



UNIVERSITY POINT OF CONTACT NEWSLETTER

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Pharmacists Professional Advisory Committee (PharmPAC)
University Points of Contact (UPOC)**

**Fall/Winter
2016**

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Alaska Native Medical Center Opens a New Infusion Center *submitted by*
Khang Le, PharmD Candidate, 2017. Preceptor CDR Anne Maire Bott

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Medical Center
Opens New
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Amber-gold seeps through the overcast and drips over the ragged landscape, illuminating the frosted tips of the Chugach Mountains. Appropriately, the scene is captured by the stillness of the pond right outside the window. This is the first thing I saw as I entered the newly completed infusion center at the Alaska Native Medical Center (ANMC). This beautiful backdrop is also enjoyed by the patients as they receive their chemotherapy treatment, which, unfortunately, can take hours.

Maryland Pharmacy
Student Teleconfer-
ence series

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One of the most important things I learned on this rotation as a pharmacy student is that medications are not the sole treatment. One of the patients explained how the new setting has improved her overall well-being. She recalled the former location of the infusion center, which was situated in a room within the hospital without windows and with dimly lit lights. Treatment was an exhausting ordeal since she would have to travel quite far and sit for hours as the medications were infused.



View from Alaska Native Medical Center's new infusion center, Anchorage, AK

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Mind you, many of the patients here come from remote villages and have to ferry and/or fly into Anchorage. After speaking with many of the patients, I got a sense of how the new infusion center has reduced their stress level during chemotherapy treatments.

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My first week was busy. I started rotation on the first Monday that the new center had opened. My preceptor, Commander Anne Marie Bott, was doing a great job keeping everything in order. It was a new experience for everyone in the pharmacy, including

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USPHS Maryland Pharmacy Student Opportunities Teleconference Series: A Student Led Endeavor *submitted by* Ms. Chelsea McFadden, UMSOP PharmD student, Ms. Truptiben Sindhi, UMES PharmD student, Ms. Miaka Huynh, NDMU PharmD student, LCDR Katie Watson, LT Rumany Penn, and CAPT (ret.) James Bresette

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The United States Public Health Service (USPHS) is unfamiliar to many pharmacy students when they enter school. To most, the USPHS might be best described by the Churchillian phrase "...it is a riddle, wrapped in a mystery, inside an enigma". After retiring from the Corps to become an Associate Dean at the University of Maryland Eastern Shore School of Pharmacy and Health Professions (UMES), CAPT James Bresette was soon fielding numerous inquiries from all three Maryland pharmacy schools about careers in the Commissioned Corps. He soon realized that the most effective method for addressing such inquires was to connect students with each other and current USPHS officers. In 2014, he began a teleconference series with two University of Maryland School of Pharmacy (UMSOP) students to address student inquiries. Francis Nguyen, PharmD, and Huan Tran, a SRCOSTEP recipient, created a network between UMSOP, UMES, and Notre Dame of Maryland University (NDMU) and started the teleconference series. The format includes guest USPHS junior officers sharing their experiences as prior COSTEPs, IHS residents, and new graduates providing current information and future opportunities within the Corps. These calls have aided students applying for JRCOSTEP, SRCOSTEP, PHS rotations, and IHS residencies and illuminate the diversity of career opportunities within the USPHS.

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the pharmacists and the technicians. My first 2 weeks included projects relating to drug preparation. I discovered that oncology clinics around the nation varied greatly in their mode of medication preparation. It was important to compare ANMC procedures with those of other institutions and to those in reference to ensure that our own practice was consistent and up to date. In addition to projects, my daily tasks included evaluating chemotherapy order sheets with the appropriate National Comprehensive Cancer Network (NCCN) guidelines. I learned the most while going over chemotherapy orders because I had to read about the cancer types to understand why a particular chemotherapy protocol was used. I also counseled patients on post-infusion



Infusion Center, Anchorage, AK

medications, including when and how to take their medications and their expected side effects. Having the opportunity to talk and listen to patients is what made this rotation unique. The indigenous culture relies heavily on storytelling so I would often sit with patients listening to their stories. Patients tell me how they appreciated having someone to talk to and listen to them. I believe this type of care is beneficial to their overall treatment.

Another big part of this rotation was shadowing various healthcare providers and seeing how they worked together to provide patient care. The new infusion center improved interprofessional collaboration by providing a space for easy communication. The medication room and the compounding area are divided by a sliding glass window. The pharmacist, after correctly verifying the drug, easily hands off the product to the nurse.

The nurse can, in turn, ask any medication related questions. Right across the hall are the oncologists' offices. The physicians can quickly stop by to discuss medication regimens. I was very fortunate to be involved in the opening of the infusion center. I enjoyed working with such a great collection of providers who were genuinely invested in the patient's care. I hope to become a healthcare provider with the same capacity for empathy as the clinicians working at the ANMC.



The Author with CDR Bott

Editor's Note:

The UPOC newsletter team is delighted to release our Fall/Winter 2016 issue. Our team aims to produce a top-notch newsletter that offers both students and emerging healthcare professionals a glimpse of the unique opportunities and experiences available through working for UHSPHS.

Thank you to the contributing writers, both students and pharmacists, who willingly shared their experience about their rotation or pharmacy practice site. Your personal stories and reflections give our readers a better sense and a closer glance at the diverse opportunities PHS offers. As the new Editor-In-Chief, I invite new ideas that are both fun and enlightening, and showcase what it's like to be a PHS pharmacy officer.

Students, we wish you the best of luck in school and your career endeavors.

Happy Holidays and best wishes on your success,

LT Shannon Saltclah, Pharm.D., BC-ADM, NCPS



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Fast forward to 2016 when CAPT Bresette met Chelsea McFadden, a UMSOP student at the APhA Annual Meeting. After discussing her interest in USPHS, she accepted his offer to lead the call series. They subsequently expanded the leadership team to include UMES's Truptiben Sindhi and NDMU's Miaka Huynh, to serve as co-leads for the upcoming year. A true student-led effort, the co-leads plan school-specific outreach among USPHS interested students to increase call awareness, determine and structure each call's agenda, and invite USPHS officers and federal pharmacists to serve as presenters and subject matter experts (SME). Several recent notable SMEs include April Tepfer, PharmD, NDMU graduate and IHS pharmacist to share her experience transitioning to the Corps, as well as CDR Hamet Toure, PharmD, and LCDR Mathilda Fienkeng, PharmD, who presented on the value of the UPOC program.



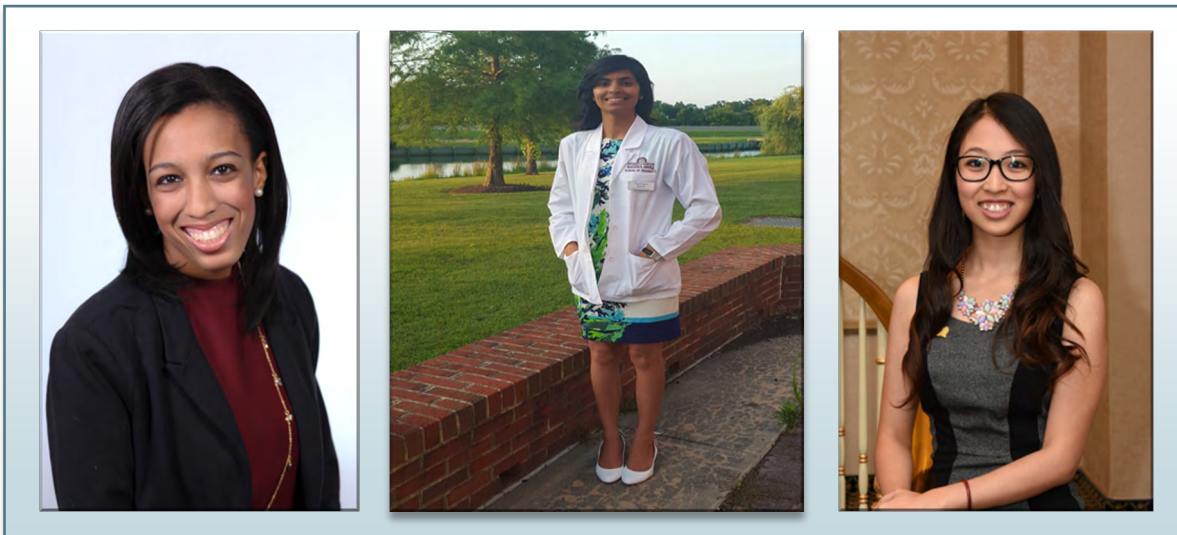
The first call of the 2016-2017 season included 17 students, one civilian federal employee, and seven USPHS officers. Highlights included experiences with the Medical Reserve Corps shared by Michtta Andre, NDMU student, who developed a leadership summit for high school students during her JRCOSTEP experience and CAPT Bresette's experience with naloxone training in Somerset County, Maryland. LT Kinbo Lee, PharmD, a former UMSOP SRCOSTEP recipient, provided useful advice on becoming a USPHS officer. He also provided a first-hand account of the application process for SRCOSTEP in addition to recommendations regarding professionalism, timeliness, appropriate follow-up, and utilization of the military entrance processing station for medical requirements. LT Ikjae Chin, PharmD, UMES graduate and current PGY-1 IHS resident, shared his passion for service that led him to pursue

a career serving the Native American population as a USPHS officer. LT Rumany Penn, PharmD, a former UMSOP SRCOSTEP recipient, exposed students to deployment opportunities available to USPHS officers. Together, he and LCDR Katie Watson, PharmD, also a former UMSOP SRCOSTEP recipient, discussed their recent deployment to Baton Rouge, Louisiana to aid in flood disaster relief. This call was full of information, advice, and pharmacy practice opportunities within the USPHS.



Seeing that students have benefited from this series, we are currently implementing efforts to expand the outreach. At NDMU, Miaka presented the series to a senate of student organizations and class officers for further dissemination. Similar recruitment methods are utilized at UMES and UMSOP with CAPT Bresette presenting at the UMES town hall and with Cherokee Layson-Wolf, PharmD, UMSOP's Associate Dean for Student Affairs, offering her assistance. The student co-leads also maintain a system of tracking interested students. Dr. Tepfer shared, "It's been exciting to see the conference calls grow and expand over the past few years. As a new practitioner, they provide not only a way for me to learn about Commissioned Corps opportunities, but also a way to give opportunities to the students."

We continue to explore new ways to increase awareness of the series and strengthen the relationships with the Corps and pharmacy students in Maryland and the surrounding areas. We are also seeking students passionate about the Corps to serve as future co-leads and continue expansion of the series. We encourage student pharmacists to realize the importance of the USPHS mission, "to protect, promote, and advance the health and safety of our Nation," and how they can mold their educational pathway to align with this mission.



L-R: Pictured are the three student co-leads: Ms. Chelsea McFadden, UMSOP, Ms. Truptiben Sindhi, UMES, & Ms. Miaka Huynh, NDMU

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Building a Lifelong Career in the USPHS *submitted by* Alexandria Foster, Pharm.D. Candidate 2016.

Preceptor LT Brett Whitehead

Working as a pharmacy intern at the El Reno Indian Health Center pharmacy in El Reno, Oklahoma has been a great and rewarding experience. I have been given the opportunity to work with amazing pharmacists who have served as role models throughout my entire pharmacy school career. Since the majority of the pharmacists that I work with are Commissioned Corps officers for the United States Public Health Service (USPHS), I have taken note of the various benefits these pharmacists receive while in uniform. As a Native American, I have also had the privilege of being in and around the Indian Health Service (IHS) my entire life. I have always known I wanted to work for the IHS from a young age, but it was not until I started working with these pharmacists that I realized that serving in the USPHS would be my ultimate career goal.

