered to be one of the most punishing environments for wearing PPE, as the area had to be opened to the African air to allow for adequate ventilation of the chlorine spray—my hands would usually be sloshing in my gloves by the time I was finished. Being a doffing coach was one of the hardest and most stressful things I’ve ever done, but it was really rewarding to know that my team members were safe because of the contributions I made.

Liberia began to approach Ebola-free status at the beginning of April, and after our last

two patients were discharged, the MMU was transitioned into closing mode. We began to refocus our mission on helping to rebuild the capacity of the existing healthcare system through transition of our equipment and training of local healthcare workers. I helped my fellow pharmacists inventory and pack the pharmacy cache for transfer to the Liberian Ministry of Health, and worked with LCDR Tiffany Moore, LCDR Pieter Van Horn, and LT Dan Quist to train

the staff at ELWA Hospital on BLS and ACLS. LCDR Moore and I pieced together a functional CPR mannequin out of PPE items that were set aside for training use, and it was incredibly inspiring to see our Liberian colleagues embrace the lifesaving principles of CPR and AED use.

The MMU was officially closed on April 30, 2015, in a ceremony attended by the MMU’s Ebola Survivors, the President of Liberia, Ellen Johnson Sirleaf, the US Ambassador to Liberia, Deborah Malic, and the US Surgeon General, VADM Vivek Murthy. Liberia was officially declared Ebola-free on May 9, 2015, less than 10 days after the conclusion of the MMU mission. This victory was due in no small part to the incredible efforts of the USPHS officers across all four MMU teams.

This deployment was one of the most challenging, gratifying, humbling, and rewarding experiences of my life, and every sacrifice I made was well worth it. It would not have been possible without the support of the officers who remained at home, and I hope to pay forward all of the sacrifices that others have made on my behalf so that I could come home a better officer and person.



LT Kemi Asante inspects LCDR Ranjodh Gill’s PPE to make sure there are no gaps.

Editor’s Note:

Welcome to the Spring/Summer 2015 edition of the UPOC Newsletter! The UPOC newsletter has served as a gateway for pharmacy students to learn about the roles and activities of USPHS officers as well as for UPOC officers to share their recruitment activities. I work with a very talented group of officers who are striving to make this newsletter as relevant to pharmacy student issues as possible.

Now that you’re on break, it’s time to think about pursuing COSTEP positions, which are due Dec 31st! In this issue, you will find pertinent information regarding Junior and Senior COSTEPS in our COSTEP Corner and an interview with a SRCOSTEP from the BOP. Keep this issue as a resource come rotations and residency time.

We hope you find this edition enjoyable and informative. As always, we welcome your comments and suggestions.

Yours sincerely,

LCDR Honeylit Cueco, PharmD

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<http://www.usphs.gov/corpslinks/pharmacy>

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50th Annual USPHS Commissioned Officers Foundation (COF) Scientific and Training Symposium submitted by LCDR Matthew Duff

The United States Public Health Service Commissioned Officers' Foundation hosted its 50th annual Scientific and Training Symposium in Atlanta, GA last week to a record attendance of USPHS officers, federal, state, and local health officials, and students. The symposium is a great opportunity to get continuing education credits, network with public health colleagues, participate in community service, and have a good time! This year's conference was the first that I have ever attended, and I had such a great experience that I found myself regretting that I hadn't gone sooner. **Students are able to attend the USPHS Symposium free of charge, which is an incredible deal, especially if the conference will be in your local area.**

Highlights from the conference included the opening plenary session lecture given by our recently appointed 19th Surgeon General, Vice Admiral Vivek Murthy, and the closing lecture given by the Acting Assistant Secretary for Health, Dr. Karen DeSalvo.



CAPT Dan Beck receives an Honorary Pharmacist award from Pharmacy Chief Professional Officer, RADM Pamela Schweitzer.

The Ebola outbreak and the USPHS response to it were also featured heavily throughout the symposium. It was particularly moving to hear the first-hand experiences of several pharmacy officers who were part of the Team 1 deployment to Liberia, during the discussion panel on Ebola on pharmacy category day. These are truly amazing individuals and they provided an invaluable service to our country and the world.

There were several opportunities to volunteer during the Symposium. I volunteered for the JOAG Uniform Inspection Booth, which consisted of staffing a booth in the exhibition hall where officers could stop by to ask any questions they had regarding uniform wear and also provided head-to-toe inspections of uniforms to ensure the officer is wearing the uniform appropriately per regulations. Without a doubt the best part of attending the symposium was socializing with fellow officers and public health employees. It was great to meet new friends and to catch up with friends and associates that I hadn't seen in years. There are always several opportunities to socialize, including the Category Day Social and the Joint Combined Social. The Pharmacy Category Day Social this year was held at the Hard Rock Café in downtown Atlanta, and it was a great opportunity for the pharmacists attending the conference to get together, have a few drinks, mingle and relax.

There were several pharmacy students in attendance at the conference, who had an incredible chance to meet top brass in the Commissioned Corps and to get to know PHS officers. They left with plenty of business cards and potential connections for rotations and jobs in public health after graduation. This is an invaluable experience for any student with even the slightest interest in public health, JRCOSTEP or SRCOSTEP internships, or becoming a commissioned officer. As for me, I plan to make it to as many Symposiums as I can in the future, hopefully making it an annual tradition. Next year the Symposium will be held in Oklahoma City, May 16-19th. I hope to see you there!



Deputy Surgeon General RADM Boris Lushniak announces his retirement. at the 2015 Symposium.

Measles Mumps and Rubella (MMR) Vaccination submitted by LT Lysette Deshields, LCDR Ashlee Januszewicz, LT Sadhna Khatri, and LCDR Monica Reed-Asante

The measles virus, *morbillivirus*, was first described in the 9th century and accounted for thousands of deaths each year. *Morbillivirus*, is spread primarily via coughing and sneezing. Initial symptoms include fever, cough and red eyes, however, the characteristic symptom, a red, flat rash that covers most of the body, usually appears within a few days after the start of the initial symptoms. The virus is extremely contagious and approximately 90% of those exposed to someone with measles will get the disease themselves unless they have been vaccinated, or have had measles before. In the decade prior to the introduction of the MMR (measles-mumps-rubella) combination vaccine in the United States, it is estimated that more than three million people were infected with measles each year.

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In 1963, John Enders and his colleagues developed the first measles vaccine, and in 1968 an improved version was developed. In fact, the same strain of measles used in the vaccine developed in 1968 is still used in the current vaccine today, which is combined with mumps and rubella (MMR). Since the introduction and widespread use of the MMR vaccine, measles cases in the country have decreased by more than 99%.¹ Additionally, the transmission of measles in the United States was documented as eliminated in 2000. Despite the success that has accompanied the introduction of the measles vaccine, its introduction has also been associated with controversial claims regarding its role in causing life altering side effects.