I have longed for a career in pharmacy where I would be able to not only serve my Native people but to maintain a good balance between being a mother and wife to my future family and have the opportunity to serve my country. I have always been interested in serving on emergency and humanitarian response teams, whether that is helping people locally or nationwide. I have witnessed the overwhelming efforts of USPHS officers when the need for these response teams arises and the impact they have on the health and well-being of the American people, as well as people served in other countries. The leadership opportunities and ability for promotion has also driven me to pursue this career path. The USPHS provides pharmacists with the capability to advance their careers forward and allows for personal and professional growth, which is not always offered in other areas of pharmacy. Finally, I have yet to see any other pharmacy corporation, company, etc. who provides the investment and care for you and your family as much as the USPHS. The benefits and retirement plans are incomparable from what I have observed thus far.

As a soon-to-be pharmacist, I have weighed out the options for my future and have determined that, if given the chance, being a USPHS officer would be greatly rewarding and the best fit for me. If I had not been given the opportunity to work with pharmacists in the IHS, I would not have been able to see all that being an officer has to offer. I am sincerely thankful for the tremendous support and encouragement from the pharmacists at the El Reno Indian Health Center Pharmacy and the other pharmacists within the Clinton Service Unit. I would be honored to one day serve alongside them in the field of pharmacy as a USPHS Commissioned Corps officer.

Pharmacy Extern at Northern Navajo Medical Center in Shiprock, New Mexico *submitted by* Charna Ross, PharmD Candidate, 2018. Preceptor CDR Ryan Buff. Contributor LT Fiona Chao



Author at Toadlena field clinic, New Mexico

My name is Charna Ross and I am a 3rd year pharmacy student at Florida A&M University College of Pharmacy and Pharmaceutical Sciences. I spent six rewarding weeks as an Indian Health Service Extern at the Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico. When I found out the location of the facility where I would be completing my internship, I didn't know what to expect. I have spent the majority of my life on the east coast and never thought twice about visiting New Mexico. Although I arrived with no expectations, this experience has exceeded any expectation I had.

My most gratifying experience while completing my externship was going out to the field clinics. The field clinics are 30 to 40 miles from the main hospital, surrounded by dirt roads and remote communities. Every Tuesday and Thursday a pharmacist along with a doctor, physician assistant and nursing staff would go out to Sanostee or Toadlena to provide medical care. These field clinics allow patients who otherwise may not have transportation or the means to get to the main hospital

in Shiprock, to see a provider, pick up prescription refills, or order new medications. While at the field clinic, I had the opportunity to counsel patients, witness a diabetes education counseling session and interact with American Indian patients. I also had the pleasure of attending monthly interdisciplinary committee meetings which include the Pharmacy and Therapeutics Committee and Medication Error Committee. This gave me the opportunity to see pharmacists operate in a different setting other than "behind the counter."

Aside from fulfilling my duties as an extern, I also found time to travel. I could not have spent 6 weeks in the southwest and not have



L-R: LT Fiona Chao, Charna Ross and CDR Ryan Buff

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visited the Grand Canyon. Although my time spent at the Grand Canyon was brief, I definitely recommend traveling in a group and splitting hotel costs. I also went white water rafting down the Colorado River, horseback riding in Abiquii, New Mexico and I visited a Lavender farm for the first time!

Lastly, my experience would not have been as fulfilling if it weren't for the amazing pharmacy staff who welcomed me. Not only did I spend time with them at work, they also found the time to connect with me outside of work. The workplace dynamic of the staff at NNMC Pharmacy is comparable to that of a big family. I can definitely see myself working in a similar atmosphere. I am grateful for the opportunity to have spent six weeks with the pharmacy staff at the Northern Navajo Medical Center and I would highly recommend the externship program to pharmacy students.



Pharmacy Students Intern at Centers for Medicare and Medicaid at the Center for Consumer Information and Insurance Oversight Working for the Affordable Care Act

submitted by LCDR Jacquelyne T. Ivery. Preceptor LCDR Vu Nguyen. Contributors Kenneth Doan and Shanelle Covington

The USPHS pharmacists LCDRs Vu Nguyen and Jacquelyne Ivery were fortunate to host two 3rd year pharmacy students for the summer of 2016 at the Bethesda site of Centers for Medicare & Medicaid Services' (CMS) for Consumer Information and Insurance Oversight (CCIIO). Shanelle Covington, from Hampton University School of Pharmacy, was accepted through the JRCOSTEP program and Kenneth Doan, from the University of Maryland School of Pharmacy, was accepted through the CMS Pathways Internship Program. The CCIIO program mission is to facilitate the implementation of all mandates of the Affordable Care Act (ACA). Both students were able to work alongside PHS officers, and a multidisciplinary team of clinicians, attorneys, IT specialists and health policy experts.

The JRCOSTEP program is designed to expose students studying pharmacy, nursing, environmental health, and engineering to the USPHS by allowing them to work at federal agencies alongside Commissioned Corps officers. During Shanelle's time at CMS, she was able to work on several projects. Her main assignment involved performing a process improvement assessment for a formulary clinical appropriateness review that CMS performs annually on health plans that seek to be displayed for consumer shopping on the Healthcare.gov website. The purpose of this review is to ensure that plans offer an appropriate number and type of drugs on their prescription benefit as an expected standard of care. Based on her findings, Shanelle was also responsible for writing and presenting a policy brief on recommended medical condition treatments to add for future re-

views. She felt that it was important to continue expanding the number of conditions under review in order to contribute to improved health outcomes for a larger segment of the U.S. patient population.

Finally, on Shanelle's last day with CMS, she was able to present her paper and recommendations to the CCIIO team and answer any additional questions during one of their weekly meetings. This was a great opportunity for Shanelle to gain experience with presenting in a professional environment.

In addition to the projects she was able to work on with CMS, Shanelle was given the opportunity to visit other sites with pharmacy PHS officers, sit in on pharmacy related seminars, and meet several amazing new people. This was not only a great learning experience, but it was also a great networking opportunity. Overall, this was a very rewarding internship and Shanelle is extremely grateful for the opportunity to experience so much professional growth within one summer.

The CMS Pathways internship is a 12 week program that provides an opportunity for students to enhance their knowledge about CMS's programs, mission, vision and goals.

Kenneth led a project that helped to identify health plans that offered potentially inequitable formularies and also identified plan formularies that did not cover naloxone, an opioid reversal agent, which is a mandatory requirement of the ACA. He most enjoyed learning how key decisions were being made, working in a fast-paced environment on hot button issues and seeing the accomplishments



L-R: Kenneth Doan with Associate Director and Director of the Division of Issuer & Plan Policy (DIPP), respectfully, Rebecca Zimmerman and Leigha Basini

that resulted from the culmination of work done between professionals with different backgrounds.

Although Kenneth and Shanelle were in two different programs, they both agreed that their experiences interning at CMS were very beneficial to their future pharmacy pursuits. They were able to gain exposure to working at a federal agency and exploring a very different pharmacy work environment. Kenneth and Shanelle were able to make great contributions during their time at CMS and their work provided immeasurable support for the overall goals of CCIIO. CMS looks forward to working with more students in the future, as students provide a different perspective and are a valuable resource for the CMS team.

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USPHS Pharmacists provide emergency response in the 2016 Louisiana Floods

submitted by LCDR Steven Rodgers

In August 2016, prolonged rainfall in southern parts of the U.S. state of Louisiana resulted in catastrophic flooding that submerged thousands of houses and businesses. Louisiana Governor John Bel Edwards called the disaster a "historic, unprecedented flooding event" and declared a state of emergency. Many rivers and waterways, particularly the Amite and Comite rivers, reached record levels, and rainfall exceeded 20 inches in multiple parishes.

The storm dropped the equivalent of 7.1 trillion gallons of water. Hurricane Katrina, by comparison, dumped about 2.3 trillion gallons of rainwater in the state. Totals exceeded nearly two feet in some areas as a result of the system remaining stationary, and accumulations peaked at over 31 inches in Watson, just northeast of Baton Rouge. Flooding began in earnest on August 12. On August 13, a flash flood emergency was issued for areas along the Amite and Comite rivers. By August 15, more than ten rivers had reached a moderate, major, or record flood stage. Ultimately, eight rivers reached record levels, including the Amite and Comite rivers.

Even though water levels began to slowly recede by August 15, there were still large swaths of land that remained submerged. Livingston Parish was one the hardest hit areas; an official estimated that 75 percent of the homes in the parish were a "total loss." It is estimated that over 146,000 homes were damaged in Louisiana, not including thousands of businesses. The widespread flooding stranded at least 30,000 people, who were then evacuated by local law enforcement, firefighters, the Louisiana National Guard, the Coast Guard and fellow residents from submerged vehicles and flooded homes.

Many USPHS Commissioned Corps (CC) officers were deployed in response to the flooding, including pharmacy officers. Commissioned Corps officers were deployed to Baton Rouge at the Louisiana State University (LSU) Campus. The Federal Medical Station (FMS) was



Flooding in Baton Rouge, Louisiana August 2016

stationed at the Carl Maddox track and field house in an open gymnasium. In the following paragraphs, two CC pharmacy officers share their deployment experiences during the response of the USPHS to the Louisiana flooding:

LCDR Joshua Hunt (FDA): LCDR Hunt was deployed with Rapid Deployment Forces (RDF) Team #4 on Saturday August 26, following an earlier deployment of RDF-3. The deployment lasted until September 1. LCDR Hunt would staff a special needs medical shelter for patients who had been displaced by the storm. These patients had originated from multiple locations and many had multiple chronic care conditions. When he arrived, there were approximately 30 patients at



Commissioned Officers of the Rapid Deployment Forces (RDF) Team #4

Louisiana State University Carl Maddox Track & Field, Baton Rouge, Louisiana

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Alaska Native Medical Center Ambulatory Care Rotation *submitted by* Hannah Shin, Pharm.D. Candidate
2017. Preceptor LCDR Sara Low

From August through September 2016, I completed a six-week ambulatory care Advanced Pharmacy Practice Experience rotation at Alaska Native Medical Center (ANMC) in Anchorage, Alaska. As a resident of California and a student pharmacist at the Daniel K. Inouye College of Pharmacy at the University of Hawaii at Hilo, I was intrigued at the prospect of completing a rotation in Alaska. I chose this particular rotation because of the reputation of the Indian Health Service. Upon completion, I am very grateful that I did.

The tribally-managed facility serves the Alaska Native people and boasts a unique system that provides a novel experience for any pharmacy student. My rotation was divided up into a variety of settings, including the Internal Medicine Pharmacy, where I counseled patients on new medications, the Alaska Native Tribal Health Consortium Diabetes Clinic, and the Southcentral Foundation Primary Care Clinic. I also spent a couple of days at the Rural Anchorage Service Unit, which provides pharmacy services for remote Alaskan villages, and Mediset Pharmacy, which creates and delivers bubble-packed medications for patients who require the extra tool. The multiple settings and interactions with each preceptor allowed me to further explore different pharmacist roles.