The Measles Mumps and Rubella vaccine controversy began in 1998 with the publication of an article in *The Lancet* by Andrew Wakefield which claimed that many autism and colitis cases in children were due to the MMR vaccine. This was widely covered by the press and as a result vaccination rates decreased significantly in the UK and Ireland. This resulted in a significant increase in morbidity and mortality due to incidences of measles and mumps. Upon investigation, it was later found the author of the article had manipulated the evidence. As a result of his claim, many large epidemiological studies were conducted and it was jointly concluded by the Centers for Disease Control and Prevention (CDC), The American Academy of Pediatrics and the Institute of Medicine of the US National Academy of Science, that there is no link between the MMR vaccine and Autism. In addition, the benefits of vaccination (i.e., decrease in disease incidence and prevalence) outweigh the risks of not vaccinating children.

The debate around vaccination continued including claims that vaccinations containing thiomersal could be a contributing cause of autism. In the United States, thiomersal is a mercury based preservative used in vaccines to prevent bacterial and fungal growth. Upon investigation by the Institute of Medicine, World Health Organization (WHO), Food and Drug Administration and the CDC, these claims were proven incorrect and no evidence of harm was reported by the use of thimerosal preservative.

Unfortunately, these controversies have led to the

doubt and mistrust of some parents regarding the vaccines efficacy and safety, despite its success in saving many millions of children's lives. Currently, in the United States, a multi-state measles outbreak has erupted resulting from a traveler who contracted measles overseas and spread the disease to others upon their return to the United States. Most recently, this outbreak has been linked to substandard vaccination compliance and has highlighted the prevalence of the anti-vaccination movement in the United States among vaccination-hesitant parents. Given that unvaccinated children are the population that are most at risk for contracting measles, the take home message that can be captured from this incidence is the importance of on-time measles vaccination to prevent future outbreaks.

In the wake of the measles outbreak, it is imperative that we as pharmacists continue educating our community of the importance of obtaining vaccinations against measles not only to protect themselves, but to also protect others. As pharmacists, we are in a unique position to mitigate concerns and misconceptions about vaccinations. Although measles is rare in the United States as a result of efforts to promote and administer the vaccine, the risk of importing the disease from international countries does exist. **As part of our mission to protect, promote, and advance the health and safety of the Nation, it is our duty as pharmacists to effectively communicate to members within our community the benefits of receiving vaccinations so that they are able to make well-informed decisions.**

Our mission as public health officers is to remind the public of the overall success and significance of vaccination. In addition to educate the public, vaccines protect not only an individual, they protect the entire community.

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Advanced Pharmacy Practice Experience (APPE) at Winslow

Indian Health Care Center submitted by Jordan L. Wulz, PharmD Candidate 2015 and LCDR Kelly Pak

For years I wanted to experience pharmacy practice with the Indian Health Service (IHS). So when I had the chance to pick the Winslow Indian Health Care Center (WIHCC) as one of my rotations, I didn't miss a beat. My rotation at the WIHCC provided me with hands-on pharmacy experience in the field of ambulatory care. At WIHCC I truly felt like I was completing the full role requirements of a full-time pharmacist employed at the facility.

Between leading appointments in the insulin titration and anticoagulation clinic, patient counseling, and leading Diabetes Self-Management Education (DSME) group presentations, I was given almost full autonomy in my practice. By the end of my rotation, I felt more than prepared to be employed as a clinical pharmacist with the Indian Health Service (IHS) and with any other public or private health system. If I had one piece of advice for pharmacy students ready to go on P4 rotations, it would be to pick a rotation with the IHS, even if it is out of state. I count my decision to experience the IHS system in the high desert of Arizona to be the best decision I made for the entire year. By the

end of my rotation I was interviewing my own patients, changing their insulin and warfarin doses, and writing my own notes. My preceptor, LCDR Kelly Pak, really pushed me to be as independent as possible

by first showing me how she would conduct the meetings with patients and then allowing me to progressively get more involved in patient care.



Another part of this rotation that was unlike anything else, was my experience with public health nursing. Because transportation isn't always the easiest for Native Americans on the reservations, the public health nurses often drive out to visit patients at their homes either as a courtesy call after surgery or to help elderly patients with their medications. I spent an entire day with the nurses and not only was I able to see the beautiful scenery on the reservation, but also fit a direct need in being able to counsel patients on their medications and how to use them. Completing a rotation at the WIHCC is more than just observation. P4 students are used to their full potential and ability to achieve quality patient care for the Native Americans. In other words, I really felt like I was part of the healthcare team.

One of the great things about doing a rotation with the WIHCC is that if you have a specific interest area, the staff will try to get you involved in this area. For me I was interested in being able to educate different populations on diabetes and how to manage it. I was able to be involved in two main ways.

First, I was able to teach a diabetes self-management education (DSME) course on medications to 15 newly diagnosed patients. This program provides interprofessional care for patients with T2DM, and as pharmacists we were able to focus on both oral and injectable medications. The group approach

was a great way to go about explaining medications because often another person's question might be answered if someone else asks a similar question. Additionally, it allows for T2DM patients to not feel alone in their disease. Second, I was able to present information about diabetes and DSME at the Native Diabetes Prevention Conference in Phoenix, Arizona to a group of 60 nurses/dietitians/statisticians. This was great practice in public speaking, but also in having a chance to network with other health care workers.



When any pharmacy student asks me what my favorite rotation was I always look back to my experience in Winslow. This experience was about more than just learning, it was about doing. The confidence I gained from this rotation has helped me in being successful in subsequent rotations and will help me be successful as a practicing pharmacist. More importantly, I was able to develop a long-standing relationship with both my preceptor and the pharmacy staff at WIHCC. For anyone interested in completing an ambulatory care rotation, I encourage you to challenge yourself and experience the IHS rotation at WIHCC. You won't regret it!



Introductory Pharmacy Practice Experience (IPPE) with the Federal Bureau of Prisons (BOP)

submitted by Melody Sun, PharmD Candidate and LCDR Jacklyn Finocchio



UNIVERSITY of MARYLAND
SCHOOL OF PHARMACY

As a third year pharmacy student, I was given the unique opportunity to participate in the IPPE rotation to experience a different area of Pharmacy in Public Health. The Butner Federal Correctional Complex houses thousands of Federal inmates who are medically underprivileged.

Correctional Health plays an important role in Public Health, as the majority of prison inmates will eventually be released back into the society. The high prevalence of infectious diseases and uncontrolled chronic conditions among inmates will no doubt cause a burden on the healthcare system if these conditions are left unmanaged. During my 4-week IPPE rotation with the BOP, I had the opportunity to interact with patients in many pharmacist-led clinics including anticoagulation, oncology, diabetes, and pain management.