My week at the Diabetes Clinic was under the guidance of the Diabetes Program Director, CDR Judith Thompson. My role as a student pharmacist was to perform medication reconciliations, obtain a succinct and comprehensive history of any pertinent current events, follow up with the team regarding necessary changes, and counsel on new or changed medications. I developed my ability to communicate with patients effectively and efficiently. Not only did I expand my knowledge base about diabetes treatment, I also learned about Native foods and culture from patient interviews!

Under the preceptorship of integrated pharmacist LCDR Sara Low in the Primary Care Clinic, I answered drug information questions posed by physicians and nurses, counseled on new medications such as

inhalers and injectables, and provided patient consultation on any medication-related topic. In one instance, I answered a physician questioning the need for a statin in a young adult, and in a separate instance, I responded to the concern of a woman questioning the true evidence behind a popular weight-loss supplement. During my time in the clinic, I

was exposed to a wide variety of conditions in primary care and experienced firsthand the high-impact role of the pharmacist within an interdisciplinary team.

Drug information and efficient evidence and guideline analysis proved to be key in all settings. I worked on building my skills in evidence-based medicine at the ANMC Pharmacy Journal Club, a weekly meeting led by the ANMC pharmacy residents. Student pharmacists and pharmacy residents took turns choosing and presenting on current journal articles. We critically evaluated each article to ultimately make our own decisions of how the evidence should be applied to pharmacy practice. To conclude my rotation, I gave a formal presentation on Drug-Induced QT Prolongation at the monthly Southcentral Foundation Pharmacists Meeting. Pharmacists expressed appreciation for a relevant presentation, which included tools and information they could utilize to reduce the risks associated with QT interval-prolonging medications.

As a visitor to Alaska, I took full advantage of my free time. My weekends consisted of hikes and sightseeing. The most memorable hike was to the foot of Portage Glacier, where I walked up to a glistening lake created by the melted glacier. Nothing, however, beat witnessing the mystical Northern Lights, which I luckily caught on a clear September night—a check off my bucket list! Needless to say, my time at ANMC reaped many experiences and was an invaluable opportunity to learn, grow, and explore. Thank you to all the preceptors and members of the ANMC team for making this experience possible!



LCDR Sara Low and Author



Hannah Shin showcases glacial ice at Portage Lake, Anchorage, AK

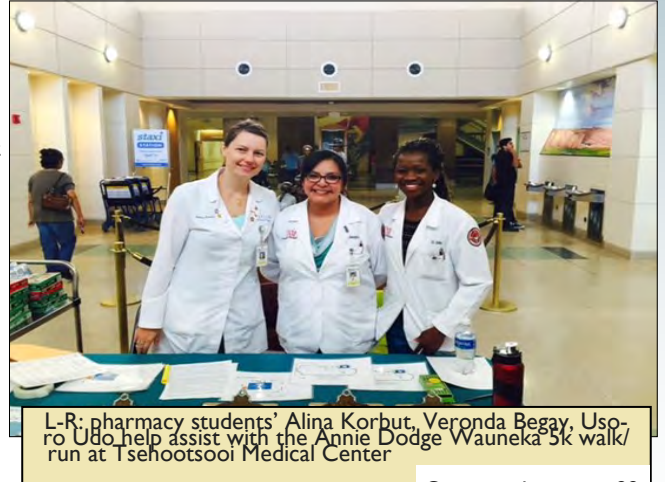
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Exceptional Clinical Experience at Tséhootsoi Medical Center *submitted by* Usoro Udo, Pharm D. Candidate Class of 2017. Preceptor LT Shannon Saltclah

Since childhood, I have always been fascinated by how medications work in the body. I grew up in a little town in Nigeria called Uyo, where health care resources were scarce and services were provided mostly to those who could afford them. Fortunately, my mother was a nurse. She frequently cared for sick relatives and friends at our home, nursing them back to health with a combination of traditional and modern medicine. I learned a lot about patient care as a child, and later decided to pursue a career in pharmacy practice in order to learn more about pharmacotherapy.

Fast forward 15 years, and I am now a fourth year Doctor of Pharmacy student at the University of New Mexico, College of Pharmacy. Over the past three years, the intense pharmacy school curriculum has done well to satisfy my curiosity about the mechanism of drug action, while also providing me with the knowledge, skills and experience to care for my patients. I learned about different organ systems, disease states, and the medications used to effectively manage them. I have also worked with pharmacy practitioners in different settings: pediatrics, cardiology, primary care, anticoagulation, and community pharmacy, and it has been exciting to see how our profession has advanced over the past few decades.

While we have had lots of positive changes in pharmacy practice, we still have more work to accomplish in order to maintain the relevancy of our profession. Pharmacy schools across the nation are now utilizing advanced clinical curriculum to train their students. Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) are incorporated to help students master materials, retain information and be fully ready for prac-



L-R: pharmacy students' Alina Korbut, Veronda Begay, Usoro Udo help assist with the Annie Dodge Wauneka 5k walk/run at Tsehootsooi Medical Center

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My Public Health Service Journey *submitted by* Elizabeth Perry, Pharm.D. Candidate 2017 , LCDR Sean Berkey CDR Ashley Schaber, & CDR Mary Mackey



I never imagined a car ride to school every morning would so significantly impact my future career. Growing up, my neighbor, CAPT Martin Johnston, a pharmacist for the local Federal Bureau of Prisons, drove me to middle school every morning on his way to work. And that is where it all began.

Years later, when CAPT Johnston heard I was pursuing a pharmacy career, he reached out to me and told me about all the opportunities in the United States Public Health Service (USPHS). Because CAPT Johnston's work always intrigued me, I reached out to him during my second year of pharmacy school, seeking further details on opportunities with the USPHS.

Before I knew it, I was on my way to Bowler, Wisconsin to work at an Indian Health Service (IHS) facility for the Junior Commissioned Officer Student Training and Extern Program (JrCOSTEP). I worked under CDR David Axt at Stockbridge Munsee Health and Wellness Center, where I was able to observe their pharmacist-managed asthma clinic, anticoagulation clinic and tobacco cessation clinic. The seven weeks I spent in Bowler went too quickly, and I was able to learn a wealth of information regarding pharmacy, USPHS, IHS and the Native American population.

Although it was an adjustment returning to West Virginia University (WVU) for my third year of pharmacy school, I quickly started preparing for advanced pharmacy practice experience (APPE) rotations. I was anxious to have another opportunity to work for the USPHS; luckily WVU has various APPE sites associated with the USPHS. I applied and was later selected for rotations with Alaska Native Medical Center (ANMC) in Anchorage, Alaska and the Federal Corrections Institute in Morgantown, West Virginia. Additionally, I decided that the Public Health Service was an organization that I wanted to be involved with even after graduation, so I began the application process for the Senior Commissioned Officer Student Training and Extern Program (SrCOSTEP).

As I was warned, my third year of pharmacy school flew by. Before I knew it I was finished with my first APPE rotation in ambulatory care and was on a plane to Anchorage, Alaska to complete an inpatient rotation at ANMC. The extent of my knowledge about ANMC prior to arriving the first day was minimal, but I was pleasantly surprised to see so many pharmacists in khaki when I walked into the inpatient pharmacy.

The rotation at ANMC was one of the best learning experiences I have had thus far in my Doctor of Pharmacy Candidacy. The inpa-

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CMS Inspires Appreciation of Pharmacy Career *submitted by Christine Nguyen, Pharm.D. Candidate 2017*



Three years ago, I moved to New York City to pursue my dreams – pharmacy school at the Touro College of Pharmacy. At the beginning of my pharmacy journey, I was convinced about a career in the hospital setting. However, during my didactic years, I started exploring the idea of retail pharmacy and imagined the rewarding feeling of helping patients in an underserved community. But, then, reality struck. After completing my core Advanced Pharmacy Practice Experiences (APPEs), like many other students, I struggled to see where I belonged in this vast pharmacy career.

It was not until I started my rotation at the Centers for Medicare and Medicaid Services (CMS), when my thoughts about career choice began to change. On my first day with CMS, I was met with unknown bureaucratic words, such as prior authorization, beneficiary, mitigating factors, coverage determination, appeals, and grievances. These words may have not meant much to me the last three years of pharmacy school or even a few weeks ago, but they did at CMS. During the six weeks interning with CMS, I gained a deeper appreciation for what each of these words mean. I credit my time spent with the Medicare Part C & D division team, which allowed for meaningful understanding of these terms and the opportunity to shadow many pharmacists. Each of the pharmacists I met has his or her own unique career experiences, which inspired me even more. Despite their varied pharmacy journeys, I identified a common theme that each pharmacist revealed to me – do your due diligence with the patient in mind.

While on rotation with CMS, I had the opportunity to participate in various activities, including the CMS NYC Innovation Day. This special event exposed me to various presentations and discussions on health care reform in the city. Specifically, I learned that the CMS Innovation Center, formed by the Affordable Care Act, tests innovative payments and service delivery models in an effort to reduce program expenditures, while enhancing the quality of care for all. Networks of diverse organizations were also in

attendance to pledge their commitment in supporting Innovation Day's mission.

Presentations ranging from the New York State Department of Health's plan to implement several initiatives to advance primary care, and Mount Sinai Health System's effort in optimizing care to prevent hospital readmissions were eye-opening developments that I had no idea about. I also enjoyed hearing from those in the community, and found it important to integrate local residents into the discussion about how the health care system serves them. The Community Health Workers (CHWs), which comprises public health workers, shared an unusually close understanding of their work serving the community.

In addition, those who attended Innovation Day also had the opportunity to form into groups to discuss three patient case scenarios, in which we had to formulate ways to aid the patients through their health crises' with the various health resources available in New York City. Through this experience, I learned about the endless resources in the city, and I appreciated the discussion on how to empower the community to seek these health resources. In that moment, I was overcome with validity that I had the opportunity to be a part of an infinite health care system with uniquely, different individuals. Yet, each individual had the same degree of commitment and passion about making a difference.

Specifically, I will always cherish the opportunity to accompany the CMS Region II Pharmacist, CDR Jerry Zee, on a presentation at the Food and Drug Administration (FDA) District Office in New York. Zee's presentations offered insight and encouragement into diverse opportunities with the Commissioned Corps of the U.S. Public Health Service. From his presentation, I took away newfound courage to pursue opportunities that not only better myself, but enable me with skills to essentially care for another human being. I considered it a privilege to hear about the history of the FDA organization, and to tour the various field labs at the regional site in New York. It was enlightening to meet numerous FDA scientists and to learn the great lengths being done in order to keep the public safe.

Another aspect that I thoroughly enjoyed at the CMS was being able to participate in various audits, particularly the Medication Therapy Management (MTM) pilot audits. The MTM pilot audits were initiated this year, and assesses the plan sponsor's performance of the program. I learned a great deal in the process. We, all at one point in our pharmacy studies, learned about the MTM programs, but this was the first time I witnessed implementation. The MTM program is designed to target beneficiaries, who are living with multiple chronic diseases, have a multitude of medication usage, and/or who exceeded detrimental health expenses on prescriptions. The ultimate goal of the program is to optimize therapeutic outcomes, and to ensure appropriate interventions are in place to improve medication use.

The transparency between the CMS auditors and the plan sponsors to reassure that the process would allow both parties to learn from one another, and ultimately result in better health outcomes for Medicare beneficiaries, is what I appreciated. It was incredible to witness firsthand the passion from all the regional pharmacists working cohesively together, and the years of knowledge cultivated in one room. It truly ignited within me the desire to always strive for the betterment of my career, and in hopes of one day amounting to their caliber.

In a world that's motivated by monetary interests in healthcare, it's always a pleasant experience to see that our profession still thrives with keeping the patients' interest in mind. I know I gained the passion to dedicate the rest of my professional career to advocating for patients. It was truly an enriching experience to gain a deeper appreciation of the impact and significant contribution of pharmacists in a non-traditional pharmacy setting. I believe every experience in life has the ability to change us for the better, and I am forever grateful that my time at the CMS was one of these experiences.



My Educational Rotation with the Federal Bureau of Prisons at FMC Lexington

submitted by Shelly Williams, Pharm.D. Candidate 2017. Contributors CDR Katrina Cable and LCDR Henry Nettling



When I first told my mother I was going to work in a prison, she was very concerned. "Are you going to be by yourself?" she asked with worry in her voice. I reassured her I would be in the pharmacy working with pharmacists in a closed setting. Throughout this discussion she often asked me "why?" Even upon starting my advanced pharmacy practice experience (APPE) rotation at the Federal Medical Center (FMC) in Lexington, KY many people would ask me why I chose to work in a prison. "Was this rotation your first choice?" they mused. "Why would you want to work there?"

For anyone who knows me, I have always been willing to think outside of the box. My excitement upon learning I would have an adult medicine elective rotation at FMC-Lexington was palpable. The "why" for me was threefold. First, I understood that my fourth professional year was an opportunity for me to branch out and experience pharmacy practice sites that I would not normally have exposure to. Knowing this, I wanted to experience something that was not available to everyone and that I would not be likely to experience otherwise. My second reason for selecting a rotation at FMC Lexington was the patient population. I realized that acute and chronic disease do not distinguish between those who are incarcerated from those who are not. So I knew I would have the opportunity to see many disease states in one location at the same time. Lastly, I wanted to learn more about Public Health Service (PHS) officers and their role in this unique practice setting.

As Public Health Service officers, the pharmacists at FMC Lexington had a willingness to serve. For example, many times throughout the rotation, pharmacists were called to staff different units of the prison. Also, there were several occasions where a pharmacist was called to do temporary duty at a different Bureau of Prisons (BOP) pharmacy in a different state. Similarly, PHS pharmacists also have the ability to be called to the forefront of national disasters. Being properly trained and having

a passion to serve is evident in the ability of the pharmacists to succeed in their non-pharmacy roles as public servants. Being exposed to PHS pharmacists and their willingness to always help others had a great impact on me and my outlook for the type of pharmacist I wish to become.

In terms of pharmacy practice, FMC Lexington has a wide array of opportunities for both students and pharmacists. At this particular institution there are numerous collaborative practice agreements (CPAs) in effect that allow pharmacists to offer

specific disease-related interventions in collaboration with physicians. For example, the pharmacists manage clinics in hepatitis C, anticoagulation/warfarin monitoring, pain and diabetes management, as well as offer their knowledge about mental health conditions. It was exciting to see the influence pharmacists could have on direct patient care through these clinics! Along with the clinics, pharmacists are responsible for offering drug therapy counseling, answering patient questions, and filling prescriptions for their inmate population, as well as other BOP institutions.

Overall, the pharmacy practice model at FMC strives for pharmacist development, patient-centered care, and collaborative practice for the benefit of the patient. Through my APPE rotation at FMC Lexington, I have gained a better understanding of the United States Public Health Service and its officers, as well as a greater appreciation of the impact pharmacists can have through their drug information knowledge and their dedication to patient care.



Author, Shelly Williams completed her advanced pharmacy practice experience rotation at the Federal Medical Center



Fall/Winter 2016

The Mountain in the Sun *submitted by Veronda Begay, Pharm.D. Candidate 2017.*

Preceptor LT Shannon Saltclah



Veronda Begay is a 4th year pharmacy student at the University of New Mexico College of Pharmacy, photo taken in Sedona, AZ

As a child, I ran through the mountainous knolls of Crystal, N.M., while my great grandmother wove cultural Navajo rugs. She taught me to respect and honor people, our traditions, and faith in the Creator. In her early years of life, she made herbal medicine. I admired her passion for helping others, and knew I would do the same.

My family moved to Farmington, New Mexico, when I was seven years old. It was a definite cultural change. Unlike Crystal, Farmington is an agricultural town, rich with multiple cultures and set in a beautiful landscape. The Colorado Mountains sit within sight of Farmington, as well as the desert plateaus of Arizona and Utah. The beautiful landscape of the Four Corners Region and the different cultures that encompassed it fascinated and inspired me to learn more about the town and the people. While it took adjustment to move, since the Navajo Nation is all I had known, I soon learned to appreciate my home and the importance of constantly trying to improve myself and my community.

A few years later, my great grandmother passed on. Today, the priceless memories of her gentle voice speaking to me in Navajo continues to resonate and guide my first rotation as a fourth year pharmacy student at Tsehootsooi Medical Center in Fort Defiance, Ariz. At TMC, where I worked with and helped many in the Navajo Nation, my eyes reopened to the culture I had left behind as a child.

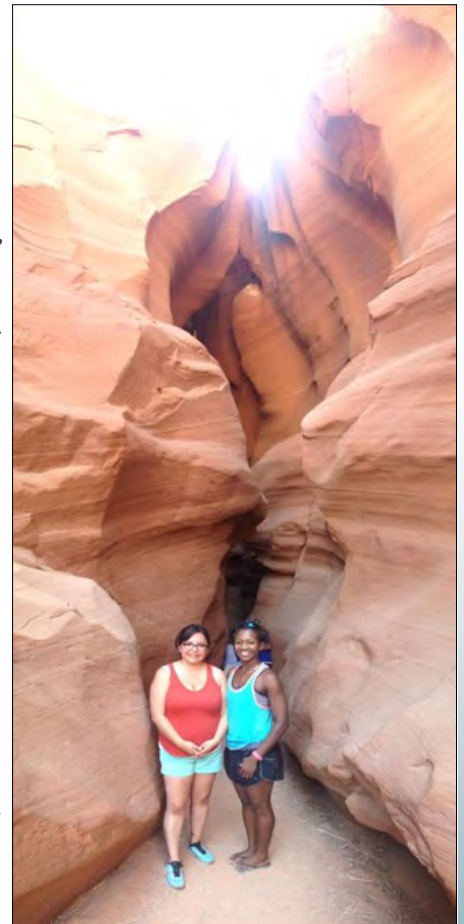
This reawakening was essentially affirmed by Dr. Shannon Saltclah, a fellow Navajo pharmacist from Teec Nos Pos, Ariz. Dr. Saltclah is passionate about the field of pharmacy and enthusiastic about expanding her

knowledge in order to better serve the community. She has given me the opportunity to participate with community outreach programs, including the Annie Dodge Wauneka 5k walk/run, Just Move Its, and educating the public about diabetes. In addition to being an advocate for health professionals, Dr. Saltclah promotes the profession to others by increasing the number of those willing to pursue a career in Pharmacy/Medicine. During my rotation at TMC, I was able to assess patients and give recommendations in the Diabetes and Coumadin Clinic. I also learned about the treatment of tuberculosis, and counseled the Native American population on their medications.

It was an absolute joy to feel the gratitude of helping people in the community, many of whom come from my Navajo background. The patients are friendly and wanted to learn about the medications they are taking. Specifically, I used the “teach back” method while counseling on medications. It was nice to know the patients were listening and engaged on their prescriptions. A handful of the patients referred to me as “their future medicine woman,” which warms my heart knowing that my great grandmother would be proud of me for following in her medicinal path.

What’s more, the hospital staff is welcoming. On my first day of rotation, every person that passed me in the hallway greeted me with a smile and a “Hello.” The pharmacy staff, in particular, almost always gave a helping hand when I had a question. They were eager to teach. The physicians valued the pharmacists, and I felt like I was a part of the team from the very beginning. I also looked up drug interactions and reported back to the physician during my rotation.

Outside of the pharmacy, Dr. Saltclah recommended areas to explore in an effort to get a sense of the region. As a result, I visited the Canyon De Chelly, Petrified Forrest, Grand Canyon, Sedona, Antelope Canyon, Horseshoe Bend, and Monument Valley during my stay. The entire Navajo Nation scenery makes your heart leap. For instance, my home in Fort Defiance sits across beautiful red rocks, with multi-hued stone formations that expand miles creating a vivid, mesmerizing setting, looking like MOUNTAINS IN THE SUN. I could write pages and pages of the experience I had at Fort Defiance. This rotation will be hard to surpass. I have learned a lot and honestly think that IHS Fort Defiance may be my future home as a future pharmacist.



L-R: Author with Usoro Udo explore Antelope Canyon near Page, Az. Both students completed their APPE rotation at Tsehootsooi Medical Center, Fort Defiance, AZ (June 2016)

Want to Complete an FDA Rotation? One Student's Experience *submitted by* LCDR Garrette Martin-Yeboah and Felix Asamoah-Darko, Pharm.D./MBA Candidate, Howard University

This is an interview between LCDR Garrette Martin-Yeboah, Food and Drug Administration (FDA) student preceptor and Felix Asamoah-Darko, Howard University College of Pharmacy student, where you will learn about the FDA rotation experience and how to apply for the FDA Pharmacy Student Experiential Program. Each year the program receives hundreds of applications from pharmacy students interested in pursuing rotation opportunities. Students from pharmacy schools nationwide are able to come and learn firsthand about drug development, the drug approval process, and the internal procedures for bringing safe and effective drugs and biologics to market. LCDR Garrette Martin-Yeboah, a pharmacist and Regulatory Project Manager, with the Center for Drugs Evaluation and Research (CDER), Office of New Drugs (OND), Division of Antiviral Products (DAVP) served as preceptor for seven Doctor of Pharmacy (Pharm.D.) students within the last year. The Pharmacy Student Experiential Program has proved beneficial to both students and DAVP. Students conduct presentations on recent journal articles and complete other division specific projects, and the FDA team shares information about public health and regulatory pharmacy careers.

The Interview

What caused you to pursue an FDA rotation?

- Initially, it was out of curiosity and the desire to learn more about unique career opportunities for pharmacists at the FDA.
- As a future pharmacist (and drug expert), I thought it would be an invaluable experience to learn more about the regulatory body for pharmaceutical products.
- I thought having an understanding of the role of FDA in regulating pharmaceutical products would better prepare me for a successful career in the industry.

How did you learn about the opportunity for FDA rotations?

- Mostly through conversations with fourth-year students (now graduates) who completed FDA rotations.
- I learned more about it from my experiential coordinator during APPE orientation presentations.

tial coordinator during APPE orientation presentations.

- I browsed through FDA's Pharmacy Student Experiential Program webpage to learn about the specifics of the different rotation opportunities within FDA.



L-R: LCDR Garrette Martin-Yeboah, FDA, Regulatory Project Manager and Felix Asamoah-Darko, Howard University PharmD/MBA Candidate

When did you apply to the FDA experiential rotation?

- Fall semester (first week of November) of third year in pharmacy school.

Where did you submit your application information?

- I submitted the application packet to my school's experiential coordinator, who then forwarded it to the FDA Pharmacy Student Experiential Program by the designated due date (early December).
- The application packet included the following: a current CV, a letter of interest, three potential time slots, and a ranked order of my top-three preferred rotation sites.