My mentor and preceptor, LCDR Jacklyn Finocchio, was an excellent clinician who inspired me to continuously push myself to achieve high pharmaceutical competency. Her diabetes clinic really made significant impact on inmates' health. For example, an inmate's A1C was lowered from 13% down to 7% since he enrolled in the clinic. After completing this IPPE rotation, I learned that patient communication is an important soft skill in any healthcare practice setting and I am determined to utilize my clinical knowledge and skills to protect public health in the future.

Finding Perspective: It's all about the patient

submitted by Praneeta Nagraj, PharmD Candidate

"Yes. Hi ma'am. I am not sure who I am supposed to call but I saw the toll free number listed on my prescription bottle so I called it. I have had some really bad reactions to my medication and I need to talk to someone about it since I don't know what to do..."

This was the beginning of a typical interaction I had during my rotation at the *Division of Drug Information at the FDA*. I proceeded to obtain some background information on the caller such as what medications he was taking, how long he was on these medications, what adverse reactions he's experiencing, and the onset of these symptoms. When I asked if he had spoken to his Doctor or Pharmacist regarding the reactions, he mentioned he had but they had both dismissed it even though he knew his reactions were real. In order to best assist him, I conducted a search of the published literature and reviewed the clinical studies conducted on the drug and was able to confirm that his adverse reaction was reported, albeit rare.

Therefore, I recommended that the patient consult with a health care provider (HCP) knowledgeable about his medical condition and discuss his concerns and the information I provided to him. I reiterated the reason being that only his healthcare provider can provide him with the follow up medical care that he required.

What surprised me from this call was the behavior of his physician and pharmacist and how apathetic they were to his



symptoms and in addressing his concerns appropriately.

My rotation in the Division of Drug Information (DDI) has reaffirmed and further solidified the notion that as healthcare practitioners and providers, it is of the upmost importance to be constantly vigilant of adverse reactions and to actively listen to our patients. Whether it is an unknown or a previously reported adverse event, it is critical for the HCP to conduct due diligence in determining the relationship between the adverse event and the medication in question.

As with all adverse reactions, the FDA encourages the consumer or HCP to report them via the MedWatch system since this reporting system is viewed as a source for signaling trends. Should a trend emerge from these reports, the FDA will work with the sponsor of the product to address the problem. Actions may include changes in the labeling information *Continued on next page.*

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or product packaging, change in manufacturing processes, and/or enhanced warnings in the labeling or communications to health care professionals. In the most serious cases or where other attempted actions have not been effective, the sponsor may decide to remove the drug from the market or the drug may be recalled. Every report serves as an important element in the continued surveillance of the effects of drug products, and collectively, will determine the content of its labeling or the future of the product. During my time at the FDA, not only was I able to take these MedWatch calls and serve as an integral member of the Division of Drug Information team, but I was also able to attend all student lectures given by USPHS officers and other Pharmacists working in different specialties throughout CDER/FDA. The broad exposure I received during my rotation helped me gain a greater understanding and “inside view” into current affairs and FDA operations on a macro-level. I was able to witness how the FDA works to achieve its objective of becoming more transparent and efficient as an agency to better protect and promote the public’s health.

I was surprised to learn the CDER Drug Shortage program had only been in effect for two short years given all its accomplishments and successful outreach to the medical community. Similarly, in an Unapproved Drugs Initiative presentation, I was surprised to learn about currently marketed drugs that are not FDA-approved, common misconceptions by the public, and the FDA’s plans

to rectify this situation. Some commonly used unapproved drugs include Phenobarbital and Donnatal tablets.

In the Office of Prescription Drug Promotion presentation, we were given the task of assessing what was misleading and not fairly balanced in various prescription drug advertisements. The exercise helped emphasize the importance of viewing an advertisement from a regulatory perspective and its role as the last control before being released to patients across the country.

During my time within the Division of Drug Information, I also had the incredible opportunity to present to Pharmacist Consumer Safety Officers on a hot topic concerning the recently released precedent-setting revision to the bioequivalence guidelines for Concerta (Methylphenidate HCl Extended-Release). The revision to the bioequivalence document directly affected patients receiving certain generic brands of Concerta and created new concerns from patients and the medical community regarding the effectiveness of the medication, Concerta, and its generic products.

Throughout my rotation within DDI, I was constantly encouraged to learn more and to gain a greater understanding and

perspective of the regulatory world of FDA. In my opinion, the Division of Drug Information serves as an important gateway to the public as it is the first point of contact for the public in reaching the FDA. Whether it was being in the front lines to answer and address MedWatch calls from the public, attending the various student sessions, or presenting on controversial topics, my FDA rotation gave me an even greater appreciation for my pharmacy profession and further heightened my sense of responsibility as a healthcare provider within a very complex healthcare system.

It is too easy to brush off a patient’s reaction to a specific medication as simply ‘psychological’ or to tell them ‘it will go away’ without further investigation. However, to truly protect the health of our patients, we must all do our due diligence as healthcare providers and treat each patient as the unique individual they are.

**Interested in a
rotation with a
USPHS pharmacist
officer?**

Visit <http://dcp.psc.gov/osg/pharmacy/documents/UPOCMasterList.pdf> for more information.



CMS & Me submitted by Nidhi Modi, PharmD Candidate and CDR Jerry Zee

I am a California native, and currently a third year student at Touro College of Pharmacy in New York. I did a rotation at the Centers for Medicare & Medicaid Services (CMS), New York Regional Office for one month and would like to share my experience with you all.

During my rotation, I learned about many of the issues that that CMS faced during the rollout of the Affordable Care Act Marketplace in 2013 – 2014 at a CMS sponsored community outreach event. During the NJ Health Insurance Marketplace Education and Outreach Post-Enrollment Session, the agenda called for discussing ways to involve communities in promoting enrollment and access to health insurance. There was discussion on how to reach out to faith-based organizations and provide them with education on the opportunities afforded by the Affordable Care Act. This was my first encounter with the idea that some communities were more proactive than others regarding their acceptance of the ACA, as well as with the concerns that discouraged them from enrolling into the program. This meeting provided an avenue for CMS to become a vital resource in the development of establishing avenues for educating those who have low health literacy and access to health care.

Every Monday, there was a CMS regional pharmacist teleconference for the ten CMS regions, and I took the minutes for each meeting, which were later distributed to the regions. These meetings provided an opportunity for the CMS regional pharmacists to discuss any issues that they were experiencing in their respective regions. For example, one of the regional pharmacists had performed a Medicare Part C/D audit the week prior to the call and reviewed the challenges he faced. By reviewing their

experiences, the pharmacists were able to determine what issues others were facing and how to resolve them on a national level.