What did you do to prepare for this rotation?

- After finding out that I would complete a rotation in the Office of New Drugs (OND), Division of Antiviral Products (DAVP), I looked up the FDA's organizational chart to locate where this office sits and the different divisions within the office.
- To better understand the roles and responsibilities of the office, I also looked through FDA's Archived Documents, "Overview of the Office of New Drugs (OND)."

What did you learn? What are the benefits of this rotation?

- Through a series of student lectures, I learned about the roles and responsibilities of the various offices and departments in CDER.
- These offices and departments perform critical public health tasks to ensure that safe and effective drugs are available to US residents.
- Through interactions with current FDA employees and colleagues from other schools, students are able to build a professional network during this rotation.

Where did you work while at FDA?

- CDER, OND, Office of Antimicrobial Products (OAP), and DAVP.

How was your rotation experience?

- I had unique opportunities to participate in Pre-Investigational New Drug Application (Pre-IND) Internal Meetings for drugs with proposed indications for: 1) treatment and prevention of HIV infection, 2) treatment of influenza virus infection, and 3) treatment and prevention of Zika virus infection.
- I networked with pharmacists and other medical professionals in the different offices within CDER
- I gained an essential understanding of the critical role FDA plays in protecting public health by ensuring the safety, efficacy, and security of pharmaceutical products.

Who did you meet during your time at FDA?

- Project managers and clinical reviewers in various CDER departments
- U.S. Public Health Service officers at the FDA and BOP
- Division and Department Directors at FDA, BOP, and U.S. Coast Guard Pharmacy

Other opportunities for students on rotation?

- Students on rotations also have opportunities to visit prominent government and pharmacy establishments, such as the U.S. Coast Guard Pharmacy in Anacostia, DC, APhA headquarters in DC, and ASHP in Bethesda and also tour the Pentagon.

CAREER PROFILE: Quality Improvement Pharmacy Manager for the Alaska Native Medical Center in Anchorage, Alaska. Interview of CDR Sara Doran-Atchison submitted by CDR Victoria Ferretti-Aceto



Commander Sara Doran-Atchison is a Quality Improvement Pharmacy Manager for the Alaska Native Medical Center (ANMC) in Anchorage, Alaska. The ANMC offers comprehensive medical services and acute, specialty, primary and behavioral health care to more than 150,000 Alaska Native and American Indian people living in Alaska. The award-winning medical center includes a 167-bed hospital, a full range of medical specialties, primary care services and labs. The ANMC hospital houses Alaska's only Level II Trauma Center and is Alaska's only hospital designated by Magnet for nursing excellence. The hospital also works in close partnership with rural health facilities statewide to support a broad range of health care and related services.

CDR Doran-Atchison has been at ANMC since 2005. Her current work in Quality Improvement involves identifying and implementing effective process improvement measures to support the development of pharmacy services and medication safety. She serves as an active participant and liaison for the pharmacy related to ANMC policy and procedure groups, environmental safety and patient safety. CDR Doran-Atchison coordinates efforts to assure compliance with regulatory agencies such as the Joint Commission and CMS. She also creates, reviews and/or assists with the development of departmental training and competency tools and processes.

CDR Doran-Atchison received her Bachelor's degree from St. Louis College of Pharmacy in 2004. After that, she received her Pharm.D. from St. Louis College of Pharmacy in 2005. She recently completed her Master's in Public Health at University of Massachusetts Amherst in 2014.

What led you to pursue a career with the USPHS Commissioned Corps and Alaska Native Medical Center (ANMC)?

I actually came to ANMC as a student, while I was working on my internship. What I enjoyed most was working with the patient population and the pharmacy staff members. Working at ANMC and being an officer felt like more than just a job, but an opportunity to make a difference. Before becoming an officer, I worked at St. Louis University Hospital while working on my Pharm.D.

You say that you have been at ANMC since 2005. Since you have been there a while, it must be a great place to work! What do you like best about your work with ANMC?

I really enjoy working with the patients here. They are always grateful for the care provided. I also appreciate my work colleagues. We spend more time with the people we work with than our families sometimes. So it is great to work with people that we like and have fun with.

You say that your position is in Quality Improvement and you gave us an idea of what that is in your brief bio. In what ways does having a robust Quality Improvement program make a difference in the lives of the people that you serve?

Having a robust quality improvement process helps ensure that patients are getting the safest care possible and advances the profession of pharmacy.

In your opinion, what qualities make someone a good candidate to work in the Quality Improvement Pharmacy Manager role?

A bit of everything...clinical expertise, management and leadership skills are most important. One must also be the type of person who follows through. To work in this role, you have to be task driven to accomplish things and take tasks through to the end. You have to be skilled at getting around "roadblocks"

so that tasks are brought to completion.

What are some of the unique challenges with what you do/where you work?

Working with other disciplines can sometimes be challenging. Our role is to help nurses and providers with problem solving. To be helpful, you have to understand the regulations that govern their practice and appreciate the scope of their practice.

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

Commissioned Corps brought in the aspect of living healthy and being active. Also, as an officer, I always strive to be the best practitioner I can be. I know that my performance will reflect not only on me, but also other officers and the uniform.

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

When opportunity knocks at your door, don't be hesitant to "go for it" or explore it. My original plan was to get into a residency. After working at ANMC as an intern, I realized how much I loved this area and I decided to pursue my career at ANMC as a PHS officer.

Living in Alaska must provide you with some unique opportunities to enjoy the natural beauty and to learn about the interesting cultures in the area. What opportunities/activities do you enjoy when you are off duty?

We camp and fish during summers and we love to be outside as much as we can with all the fresh air and beautiful scenery. In winter, we go ice skating and cross country skiing. We also enjoy watching our son's hockey games.



Fall/Winter 2016

CAREER PROFILE: USPHS Participation in the Medical Reserve Corp: Interview with LT Trey

Druade. Submitted by CDR Monica Reed-Asante, LCDR Lysette Deshields, LCDR Ashlee Januszewicz, and LCDR Sadhna Khatri

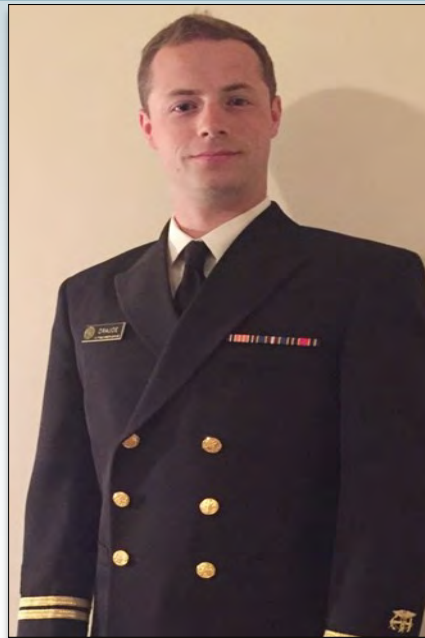
The Medical Reserve Corps (MRC) is a network of organizations and volunteers that work in collaboration to improve the public health resiliency and disaster related preparedness of communities. The MRC began shortly after the September 11th Terrorist attack. That is when the need was recognized for a national database that includes a list of qualified and credentialed volunteers to respond to local, state, and even national level disasters. This network allows emergency responders and local health departments to coordinate MRC volunteers and constantly train and educate their community for various disaster scenarios. Although most volunteers are healthcare professionals, ANYONE can volunteer with a local MRC! We had the pleasure of interviewing LT Trey Druade, who is currently a member of the Richmond City MRC.

Question: What is your background?

Answer: I graduated from pharmacy school with a concentration in Global Health from the University of Pittsburgh. I completed a JrCOSTEP after my second year of pharmacy school in the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) when it was located in the Wootton Parkway Office of the Surgeon General (OSG) Office building. This was my first introduction to the MRC and I have been volunteering in every community I have been stationed at ever since. After graduation as a SrCOSTEP, I was stationed with the Federal Bureau of Prisons in FCC Petersburg in Virginia where I currently volunteer with the Richmond City MRC.

Question: What inspired you to join the MRC?

Answer: My interest in the USPHS is what originally got me involved with the Medical Reserve Corps. This was due to having the opportunity to be a JrCOSTEP as a student. The MRC Director, CAPT Robert Tosatto, gave a presentation at my university which was one of my first introductions to both the



LT Trey Druade, member of the Richmond City Medical Reserve Corps (MRC). LT Druade also served as a JrCOSTEP and SrCOSTEP

MRC and USPHS. I was immediately drawn to the missions of both opportunities, given my passion for emergency preparedness and public health.

Question: What is your primary role on the MRC?

Answer: My primary role changes to the needs of the community or the exercise drill that the health departments are running. My profile and credentialing is that of a pharmacist, but I have yet to deploy for a local disaster in that role. To date I have played many roles, including that of a mock exercise patient, a pharmacist providing vaccinations, a volunteer passing out pamphlets on the Zika or Ebola viruses, or an instructor walking participants through the steps to create an emergency preparedness kit for their homes.

Question: What is one of your noteworthy experiences on the MRC?

Answer: One of my favorite experiences was

being able to provide vaccines to the community as a pharmacist. This allowed me to practice my injections skills as well as practice how to administer a large volume of medications in preparation for an emergency. Instructing community members on creating house hold emergency preparedness kits was another great experience to date. Playing the role of a student and a patient in a mock exercise related to a university bomb threat and mass casualty drill were great opportunities to review the ICS structure and learn from a mock emergency drill. I am also able to continue my learning from other role playing exercises that simulate emergencies and the MRC-Train website that I have access to as a volunteer. The MRC train is similar to our Responder E-learning website that we use as USPHS officers with various courses you can take regarding emergency response.

Question: What is the most rewarding part of being on the MRC?

Answer: The understanding that although I am only one member of the community, by being a part of my local MRC unit, I am able to provide a large impact by joining forces with many other health professionals and volunteers to increase the resiliency of our community. It also allows me to constantly “check the pulse on my preparedness” as I like to call it, because there are always emergency response drills to volunteer for and participate in.

Question: What is a typical deployment on the MRC like?

Answer: This is a hard question to answer as disasters can come in many unpredictable forms. During my short time of volunteering as a pharmacist (just over one year since graduation) I have not had to officially deploy for any disasters. However the MRC unit

Continued on [page 25](#)

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JRCOSTEP: A Small Clinic Full of Big Hearts *submitted by Jason Sparks, Pharm.D. Candidate 2018.*

Preceptors: CDR Misti Houck and LCDR William Freiberg

“Those individuals were blessed with amazing experiences.” That’s what I remember thinking as I read previous JRCOSTEP testimonies on the USPHS website. I decided to take a chance and began the JRCOSTEP application process in October. After months of eagerly checking my email mailbox, the email I wanted arrived on February 26th. I had officially been selected as the JRCOSTEP for the Catawba Service Unit (CSU) in Rock Hill, South Carolina!