I was able to observe the process of transition monitoring program analysis (TMPA). The TPMA process reviews the Medicare plan sponsors' rejections of beneficiaries' pharmacy claims to determine if rejections were appropriate or not. The process involves reviewing the error messages received by the pharmacy, the explanation of the rejection from the sponsor, and the drug that was being processed. I performed indication and dosing searches to help analyze the types of claims that were processed.

During my time at CMS Region II, I learned a great deal about Medicare Part D. I also had the opportunity to visit the headquarters of a health insurance company, and learned how they served Medicare beneficiaries in accordance with CMS rules, regulation, and laws.

I was also able to attend the White House Initiative of Asian American and Pacific Islander (WHIAAPI) panel discussions of opportunities in the federal government, which had participation and representation from 31 different agencies. During the conference, many regional administrators from agencies such as the DEA, FBI, CMS, and EPA spoke about their career paths, as well as the highlights and challenges they experienced along the way. CDR Jerry Zee of CMS represented the USPHS Commissioned Corps by

sharing his experiences at a DHHS panel discussion.

I was also asked to assist in developing talking points for the presentation of the CMS 2015 Medicare Call Letter and the 2015 Medicare Regulations. I had to read and understand the entire Medicare Call Letter and its accompanying regulations to determine which would impact pharmacists the most, and then condense the information into the key concepts. Another pharmacy student and I were then given the opportunity to present the update to the USPHS Pharmacy Advisory Committee (PAC) quarterly meeting in Albany, NY. This experience helped me understand that there are constant updates in healthcare systems to improve the utilization of the appropriate medications for specific disease states and patient categories. I greatly appreciated this opportunity to learn about the newest developments in public health pharmacy on the state and national level.

I was also able to help prepare for an upcoming health-system audit in which one of our CMS Regional Pharmacists was taking part. Our work involved determining the FDA indications of specific medications and their respective dosages, and determining which drugs had utilization management programs in place.

I highly recommend a rotation at CMS, as it expanded my concept of the role of a pharmacist. My experience at CMS felt limitless, with so many opportunities and avenues to explore.



TOURO UNIVERSITY
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COSTEP Corner: Frequently Asked Questions submitted by LCDR Stephanie Daniels

What exactly is a COSTEP?

COSTEP stands for **C**ommissioned **O**fficer **S**tudent **T**raining and **E**xtern **P**rogram. There are two kinds of COSTEPs, Junior (JR) and Senior (SR) COSTEPs.

JRCOSTEPs are 4-12 week paid internships working directly with USPHS officers at various duty stations and agencies across the country, and students are eligible any time after the 1st professional year. Most pharmacy students serve their internships within the Food and Drug Administration (FDA), Indian Health Service (IHS), or Federal Bureau of Prisons (BOP).

SRCOSTEPs are for students about to enter their final year of full-time study, and selected students can receive up to 12 months of full-time pay and benefits in exchange for agreeing to serve a USPHS agency following graduation and licensure. The service obligation is equal to twice the amount of time sponsored, e.g. a student who receives 10 months of pay while in school must complete 20 months of service to his/her sponsoring agency.

Why should I consider a COSTEP?

JRCOSTEPs are excellent opportunities to directly experience non-traditional pharmacy careers and life in uniform. They offer incredible networking prospects and chances to positively impact both underserved populations and the overall health of our nation.

SRCOSTEPs are one of the very few ways to be selected for a full-time active duty commission when the USPHS Commissioned Corps are not accepting general applications for pharmacists. They also ensure that students will have a guaranteed income and position beginning immediately after graduation, and help provide financial security during the high-stress clinical year.

What benefits are COSTEP participants eligible for?

COSTEP students are active duty officers. As such, they receive basic pay as an O-1 (Ensign), tax-free housing and subsistence allowances, and costs of travel between their home and duty station may be paid. You can view military pay scales at the following website: <http://militarypay.defense.gov/pay/calc/index.html>. SRCOSTEP students receive full health care benefits through TRICARE for themselves and their dependents, and JRCOSTEP officers are eligible for emergency health care coverage.



If they are selected for an active duty commission in any uniformed service following graduation, both JR- and SRCOSTEP students are also able to apply time served during an internship toward their "time in service", which can positively impact both pay rates and eligibility for promotion.

When should I apply for a COSTEP?

If you're considering a JRCOSTEP, the best time to apply is the fall before the year(s) you'd like to serve an internship in. For example, if you'd like

to complete your internship during the summer break between your 2nd and 3rd professional years, apply during the fall semester of your 2nd year. The application deadline is December 31st annually.

If you'd like to apply for a SRCOSTEP, you must apply during the fall semester of your 3rd professional year, so that applications can be reviewed and students can be selected prior to beginning their final year of school. The annual application deadline is December 31st.

Where can I find more information on the COSTEP program?

The USPHS Commissioned Corps website is always the best place to start: www.usphs.gov. More specific information on the JRCOSTEP is available at <http://www.usphs.gov/student/jrcostep.aspx>, and on the SRCOSTEP at <http://www.usphs.gov/student/srcostep.aspx>. The PharmPAC's UPOC newsletter often includes perspectives from recent JRCOSTEP participants (such as those on pages 5 and 6 of this issue).

You can also reach out to the USPHS pharmacy officer who has volunteered as your school's University Point of Contact, or UPOC. The list is located at: <http://www.usphs.gov/corpslinks/pharmacy/documents/UPOCMasterList.pdf>

How do I apply for a COSTEP?

Applications are available through each COSTEP's respective page on the USPHS website during the annual application period. You can find links to them from the general student page at <http://www.usphs.gov/student/default.aspx>.

An Interview with a SRCOSTEP submitted by LT Kristina Snyder

Ensign Leanna Slarsky is currently enrolled at MCPHS University in Worcester, MA expecting to graduate in May 2015. Before starting pharmacy school, she studied nutrition and dietetics at Simmons College in Boston. Currently, she is completing Advanced Pharmacy Practice Experience (APPE) rotations during her final year of pharmacy school. To date, she has completed 2 APPE rotations with the Federal Bureau of Prisons (BOP) at the Federal Medical Center (FMC) Devens in Ayers, MA with LCDR Anna Santoro as her preceptor and is about to begin a third rotation at the site. ENS Slarsky also completed an Introductory Pharmacy Practice Experience (IPPE) rotation at FMC Devens a year prior to joining USPHS as a SRCOSTEP. She was able to attend USPHS OBC (Officer Basic Course) early and graduated this past August. She will be working with the BOP for at least 2 years after graduation. After completing her service obligation for SRCOSTEP she plans to either stay with BOP or change agencies and go to FDA (Food and Drug Administration).

How and when did you first learn about the USPHS Commissioned Corps?

During the fall semester of my first year of pharmacy school LCDR Santoro came to my school to give a presentation about her work as a Commissioned Corps officer and her work with the Bureau of Prisons. Before that time I had heard of USPHS once or twice but I did not really understand what it was or its mission.

What led you to pursue a career with the USPHS Commissioned Corps?

Public service and serving my country are two things that are very important to me. Prior to LCDR Santoro's presentation I had been considering a ca-

reer as a pharmacist in the Army, following in my father's footsteps. After learning about USPHS, though, my mind was made up to pursue a career in that direction. I held in high regard that the USPHS mission was healthcare focused and I could look forward to being a member of a branch of medical professionals.



ENS Leanna Slarsky (on the right) with her preceptor, LCDR Anna Santoro in the pharmacy at FMC Devens.

Please tell us a bit about the application process for SRCOSTEP? How were you matched with your site? What can students expect with the process and how can they prepare?

The application process started in the fall of my second to last year of pharmacy school. I called to inquire about the SRCOSTEP application the day they became available and passed the pre-screen over the phone. I turned in my application packet mid-December and waited anxiously until the end of January to find out if I had been conditionally accepted. It took a few months to complete the initial application and get letters of recommendation written, so I would advise future SRCOSTEPs to start the process early and

stay on top of the deadlines. The acceptance email I received in January said I had been matched with the Bureau of Prisons and I would work in the agency to complete my service obligation after graduation. After this, I had an interview at the closest BOP facility, which happened to be FMC Devens, and filled out LOTS of paperwork. The best advice I can give to future SRCOSTEPs is to keep all the paperwork you fill out and have a good filing system. I had to fill out the same paperwork multiple times: PHS needed one thing that BOP also needed and I had to remember which I had already sent. I also put insurance on every application packet I mailed and tracked them so that I had peace of mind that my application was received at the right place.

What are some of the duties, projects and expectations of you as a FMC Devens Pharmacy COSTEP?

FMC Devens has a great student training program and they take as many as 20 IPPE and APPE students throughout the year. I have similar responsibilities to the other students, but added duties to help me prepare for my career in PHS and BOP. LCDR Santoro has me participate in more policy development activities like P&T committee to help me understand why certain medications are included on the formulary at the institution and familiarize myself with appropriate treatment guidelines while in a corrections environment. I'm also involved in clinical work such as chronic care clinics, medication monitoring, and processing of CPOE. As a SRCOSTEP, I've also had the unique opportunities to give in-service presentations to other PHS officers about updated PHS protocol and proper uniform wear and to become involved with the local COA.



Continued on next page.

An Interview with a SRCOSTEP *continued from page 10*

What have been the challenges of your position?

The biggest challenge I've faced so far is learning how to be a pharmacist in a corrections environment. A lot of the therapeutic options that I learned in pharmacy school may not be appropriate in this situation and it makes me look at clinical decisions in a much different way than when I was a student in class. In a way, this has been really great preparation for my future career with BOP, but if I work for a different agency I need to still know the proper pharmaceutical care for a non-corrections setting. Another challenge I've experienced here at FMC Devens is explaining to other staff and PHS officers that I'm a student, but also a PHS officer. I wear my uniform daily and get some funny looks when they see the butter bars and the volunteer badge.

What has been the most rewarding experience of being a SRCOSTEP with BOP so far?

So far the most rewarding experience for me has been inclusion in the healthcare team. I feel less like a student and more like an active participant in patient care than I have at any of my other pharmacy rotations. I also love the fact that I am able to wear my uniform while on rotation. I am becoming more and more comfortable wearing it every day, and I really feel like part of the PHS and healthcare teams.

What advice do you have for students considering a career with the USPHS Commissioned Corps and/or BOP?

I'd say researching PHS and BOP early is the best thing a student can do. I was really lucky to have so much experience working with other Commissioned Corps officers at a BOP facility before I decided to join. For students who may not have that opportunity it may be hard to decide if this career is for them. If they can, students should talk with officers about their work and deployment experiences. From my time working here, I can say that other officers are more than willing to share their experiences and explain what a career with PHS means to them. Students should also have realistic expectations about the application process. There is a lot of work that goes into the application process including many quick deadlines and lots of waiting. I was really fortunate to be working with someone who was also a former SRCOSTEP so she was a great resource in telling me what to expect.

2015 Winner of Excellence in Public Health Pharmacy Practice Award Organizes Outreach Health Initiatives Directed at Underserved Populations on Local, National, and International Levels submitted by CDR Vicky Ferretti-Aceto and LT Jay Wong



The USPHS Excellence in Public Health Pharmacy Practice Award recognizes pharmacy students who find innovative ways to address public health challenges through pharmacy practice. Ms. Ciera Patzke, a third year PharmD candidate from the School of Pharmacy and Pharmaceutical Sciences, University at Buffalo (State University of New York), was presented with the award on Thursday April 16th by CDR Vicky Ferretti-Aceto and LT Jay Wong.

Recognized for leadership and dedication to patient care, Ms. Patzke founded the Student Pharmacists for Global Outreach program, which is an organization focused on outreach initiatives directed toward underserved populations on the local, national, and international levels. Through the program, she volunteered her time and helped to organize numerous local wellness clinics within the Western New York area. These clinics varied in their scope from assisting and educating patients with medication needs to helping refugees with assimilation into the local health care system. During spring breaks in Chicago, Illinois area, Ms. Patzke had also volunteered in a special city clinic to help the homeless and medically underserved. Internationally, Ms. Patzke had organized annual medical mission trips to the countries of Honduras and the Dominican Republic for three consecutive years. In addition to all these accomplishments,

Ms. Patzke has not only been a motivating public health leader in raising awareness for the needs of the underserved, but also inspired fellow students across different categories to join her in volunteering their time on medical missions and wellness clinics. Upon pharmacy school graduation in 2016, Ms. Patzke is interested in continuing her clinical pharmacy training by way of residencies.



L-R: LT Wong, Ciera Patzke, and CDR Ferretti-Aceto

Spring/Summer 2015

UMAB Pharmacy Student Receives PHS Excellence Award

submitted by LCDR Nga “Nicole” Doan



Christopher Min, a fourth year pharmacy student at the University of Maryland, Baltimore Pharmacy School, received the United States Public Health Service Excellence in Public Health Pharmacy Practice Award. On May 9, 2014, LCDR Nga “Nicole” Doan presented Christopher Min with this prestigious award at the University of Maryland, Baltimore graduation banquet.