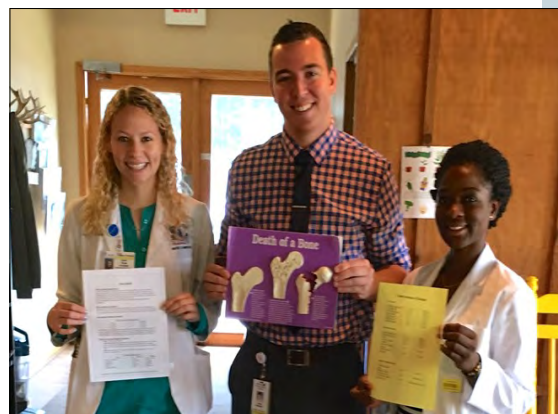
It was finally June 6th, and it was time to start my journey as a JRCOSTEP. I walked in the clinic, approached the front-desk, and introduced myself as the site’s JRCOSTEP. They instantly welcomed me into the CSU family and made me feel at home! I even received a complete tour of the Catawba Indian Nation reservation by LT Heather Rhodes and was taught the history of the surrounding area. Then it was time for me to see what CSU was about.

CSU offers many services to not only the Catawba Indian Nation, but to all members of federally recognized tribes. The many different services offered at CSU allowed me to work with pharmacists, nurses, a dentist, dietician, diabetes educator, pediatrician, physician-assistants, and even a psychiatrist. My preceptors, CDR Misti Houck and LCDR William Freiberg, welcomed and encouraged me to counsel patients regarding diabetes education, OTC medications, tobacco cessation, and prescription medications. They also allowed me to review patients’ health records and even add notes of my own to the patients’ records under their supervision regarding counseling or recommendations. I was truly treated as part of the healthcare team. I was also able to observe my preceptors write and develop new policies in order to revamp the pharmacy’s anticoagulation and MTM clinics. This allowed me the opportunity to draft my own policy regarding the pick-up of controlled-substance medications. Some other actions I was able to participate in included controlled-substance inventory, dental charting, pediatrician clinic appointments, and home visits. CSU included me in the clinic’s Commissioned Officers Association (COA), Methamphetamine Suicide Prevention Initiative (MSPI), Education Community Outreach (ECO), mental health first aid training, and staff meetings. In addition to working in the clinic, I got to assist and lead projects within the community.

The first major project was the annual health fair, where CSU offered blood pressure checks, height and weight screenings, dental fluoride varnishing, heart health education, smoking cessation education, and even provided fun outdoor games for the children to enjoy. I also had the opportunity to lead a project regarding the Million Hearts Campaign. We worked together to design a spinning wheel that would allow patients the opportunity to answer questions regarding aspirin, blood pressure, cholesterol, or smoking. Each patient received a prize that included some goodies along with information regarding the respective topics.

I also had the privilege to visit the Catawba Indian Nation’s senior center and talk to them regarding bone health, the five stages of grief, and the importance of hydration and sunscreen. I was able to provide glucose checks, and helped pick blueberries to make them a healthy dessert. The seniors were really receptive, asked great questions, and made me feel like I was truly making a difference! Additionally, I was able to work with the Boys and Girls Club by providing sunscreen and hydration education, and even briefly worked in the community gardens.

Being a JRCOSTEP truly sparked my passion to serve within the USPHS. I am forever grateful for the experiences that will make me a better pharmacist, the new friends I have made, and the USPHS student program for introducing me to the many opportunities that are ahead!



L-R: Student pharmacists’ Sarah Fisher, ENS Jason Sparks, and Wanai Kum discussing bone health at the Catawba Senior Center



BILL GATTON
COLLEGE of PHARMACY
EAST TENNESSEE STATE UNIVERSITY



Catawba Service Unit staff and students getting into the spirit at the annual health fair by bringing out the crazy hats!

Fall/Winter 2016

JRCOSTEP: Following in Footsteps: JRCOSTEP Experience turned APPE Rotations

submitted By Joelle Faran, Pharm.D. Candidate 2017. Preceptor Kelley Simms

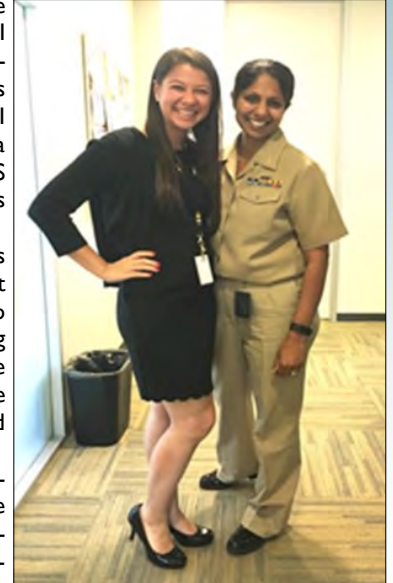
In the summer of 2015, I was selected to be a JRCOSTEP at Whiteriver Indian Hospital in Whiteriver, Arizona which serves approximately 17,000 tribal members and other American Indians located near the area. I traveled over 1,500 miles to serve an underserved population and learned about the United States Public Health Service (USPHS) Commissioned Corps. My typical day would start with me shadowing clinical pharmacists, then I would counsel patients based on the Indian Health Service (IHS) interview style of using open ended questions. I also created patient satisfaction surveys for the outpatient and emergency department pharmacies and collected the data in order to analyze the quality of the patient care and how it could be improved. I learned about the many roles that pharmacists play in both the inpatient and ambulatory care settings of a hospital. I felt like I was truly using my knowledge and education to help those who needed it the most. IHS takes excellent care of their patients, understands the importance of improving the quality of life for its people, and utilizes pharmacists to play a critical role on the healthcare team.

As a JRCOSTEP, one of my favorite clinics I was involved in was the immunization clinic. I was able to administer vaccinations to newborns, children, and adults. I was able to make an impactful patient intervention by reducing the number of immunization shots a five year old child received when catching up on her immunizations. The patient was going to receive four separate immunization shots, including Diphtheria, Tetanus, and Pertussis (DTaP) and Inactivated Polio Virus (IPV) vaccines. I suggested that the child receive the combination vaccine, Kinrix, which contained both vaccines. This intervention reduced the number of shots that the patient was given, eased the parents' and the patient's anxiety, and promoted immunity. This was an opportunity that I do not believe I would be able to get elsewhere.

I enjoyed learning about the USPHS and it inspired me to learn more about all of the opportunities pharmacists have in the Commissioned Corps. In June 2016, I was able to complete a rotation at the Food and Drug Administration (FDA), Center for Drug Evaluation and Research (CDER), Office of Compliance in the Office of Scientific Investigations (OSI) in Silver Spring, Maryland. This was an amazing experience. I was able to see the role a pharmacist plays in regulatory affairs as a part of the Commissioned Corps. These pharmacists hold administrative roles and review data reliability in order to fulfill the FDA's mission of promoting and protecting public health. As a student, I was able to attend lectures and learn about the different offices and divisions that comprise the FDA. Additionally, I was able to visit the American Pharmacists' Association headquarters and the National Institutes of Health. In addition, I worked on research projects, administrative tasks, and honing my managerial skills.

While I was at IHS and the FDA, every officer I met was willing to share about his or her career and USPHS experiences. It is invaluable to hear about the rewarding careers that they have had since joining the Commissioned Corps. At the FDA, I met and worked with CDR Kelley Simms, who is also an alumna of my university, Ohio Northern University and completed a JRCOSTEP at the Whiteriver Indian Hospital. I was able to learn from CDR Simms, and we were able to talk about our shared experiences. I have made invaluable connections with Commissioned Corps officers, and each officer has taught me how they live out the values of leadership, service, integrity, and excellence.

I am very excited for the opportunities I have been given, and I look forward to learning more about the USPHS when I complete a rotation at the Centers for Disease Control and Prevention in the Division of HIV/AIDS Prevention in Atlanta, Georgia in March 2017. The Commissioned Corps is dedicated to serving the public and promoting public health, and each agency has demonstrated how they work together in order to fulfill this mission.



L-R Joelle Farano and preceptor CDR Kavita Dada at the FDA Office of Scientific Investigations June 2016.



L-R: LCDR Hillary Duvivier and Joelle Farano spoke on a local Apache radio show in Whiteriver, Arizona July 2015



FDA experiential students receive tour of National Institutes of Health Pharmacy in Bethesda, Maryland in June 2016

Fall/Winter 2016

JRCOSTEP: Yakama Indian Health Center (YIHC) Experience *submitted by* ENS Alena Korbut, PharmD Candidate 2017. Preceptor CDR Mark Iseri



Author with CDR Mark Iseri

I believe “everything happens for a reason” and the opportunity to be a part of the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) at the Yakama Indian Health Center (YIHC) was one momentous one. After a rigorous application process, I chose to go to Washington and explore the Yakama Nation because I am passionate about the clinical aspect of pharmacy.

The director of pharmacy at YIHC and my preceptor CDR Mark Iseri trusted in my work ethics and gave me a good learning experience, and the opportunity to assist with Healthy Heart appointments. This site was highly beneficial to my learning process. Clinical application with real patients helped me tremendously to identify my strengths and weaknesses. More importantly, it provided the scenario to strategize and improvise treatments effectively and efficiently. At YIHC, I worked with a very efficient and motivated team of 6 pharmacists and 5 technicians. The ambulatory clinic setting was larger than

the norm, and it provided firsthand experience of working with different individuals who possess a diverse set of knowledge, experience, and cultural backgrounds.

Washington State has a unique opportunity for pharmacists to practice under a Collaborative Practice Agreement (CPA). The YIHC Pharmacy operates a Healthy Heart (HH) diabetes clinic focusing on three chronic diseases states: diabetes, hypertension, and hyperlipidemia, all of which are managed by the pharmacists under CPA guidelines. Pharmacists initiated and discontinued medications, ordered labs and referrals for outside services, which benefitted those patients who did not visit their provider very often. Other pharmacy services included anticoagulation, smoking cessation, asthma, and immunization clinics. In addition, a recent Pharmacy OTC service that was implemented is designed to increase access to care for those who were unable to see a physician for acute care due to staffing shortages. This led to direct patient-pharmacist interaction for common cold symptoms, contraception, GI problems, lice, and common skin disorders. My contribution in the material development resulted in a tri-fold brochure and poster advertising the Pharmacy OTC service. Moreover, LT Ryan Pett and I provided a Smoking Cessation continuing education for nurses, instructing them on proper patient education, available products, and a quit plan. Additionally, I was also able to create a take home card for patients who were resistant to starting cessation.



One of my biggest accomplishments was starting a referral program for Healthy Heart patients to the Diabetes Wellness Center. Although, the ultimate goal was to refer all 600 patients, we were able to refer 30 patients in the first 2 weeks. Once enrolled, patients participated in a variety of classes that focused on physical education and nutrition to help them achieve their goals to either lose weight or to be able to run a mile in an effort to minimize complications and/or medications associated with diabetes. Although not required as a JRCOSTEP, I also took the opportunity to wear the USPHS uniform and be a part of the Commissioned Officers team, which gave me great pride to be able to serve my country.

In retrospect, the biggest obstacle I had to face was trying to implement a Medication Therapy Management (MTM) program at the site utilizing a third party solution called OutcomesMTM®. I learned that a federal site can have its challenges, just like any other organization, which leaves room for future opportunity and improvements. Furthermore, I learned that I have to be very knowledgeable on the subject, persistent, and do not give up my dreams. Communication, negotiation, and ability to adapt to different personalities are very important skills to have. Overall, I enjoyed the program very much and will apply for their residency program.

I was able to explore the area on the weekends, which added to my JRCOSTEP experience as a whole. I was thrilled to see Mount Rainier, hike in the snow at Sunrise, and visit Snow Lake in Paradise. I enjoyed picking fresh Rainier cherries, eating fresh blueberries, cucumbers, and apples from the gardens of my friends. Needless to say, I had a great time in Seattle, eating the best chowder, exploring the famous Pike Place Market, and just watching people on a busy street of a hilly town.