This annual award recognizes a student who has demonstrated a commitment to public health through pharmacy practice. As future pharmacists, it is important that students are increasingly involved in developing innovative approaches to current public health challenges. Consequently, a commitment to public health through pharmacy practice is essential to improve the general public’s understanding of the important role each of them plays in promoting healthy lifestyles.

Christopher Min demonstrated this commitment to public health in many ways. He was an immunizer at the “2012 Maryland Vote & Vax Initiative” for the medically underserved in need of the flu vaccination, vaccinating over 221 residents from Prince George’s and Anne Arundel Counties. He was the President of the Student Section of the Maryland Public Health Association (SMdPHA), in which he brought a speaker from the University of Maryland’s School of Medicine to talk about the *Challenge! Program* to help the youth in Baltimore follow healthier lifestyles. Also during this time, a fundraiser called “A Night Under the Stars” was held and all proceeds were sent to the Baltimore Child Abuse Center. He also collaborated with students from University of Maryland, Morgan State University and Towson University to hold an anti-bullying outreach event targeting elementary and middle school students in Baltimore. Furthermore, he has been engaged in HIV education, treatment, and prevention activities. He helped mobilized students to participate in a campus-wide initiative to address the HIV crisis. Finally, he continues to be engaged in the community through health fairs, fundraisers, and medication therapy management services to advance public health.



New Practitioner Perspective

submitted by Jamie Chin, Pharm.D., M.S.

Jamie Chin is a recent pharmacy graduate from the College of Pharmacy and Pharmaceutical Sciences, State University of New York at Buffalo. He received the Excellence in Public Health Pharmacy Practice Award in 2013 and has been practicing for two years.

Pharmacy is a small world, but the opportunities within the profession are endless! No matter which setting, specialty, or role you are in, the profession will offer so many leadership, teaching, and learning opportunities. Each experience will build upon the last. As a new practitioner, I think it is important to continue to set goals for yourself to keep yourself motivated and inspired to move forward. Where do you see yourself in two years, five years, and in ten years?

A great way to stay involved in the profession is through membership in professional associations. Professional associations are a wonderful opportunity to network and meet pharmacists in your community, specialty, and profession. Local chapters have more frequent events such as continuing educational dinners, networking events, and volunteering events. Professional associations will also unite pharmacists to push the professional forward. Staying involved with your alma mater is another way to give back. You can be part of the admission’s committee, precept students, volunteer to be a student advisor or mentor, or partake in classroom lectures. No matter which role, area, or specialty you choose, each position will offer you valuable experience. Always be the best pharmacist you can be. Working as part of a team is essential, whether it is with your direct pharmacy team, inter-professional team, or even with a more diverse affiliation. Serving as part of a strong team will help you achieve your personal goals.

I have had a wonderful career since graduation. As an inpatient and outpatient pharmacist at Bellevue Hospital Center in New York, New York, I have grown so much as a practitioner in a diverse city hospital setting. I will be beginning residency, in June, at Winthrop University Hospital. I currently have specialty interests in oncology and pediatrics. A

Continued on next page.

Officer Profile: CAPT Michael Long

submitted by LCDR Jacklyn Finocchio



CAPT Long is currently serving as the Mid-Atlantic Regional Chief Pharmacist for the Federal Bureau of Prisons (BOP), overseeing 16 institutions. He began working for BOP in 1993 and has served as Chief Pharmacist and staff pharmacist at Federal Correctional Complex Butner, Deputy Chief Pharmacist at

FMC Devens, Chief Pharmacist at FPC Nellis, and a staff pharmacist at USP Terre Haute. He also served as a SRCOSTEP with the BOP and JRCOSTEP at St. Elizabeth's Hospital. CAPT Long has been a Commissioned Corps officer for more than 23 years. He also served as PharmPAC chair in 2006 and has served on the PharmPAC for 6 years.

What inspired you to join the Commissioned Corps?

Three things inspired me:

1. Without knowing exactly what I wanted to do with my career, the USPHS offered the most flexibility and most varied options for career tracks.
2. I knew I didn't want to do retail.
3. The SRCOSTEP helped pay the bills.

What is one of the most important things that being in the Commissioned Corps has taught you?

Take advantage of the opportunities presented to you. You can do more than you think you can and shouldn't underestimate your own capabilities. Don't limit your own ability to grow and learn.

What is the biggest challenge you have encountered since joining the Corps?

Finding the balance between personal and work life was the

hardest challenge, especially when I went back to school. This is probably one of the most important challenges our officers face because if you don't have balance you cannot be the best and most effective officer you can be.

What would you like pharmacy students to know about your agency?

The quality of work and innovation in pharmacy found in the Federal Bureau of Prisons rivals anywhere else you look in the country, both inside and outside the USPHS. The BOP Pharmacy operations are at the forefront of clinical care and offer new officers the opportunities to stretch their capabilities. We have extremely supportive leadership that both supports the pharmacy program and expects greater outcomes in the future.

What is one piece of advice you would give to pharmacy students who are about to graduate?

New graduates should work in honing their skills as a pharmacist; over time this will be the basis for their identity. In doing so, they should be willing to question the status quo, but also understand that change can take time.

What is your vision for the future of the Corps?

I would like to see the Commissioned Corps be recognized as the authority figure in public health and expect that we will continue producing outstanding results in public health. Our future successes in public health advances will be just as impactful as past successes such as tobacco cessation, smallpox eradication, and the Ebola response.



Continued from Page 12... New Practitioner Perspective



short term goal of mine is to obtain a PGY-2 in oncology or pediatrics. My next goal is to join academia to teach and precept students. Some ways I stay involved are by serving as the historian for the New York City chapter of New York State Council of Health-system Pharmacists and serving as a Dean's Alumni Ambassador for University at Buffalo (Admission's Committee). I really enjoy networking with pharmacists in all specialties and learning about their career path and journey. I feel very fortunate to have all of the opportunities I have had and am excited about my future, as I hope you are too!

Spring/Summer 2015

USPHS and APhA-ASP Partnership at Fairleigh Dickinson University

submitted by Katerina Hatzis, PharmD Candidate 2016



The traditional roles of community and hospital pharmacy are what first come to mind when we envision a pharmacist. With the changing landscape of the healthcare system and needs of patients, pharmacists are well educated and trained to provide patient care in various ways. Many student pharmacists at Fairleigh Dickinson University, School of Pharmacy are seeking nontraditional pharmacy careers. A significant component of the Fairleigh Dickinson University School of Pharmacy's mission is to create value-based and student-centered learning experiences to prepare pharmacy students for these diverse roles. Likewise, the American Pharmacists Association – Academy of Student Pharmacists (APhA-ASP) chapter at Fairleigh Dickinson University aims to provide students with opportunities for professional growth and experiences that can advance the future of pharmacy. Naturally, it was only a matter of time until our chapter sought to serve as a liaison between the U.S. Public Health Service (USPHS) Commission Corps and our student body.



LCDR Liatte Krueger shares her experiences with the U.S. Public Health Service

One of our Clinical Assistant Professors of Pharmacy Practice, CDR Rachel Rivera (ret.), had previously served as a pharmacy officer with the USPHS. While

with the corps, she worked with LCDR Liatte Krueger, who is currently working as an officer at the Food and Drug Administration (FDA). Fairleigh Dickinson University School of Pharmacy's APhA-ASP



CDR Rachel Rivera (ret.) and LCDR Liatte Krueger speak to students at Fairleigh Dickinson University School of Pharmacy

chapter reached out to both LCDR Krueger and CDR Rivera (ret.) to speak to students about the USPHS and becoming a pharmacy officer. As a newer pharmacy program, many of our students were unfamiliar with the USPHS and the professional and education opportunities it offers pharmacists in terms of public health. It was no surprise that the event was packed with students eager to learn more.

LCDR Krueger and CDR Rivera (ret.) gave students a presentation that explained the structure of the USPHS and areas in which pharmacists are able to become involved, such as Federal agencies, Federally sponsored healthcare programs or assisting in public health emergencies. They explained the COSTEP programs, the process of joining the USPHS and the benefits a USPHS pharmacy officer receives for their service. LCDR Krueger and CDR Rivera (ret.) both described their experiences as pharmacists within the Indian Health Service and the Federal Bureau of Prisons. LCDR Krueger

also shared how she is currently involved with the FDA. Fairleigh Dickinson University, School of Pharmacy students were excited to learn about the diverse professional opportunities available through the USPHS, including the potential to travel. The session went overtime, as students were eager to learn more and have their questions answered. After the session, students were abuzz about the event and there was an outpouring of positive feedback. Overall, students found the event inspiring, motivating and enlightening. Several students have since shown interest in pursuing professional careers with the USPHS after hearing from LCDR Krueger and CDR Rivera (ret.) about their experiences with the USPHS.



APhA-ASP E-board members pose with the guest speakers after the presentation.

Having representatives of the USPHS speak to student pharmacists at our university was extremely successful. The presentation was our APhA-ASP chapter's most highly attended event of the year. We plan to continue to run this program annually so students have a platform to learn more about the diverse and rewarding opportunities the USPHS has to offer student pharmacists. As a result of this event, our university is looking into additional ways to partner with the USPHS and we are excited about what future USPHS opportunities may hold for Fairleigh Dickinson University student pharmacists.

Residency Highlight: Stephanie Johnnican (Bureau of Prisons, Butler, NC Ambulatory Care Pharmacy Residency) Submitted by LCDR Robert Kosko

Stephanie Johnnican graduated from the Touro University California in May 2011. She is currently a PGY-1 pharmacy resident with the Bureau of Prisons (BOP) in Butler, North Carolina.

Federal Medical Center Butner is a national medical referral center for the BOP located in the Raleigh/Durham area of North Carolina. Staffed by both US Public Health Service officers and civilians, the site is responsible for all healthcare needs of the inmates it houses plus that of four other prisons located adjacent to the Medical Center. The medical center is accredited by the Joint Commission and American Correctional Association. The pharmacy department is staffed by 13 pharmacists and eight technicians to provide unit dose medications, IV admixtures, TPN, chemotherapy, and comprehensive clinical pharmacy services to over 350 inpatient and 4,500 outpatient inmates.

This PGY-1 residency is ambulatory care geared towards an all-male population. There are both core rotations that are required and elective rotations for residents. Stephanie rotates through "inpatient," anticoagulation, mental health, pain, administration, drug information, diabetes, infectious disease, HIV, and orthopedics. The typical rotation lasts four to six weeks.

What led you to pursue a career in pharmacy?

While working as a caregiver, I became interested in learning more about the medications my clients were taking, so I went to pharmacy school.

What led you to pursue a residency with the Bureau of Prisons?

My BOP residency started with a quest for an ambulatory focused PGY-1 and an affinity towards government work. All of my family is in the Air Force. It would be an honor to take care of their medical needs along with any others that have given their lives for our country.

What can students expect and how can they prepare for the BOP residency selection process?

The BOP residency requires self-motivation and dedication - a willingness to learn and the ability to communicate with various people are a must. Integrity and honesty are wonderful qualities to have as well. The BOP holds many different people from all walks of life. Talking to people in a way they can relate will yield better results. During the initial diabetes consult, our specialists ask inmates what they think diabetes is and what can happen when they have diabetes. Hearing the inmates' perspective on the disease state can provide clues on their level of diabetes education, experience with the disease and any barriers you may encounter during treatment.

What have been the biggest challenges of your position?

My biggest challenges are finding the right balance between work life and personal life and finding different ways to solve unexpected problems. As a resident you work every third week-



Dr. Stephanie Johnnican receives her IHS Anticoagulation Management completion certificate from LCDR John Collins.

end along with being on-call for 48hrs. Without access to the same references at work, answering questions on stability, drug stock/location, and patient specific questions can get challenging. So far I have not had any problems with working an all-male population. However, working in a prison for the first time can be challenging as well.

What has been the most rewarding experience of being an BOP resident so far?

The most rewarding experience thus far is assisting inmates in controlling their blood sugar. Providing consultations, medication adjustments, medication therapy management and being part of a support team for the inmates have given me a different view of diabetes clinics.

What do you plan to do after completing your BOP residency?

Currently, I am applying for various VA hospitals around the world. I would like to continue providing health care in a government setting with an emphasis on assisting the uniformed services that so proudly protect this country.

What advice do you have for students considering a BOP residency?

For anyone seeking a residency with the BOP, I encourage you to ask questions, be proactive, and never stop learning.



Interested in an IHS Pharmacy residency?

Visit <http://www.ihs.gov/pharmacy/resident/index.cfm?module=home> for more information.

Spring/Summer 2015

Recruitment through service: No career fairs necessary here!

submitted by LT Eric Wong, PharmD

UNT HEALTH SCIENCE CENTER

The University of North Texas (UNT) System College of Pharmacy admitted their inaugural class in the Fall of 2013. The school is the only school of pharmacy in the Dallas-Fort Worth Metroplex and is situated right in the heart of Fort Worth. UNT pharmacy students must complete 16 hours of community service per semester as part of their curriculum. The faculty and staff of the school, particularly Dr. Lisa Killam-Worrall, the school's Assistant Dean for Experiential Education strive to provide community service opportunities for their students to enrich their experience.