I want to thank CDR Ron Woney and Dr. Thad Koppenhafer for their unwavering support through the application process that had made the JRCOSTEP possible for me. Also, I want to thank the Yakama Service Unit and all the employees for having me there and making it a priceless experience for me.



Yakama Indian Health Center pharmacy staff



Continued from page 6... Pharmacists in the 2016 Louisiana Floods

the facility. The Office of the Assistant Secretary for Preparedness and Response (ASPR) had provided two pharmacy caches, which were available for pharmacotherapy dispensing needs.

LCDR Hunt worked alongside two DMAT teams: DMAT CA-11 and DMAT MA-2 to provide patients with appropriate acute and maintenance pharmacotherapy. LCDR Hunt indicated that the provision of pharmacy services was around the clock, with RDF-4 Pharmacy section coverage divided into two 12-hour schedules.

The deployment was approximately six days in length and occurred during a time in which the Incident Response Coordination Team (IRCT) began demobilizing due to a decrease in patients needing medical care. The deployment offered opportunities for training, including the Surgeon General's "Turn the Tide" opioid initiative and training on mobilized safety kits. This was LCDR Hunt's third deployment with the RDF-4 team.

CDR Selena Ready (FDA): CDR Selena Ready was deployed as the Team Leader of the Service Access Team 3 (SAT-3). SAT-3 was a multi-disciplinary team with pharmacists, nurses, social workers, health education specialists, physician assistants, and psychologists. According to CDR Ready, the SAT-3 worked well together and drew upon each other's strengths. She stated, "We did not judge each other for what we did not know but took pride in the fact that we could learn."

The objective of this particular mission was to coordinate discharge planning within the FMS and transition the disaster victims to appropriate services and resources within their Louisiana community. The FMS, which had been operating for two weeks, was scheduled for closure and needed a specialized team, such as the SAT, to coordinate discharge planning services for the remaining complex, special needs disaster victims.



Pharmacy ROCKS!!
 (back row L-R) CDR Zaki Gad, LCDR Joshua Hunt
 (front row L-R) DMAT CA-9 Pharmacist Moses Chang; RDF-4 Pharmacist Team members LCDR Charity Earnhardt, CAPT Deborah Cookson.

Many of the skills needed for a SAT member are found with pharmacists, as they are trained in direct patient care, needs assessment, medicine, and many other areas of health care. According to CDR Ready, they worked directly with nurses and physicians in their day jobs, so they knew how to communicate in an interdisciplinary health team. She continued, "A skill that we often do not possess, as pharmacists, is the human services coordination, which is found in social workers. So pairing a pharmacist and a social worker together makes for a great team."

During SAT-3 deployments, CDR Ready worked directly with the patients to identify their health and human service needs. Often, the SAT coordinated clothing, food services, and spoke with family members of the disaster victims to arrange for temporary housing. CDR Ready stated, "Thus, you begin to connect and care for the patients, especially when obstacles arise that may inhibit a smooth transition back into their community." Upon reflecting on her patient interactions, she stated, "I generally remember all the patients, but there is usually one patient on each deployment that



CDR Selena Ready pictured with members of SAT-3, the local Discharge Planning Team and the LSU Campus Police for the USPHS deployment to the 2016



CDR Tracie Farrill, Deputy Team Commander briefs the team during shift change at the Louisiana State University Carl Maddox Track & Field House on 8/18/16 at 2030 in Baton Rouge, Louisiana.

Continued from page 18... Pharmacists in the 2016 Louisiana Floods

really touches my heart. This time in Louisiana, it was Joe [name changed for patient protection]. Joe was a young, quadriplegic and his elderly mother was the caregiver, providing 24-hour care for the past six years. It was extremely heart-wrenching to see their need and completely gratifying to be able to coordinate services for them. They were so very thankful for the care they received at the FMS and for all of the services coordinated by the SAT-3."

CDR Ready deployed three other times: for Hurricane Sandy in New Jersey, Ebola in Liberia, and the Flint Water Crisis in Michigan. Each deployment was different for CDR Ready. Here is some advice she offers to those who get deployed:

- ◇ Be prepared during your on-call month if you are on a response team.
- ◇ Have all uniforms and a go-bag ready.
- ◇ Do not plan vacations, trainings, family events, etc. during your on-call month.



Clinical care team receiving daily detail of patient care and progress during "rounds"
L-R: CDR Lorena Crowley, CDR Sheryl O'Shea, CDR Michelle Jesse, and Evangeline Pablo

Once in a Lifetime Opportunity: FDA Rotation *submitted By Billy Ning, Pharm.D. Candidate 2017*

Before starting pharmacy school, I thought I was destined to become a "traditional" pharmacist, working in a retail pharmacy setting. Even in my 5th year of college, I didn't realize the range of career options that were available to me with my Pharm.D. degree. Thankfully, I was one of the fortunate few who were selected for a Food and Drug Administration (FDA) rotation in the Center of Drug Evaluation and Research (CDER), Division of Drug Information (DDI) on July 2016. This experience changed my outlook on the pharmacy profession as whole.

The Division of Drug Information (DDI) is the focal point for all public inquiries regarding human drug products for CDER. One of my responsibilities as a pharmacy intern at DDI was to aid in the MedWatch program, a system that collects reports of adverse events and quality problems with drugs and medical devices. When patients have concerns relating to their medication, they call the MedWatch line to voice their concern regarding a side effect they may be experiencing or to report any other concern regarding a medical product. Not only is this a great resource for patients, but health care providers can also report adverse effects on behalf of their patients. The MedWatch program allows the FDA to gather information and monitor the long-term safety profile of medications. In addition to this, I fielded questions from consumers, health care providers, and industry professionals. Sometimes patients just wanted somebody to listen to their concerns. No matter their reason for calling, it was always gratifying to hear the appreciation from the patients at the end of each phone call. This experience helped me improve my interpersonal skills, an accomplishment that will be useful in the future and that I will cherish for the rest of my life.



Coming to the FDA, I wanted to experience as much as I could in the short four weeks of my rotation. The FDA Pharmacy Student Experiential Program (PSEP) included student lectures that allowed me to learn about the many responsibilities of the different offices and divisions in the FDA. Through these lectures, I was able to connect with other students from different areas of the US, as well as different people within the many offices and divisions in the FDA, such as the Office of Regulatory Affairs (ORA) and the Office of Prescription Drug Promotion (OPDP). A fellow from OPDP provided me with mentorship and guidance on what a fellowship is like and how to embark on pursuing one. These experiences at the FDA encouraged and inspired me to pursue a postgraduate fellowship in the world of regulatory affairs. While I was at the FDA, I also had the unique opportunity to attend two CDER Advisory Committee meetings. One was about a proposed biosimilar to Enbrel (Etanercept) called GP2015 and the other was about the safety of an efficacious drug for psoriasis called Brodalumab. After attending these meetings, I was tasked with providing a short oral presentation to DDI about what was discussed. Additionally, I met with many individuals from the U.S. Public Health Service (USPHS), including one retired officer who contributed a great deal to the healthcare community. Hearing about his experiences as a USPHS officer and getting his advice gave me a different perspective on what I could achieve in my career with a Pharm.D. degree.

I will always be grateful for having this once-in-a-lifetime opportunity. Spending a month at the FDA was enlightening and broadened my outlook on the pharmacy profession. It enabled me to set a new direction for my career goals, improve my interpersonal skills, and see that there is much more to pharmacy than I originally thought.



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Fall/Winter 2016

Advanced Pharmacy Practice Experience at Tséhootsooí Medical Center (TMC) in Fort Defiance

submitted by Alena Korbut, Pharm.D. Candidate 2017. Preceptor LCDR Gladys Williams



Author with LT Williams

I am fortunate to have another opportunity at Tséhootsooí Medical Center (TMC) in Fort Defiance, AZ as an Advanced Pharmacy Practice Experience (APPE) student and to work with devoted, hardworking, and talented healthcare professionals who bring their expertise and enthusiasm to the pharmacy profession. With their support and my dedication, last summer as a JRCOSTEP, I was able to establish a rotation site at TMC with my college of pharmacy. This opened up opportunities for prospective students from my college of pharmacy to explore Indian Health Service (IHS) as a career option.

Since I was familiar with TMC pharmacy's daily clinical operations, I willingly took the responsibilities and mentored other pharmacy students. Surprisingly, they knew me beforehand and truly appreciated my guidance. Moreover, I have built a good relationship with my preceptor LT Gayle Tuckett and we have continued working together on our project. Last year, I helped collect data for the asthma clinic, and this year we developed a poster. To my excitement, the results were presented at the 2016 AMSUS annual meeting in Maryland. I am very fortunate to have had met LT Tuckett, who is a great mentor and an even greater person.



I would like to thank my current preceptor LCDR Gladys Williams, an alumna of Lake Erie College of Osteopathic Medicine (LECOM) - School of Pharmacy. LT Williams had high expectations of me and was very helpful and responsive to my ideas throughout the rotation. During that time, my project was to develop a Diabetes Mellitus Type II (DMII) protocol for inpatient use to get away from using a sliding scale protocol/regimen. We reviewed the inpatient DMII treatment in specific cases, while I was given the privilege of interviewing the patients for pertinent notes and to provide them recommendations under her supervision. Together, we made a change by educating on healthy habits, lifestyle changes, and insulin administration. The ultimate results of our hard work inspired me to continue to be active, learn more, and most importantly, become a better clinician. I feel privileged to have met some extraordinary students and to have shared my experiences with them. We volunteered together at numerous events at TMC. They have an outstanding pharmacy team, whose team members are very active and united. We were able to participate in many events, such as the Navajo Nation's "Just Move It" 5k walk/run that promotes active and healthy living for the community. Also, we organized cookouts, participated in game nights, and had a really good time while working.



During a weekend, I had an opportunity to travel and explore the area. Fort Defiance is located a few hours from historic Durango, CO, where you can take a train to Silverton, CO. On my drive back, I enjoyed a "million-dollar highway" and the spectacular sceneries of Colorado. The middle of June is a perfect time to play with the snowballs high up in the mountains. On the contrary, most of the meadows were covered with fresh green grass and millions of dandelions. If you want to enjoy the four-mile waterfall hike in Pagosa Springs, catch the mist of the waterfall, eat lunch on the edge of the mountain, and get lost in the middle of the forest – you can! At the end of the day, the unbelievable hot springs will heal your aches and recharge you with energy.

Overall, I would like to thank everyone for contributing to my outstanding experience, and thank you to my scholarship donors from CFSC, Beall, AAUW, NCJW, and GCCF for making my dream come true.

I "thank you all" from the bottom of my heart



Tsehootsooí Medical Center pharmacy staff participate in Navajo Nation's "Just Move It" 5k walk/run in Fort Defiance, AZ 2016

Fall/Winter 2016

Learning to Lead with the Phoenix Area IHS *submitted by* Jordan Ellstrom, Pharm.D. Candidate 2017. Preceptor CAPT Rebecca Reyes

Before I began my Advanced Pharmacy Practice Experience I spent time researching the duties of pharmacists within the Indian Health Service (IHS) and the US Public Health Service (USPHS). I read through the job descriptions and studied the mission, vision, and structure of the organization. Though I felt prepared for the experience, I had no idea how much I would grow to appreciate the diverse and innovative roles of pharmacists within the IHS.