I was fortunate enough to be invited to attend two of these community service sessions as a preceptor to the students attending on December 13, 2014 and January 31, 2015. These events were local health fairs that the school had partnered with to provide opportunities for students to practice clinical skills such as blood pressure reading, glucose screenings, cholesterol screenings, BMI calculations, and administering flu shots while providing a valuable public health benefit to an underserved population. For each session, there were roughly 40 students that attended. They were a mix of first and second professional year students, some of whom had heard of the US Public Health Service, others confusing me for an Armed Services member. One student I met served

in the Navy for 10 years before being accepted into UNT. He was shocked to see an officer in khakis wearing "the wrong" insignia. This student, who served in one of our sister uniformed services, had never heard of the PHS before! Suffice it to say, he learned that day about our mis-



R-L: Dr. Gibson, LT Wong, Dr. Yarabinec, Dr Killam-Worrall, with P1 and P2 students

sions and values and is now considering seeking a commission when he graduates in 2017. I saw very early on that this was a great opportunity to recruit candidates to fill our future ranks while also being able to actively serve the underserved.

Invited to precept in uniform, I was paired up with a current faculty member to oversee the blood glucose and cholesterol screening station. This station on both occasions was staffed with the most number of students and led to high visibility for me as an officer. I helped the students to develop a workflow for the station in order to maximize efficiency. We were hampered by the cholesterol testing machines which took upwards of 10 minutes to run one blood sample. Sometimes the students had difficulty drawing a large enough sample in the capillary tubes to run the cholesterol tests, and I had to work with them to correct

their techniques. Nevertheless, we took the lessons learned from the first session, and applied them to the second session in January. The patient population was mostly Spanish-speaking. In order to counsel them effectively on what their glucose and cholesterol numbers meant, a few of the non-student volunteers partnered with some students to provide a translation service. It was encouraging and inspiring for me to see the level of enthusiasm that these students had for helping these people. While the students screened around 300 individuals each time, the second session ran much smoother due to the lessons learned from the first session and we were able to free up more time to talk about the PHS.

With any available free time, I took the opportunity to speak with students about the Commissioned Corps and the vast opportunities that exist for pharmacists. Since we worked side by side at the booth, the barriers that may be present during a traditional recruitment event were not there and during lunch we talked about their futures as well as the future of the profession. They were captivated by the idea that they could potentially serve in a prison, or on a reservation, or even overseas. As the pharmacy job market continues to saturate, there will be many students looking for non-traditional careers upon graduation. I believe that by exposing students to the Corps early on in their pharmacy school career, we can hope to recruit the best of the best.

Useful Info and Resource Links

Agency	Contact	Telephone	Website	Email
Federal Bureau of Prisons (BOP)	CAPT Cassandra White	210-472-4510	http://www.bop.gov/jobs/positions/?p=Pharmacist	c3white@bop.gov
Centers for Disease Control (CDC)	LT Jennifer N. Lind	404-498-4339	www.cdc.gov	vox2@cdc.gov
Food and Drug Administration (FDA)	CAPT Beth Fritsch	301-796-8451	www.fda.gov	beth.fritsch@fda.hhs.gov
Health Resources & Svcs Adm. (HRSA)	LT Jane McLaughlin-Middlekauff	301- 443-1603	www.hrsa.gov	JMLaughlin@HRSA.gov
Indian Health Service (IHS)	CDR Damion Killsback	301-443-2472	www.ihs.gov/pharmacy	damion.killsback@ihs.gov
ICE Health Services Corps (IHSC)	CAPT Chae Un Chong	202-210-1773	www.ice.gov/ice-health-service-corps	chae.u.chong@ice.dhs.gov
National Institutes of Health (NIH)	CAPT Bob Dechristoforo (Ret.)	301-496-5477	www.nih.gov	rdechristo@nih.gov
U.S. Coast Guard	CDR Aaron P. Middlekauff	202-475-5181	http://www.uscg.mil/health/cq1122/pharmacy.asp	Aaron.P.Middlekauff@uscg.mil
Centers for Medicare and Medicaid Services (CMS)	LT Teisha Robertson	410-786-6567	www.cms.gov	Teisha.Robertson@cms.hhs.gov
Instagram/Twitter			#usphspharmacy	
Facebook Page			www.facebook.com/USPHSPharmacists	
IHS Residency Information			http://www.ihs.gov/medicalprograms/pharmacy/resident/	
Uniform Help Desk Email			www.phsccuniform@hhs.gov	
Uniform Information			http://www.usphs.gov/aboutus/uniforms.aspx	
USPHS			http://usphs.gov	
USPHS PharmPAC Website			http://www.usphs.gov/corpslinks/pharmacy/	
USPHS Pharmacist Listservs			http://www.usphs.gov/corpslinks/pharmacy/listserv.aspx	
USPHS Student Opportunities			http://www.usphs.gov/student/	

Upcoming Pharmacy Meetings: 2015-2016

June 5-9, 2015	American Diabetes Association (ADA) Scientific Sessions (Boston, MA)
June 6 -10, 2015	ASHP Medication Safety Collaborative Summer Meetings & Exhibition (Denver, Colorado)
July 24-27, 2015	Student National Pharmaceutical Association Annual Meeting (Orlando, FL)
Sept 29 – Oct 3, 2015	75th FIP World Congress of Pharmacy and Pharmaceutical Sciences (Düsseldorf, Germany)
October 17-21, 2015	American College of Clinical Pharmacy Global Conference on Clinical Pharmacy (San Francisco, CA)
October 18-21, 2015	Joint Federal Pharmacy Seminar (Washington, DC)
Oct 31- Nov 4, 2015	American Public Health Association Annual Meeting and Exposition (Chicago, IL)
Nov 30, 2015 – Dec 4, 2015	AMSUS Annual Meeting (San Antonio, TX)



United States Public Health Service
Protecting, Promoting, and Advancing the health and safety of our Nation.

CORE VALUES

Leadership

Provides vision and purpose in public health through inspiration, dedication, and loyalty

Service

Demonstrates a commitment to public health through compassionate actions and stewardship of time, resources, and talents

Integrity

Exemplifies uncompromising ethical conduct and maintains the highest standards of responsibility and accountability

Excellence

Exhibits superior performance and continues improvement in knowledge and expertise



RADM Pamela Schweitzer
USPHS Chief Pharmacy Officer

We want your submission of articles and pictures! Please email LCDR Honeylit Cueco and she will forward them to the appropriate section leads!

Did you know?

The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and the 567 subscribers on the pharmacy student listserv. In total, there are over 1,800 readers of the UPOC newsletter. BUT... it's up to you to distribute. Please take the time to distribute the UPOC Newsletter to your Universities or take a colored copy for your Career Fair Recruitment table.

Thank you from the UPOC Newsletter Workgroup!

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