As a student, it can be difficult to obtain meaningful leadership experiences. This was not the case while on rotation with CAPT Rebecca Reyes, the Phoenix Area Pharmacy Consultant. I experienced firsthand how pharmacists can serve as leaders within our health systems. On my first day I had the opportunity to

travel to Parker, Arizona to help coordinate the installation of an automated dispensing system. I was exposed to the nuances of integrating pharmacy systems and the challenges of coordinating a large project. My next task was to aid in the screening and evaluation of Chief Pharmacist candidates. Evaluating pharmacy leaders is an excellent way to learn the traits that make an effective leader. Other opportunities included meeting with Arizona Medicaid Office to address pharmacy reimbursement and creating guides to assess the cost-effectiveness of a pharmacy residency program. One of my greatest opportunities was the chance to work on a collaborative leadership development series for IHS and VA pharmacy residents.

Working in an administrative role certainly does require leadership skills, but it does not negate the need for clinical pharmacy skills. Recently, the Phoenix Area IHS has taken steps to address the opioid crisis by providing naloxone training to first responders. I was able to work with CAPT Reyes to provide training programs to officers within the Bureau of Indian Affairs and Tribal Law Enforcement. This experience also required an understanding of pharmacy law. I was given the opportunity to clarify policies regarding appropriate buprenorphine prescribing practices and the responsibilities of pharmacists when filling controlled substances. I was also encouraged to gain experience in the areas of clinical pharmacy that were of particular interest to me. These experiences included oncology, anti-coagulation, and tobacco cessation.

During this rotation CDR Kendall Van Tyle introduced me to the practice of Pharmacy Informatics. Here I discussed strategies for maintaining an optimized drug file and creating systems that communicate effectively with one another. I also learned the potential of informatics to collect data and evaluate meaningful endpoints. Though my baseline knowledge of informatics was little to none, I came away with a strong appreciation for the importance of informatics in creating functional pharmacy systems and electronic health records.

My time with the Phoenix Area IHS was incredibly rewarding. It gave me the opportunity to grow as a future pharmacist and develop as a leader. I learned that pharmacists have an often untapped potential to improve patient care. Every day pharmacists within the IHS serve patients in innovative and challenging roles.



Going to Prison: APPE at the Federal Correctional Complex (FCC) FCC Hazelton *submitted by* Ms. Sara Mantick, Pharm.D. Candidate 2017. Preceptor CDR Brian N. LaPlant

Before I began my first Advanced Pharmacy Practice Experience (APPE) rotation in May of 2016, my friends and family kept asking me if I was scared or nervous. I kept responding, "Why should I be?" I knew their concerns; I would soon be working with federal inmates in a maximum security prison at the Federal Correctional Complex (FCC) in Hazelton, WV, a place out of most people's comfort zones. But I was excited. I was going to prison.

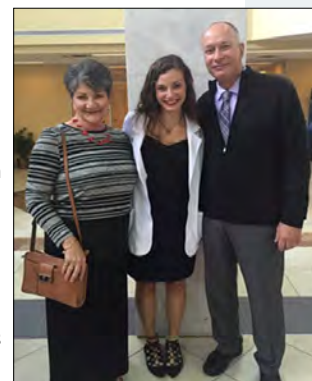
My first exposure to the United States Public Health Service (USPHS) was at an American Pharmacists Association Annual Meeting in Orlando, FL in 2014. I was first attracted by the USPHS uniforms because I had never seen pharmacists without business dress and a white coat before. I stopped at the Bureau of Prisons booth, curious about these new looking pharmacists and ended up spending close to two hours speaking with them about their profession: duties, job activities, goals, patient interactions, and the journeys of their pharmacy careers. I knew after speaking to them that I wanted to become a USPHS Pharmacist upon graduation.

So back to FCC Hazelton: This rotation was available to fourth-year pharmacy students at the West Virginia University School of Pharmacy through application via an essay describing the importance of this experience and career goals, along with a CV. I was fortunate enough to join the pharmacy team for five weeks in May of 2016. Even though it seemed like five weeks flew by, my time spent at FCC Hazelton will remain one of the best pharmacy, learning, and life experiences I have encountered during my APPE rotations.

I spent my days helping to fill medications from the ever-beloved Rosie (Script Pro Machine), counseling patients, assisting in the anticoagulation clinic, learning about the infectious disease and antibiotic stewardship protocol, attending formulary management and commissary meetings, and having daily discussions with the pharmacists about disease state management, ethics, Bureau guidelines, pharmacy and people management, USPHS history and values, and becoming a commissioned officer. But most importantly, I developed a passion for helping to treat underserved and underrepresented populations.

The experiences I have had at FCC Hazelton are irreplaceable, and I am so grateful to have had this incredible opportunity to discover this non-traditional aspect of pharmacy. Had I told myself my first year of pharmacy school that I would be applying to USPHS residencies with the hopes of working in a prison someday, I would have thought I was crazy; now I am determined to make it my reality. Fortunately, I have one USPHS APPE rotation remaining in Anchorage, AK in February of 2017 at the Alaska Native Medical Center before graduation in May of 2017.

As APPE rotations come to a close, and graduation nears, I encourage everyone to take chances during their last year of pharmacy school and rank rotations that are outside of their comfort zone. The USPHS has given me one of the best APPE rotations of my pharmacy career. I take what I have learned from that rotation, advice and words of wisdom from the USPHS pharmacists, along with the mission and core values from the USPHS, and work towards being the best student pharmacist, and future pharmacist I can be.



Author with her parents at the Bowl of Hygeia Award

Fall/Winter 2016

Continued from page 8 ... My Public Health Service Journey

tient pharmacy rotation organized by ANMC gave me the opportunity to see a variety of areas that pharmacy is involved in throughout the hospital.

After a few days of orientation and getting acclimated to my new rotation site with my preceptor CDR Mary Mackey, I shadowed LCDR Sean Berkey, a Board Certified Pediatric Pharmacy Specialist. This is where I had my first experience in the world of pediatrics. I learned about medication dosage forms and pharmacotherapeutic monitoring unique to this specific patient population.

My next rotation was on the Internal Medicine service with Board Certified Critical Care pharmacist Angharad Ratliff, where I was able to counsel patients on anticoagulation therapy and practice vancomycin kinetics along with writing pharmacokinetic progress notes.

I then had the pleasure of working with CDR Aimee Young, a pharmacist specialized in pain management. I was able to learn about her training at the American Society of Health-System Pharmacists (ASHP) Pain and Palliative Care Traineeship and the role she plays in pain management at ANMC.

Next, I followed the inpatient pharmacy manager CDR Ashley Schaber and had the opportunity to accompany her to meetings, including a disaster prevention meeting. I was interested in learning about what goes on behind the scenes in a pharmacy to make everything run smoothly.

Lastly, I was placed in the critical care unit with CDR John Carothers, a Board Certified Critical Care pharmacist, where he shared his extensive clinical knowledge with me and taught me about various pharmacotherapeutic nuances unique to the critical care setting.

The pharmacists at ANMC are some of the highest caliber I have had the opportunity to work with. It is clear to see they are well trained to provide quality care to patients. Each pharmacist I interacted with at ANMC took the time to prepare me to become a well-educated pharmacist and effective member of the healthcare team. I was pushed to go outside of my comfort zone and definitely benefitted because of it. I enjoyed my time in Alaska and am thankful for the experience at ANMC.

During my fourth week at ANMC I was informed that I was accepted into the Commissioned Corps as part of the SrCOSTEP program. I couldn't have asked for a better place to get this news than surrounded by such a talented and knowledgeable group of Commissioned Corps pharmacists. I am excited for my upcoming rotations and working toward graduation. I look forward to my rotation with the BOP and my time as a SrCOSTEP and the adventures that will bring, both contributing to my pharmacy career and life experiences.



Continued from page 8 ... Exceptional Clinical Experience at Tséhootsoó Medical Center

Although students are learning advanced patient skills, the opportunity to practice pharmacy in those capacities is not always available. Since pharmacists are not officially recognized as health-care providers, we are limited as to the clinical practice settings available and reimbursement for services provided. Due to this obstacle, most graduating students work at sites where they are not fully utilizing their clinical knowledge. This is the case at most major hospitals around the country, but not at Tsehootsoo Medical Center (TMC) in Fort Defiance, AZ.

At TMC, pharmacists are at the forefront of medication therapy. They have the credentials, opportunity and support to practice at the top of their licenses. They are managing patients at the Diabetes, Asthma, and Anticoagulation clinics, and also making themselves available to medical providers at the Primary Care Clinic. They rotate through the emergency room, attending codes and providing pharmacotherapy services that improves clinical outcomes.



Author with LT Saltclah

As a student and a strong advocate for clinical pharmacy practice, I was excited to learn about these opportunities, and knowing that I would be able to consult with patients at these clinics during my rotation. Immediately after arriving on site, I was able to start counseling patients, providing drug information and helping them understand the importance of adhering to their medication regimens. At TMC, the opportunity to learn is enormous and I recommend this rotation to any student, whether you are interested in clinical practice or not.

There is also a lot to do outside of work, ranging from participating in community runs ("Just Move It") to traveling to historical sites. Some of the places I visited included: Monument Valley (Forest Gump Road in Utah), Canyon de Chelly National Monument, Petrified Forest, Sedona Vacation Resort, The Grand Canyon, Horseshoe Bend and Antelope Canyon. These are beautiful sites to visit, and a great way to spend your weekends.

I hope that you consider TMC as a rotation site, either for Introductory or Advanced Pharmacy Practice Experience. When you are here, make the most of your stay by learning from the pharmacists, technicians as well as the patients about their unique culture. I thank LT (Dr.) Saltclah, Shannon for giving me the opportunity to train here. It has been a privilege.

I'm looking forward to incorporating what I've learned in upcoming rotations and throughout my career as a pharmacist.



Fall/Winter 2016

My Experience Studying Oncology at the Alaska Native Medical Center *submitted by Cynthia Hager,* Pharm.D. Candidate 2017. Preceptor CDR Anne Marie Bott

In June of 2016, I made my journey from Pittsburgh, PA to Anchorage, AK. The excitement of flying to 'The Last Frontier' had built up over the past few months and definitely did not end when the plane touched down. I didn't quite know what to expect when I first applied for an oncology rotation at the Alaska Native Medical Center (ANMC). My goal was to become more comfortable and knowledgeable with chemotherapy and this rotation definitely helped me accomplish both. Working under the supervision of CDR Anne Marie Bott has been nothing but a privilege. Each day I leave rotation feeling as though I have learned several new things about chemotherapy and pharmacy in general.

A typical day would start with working up patient-specific chemotherapy orders by assessing appropriateness of the therapy regimen using the National Comprehensive Cancer Network (NCCN) guidelines. Then, as the patients would start to arrive, I would go to the infusion center and counsel them on the medications they would be going home with. At first, the idea of counseling patients was nerve-racking, but CDR Bott was able to pass down her wisdom on counseling that I will be able to utilize throughout my career. Being able to talk to the patients, help teach them how to appropriately take their medications, and ease concerns was so gratifying and easily the best part of my everyday routine. Throughout the rotation, I was also able to spend some time with other healthcare providers including an oncologist, the palliative care team, and an infusion nurse. I learned from this rotation that it really is a team effort to make sure that the patient gets the best care possible.

Working on oncology projects was another big part of my rotation at the ANMC as they are preparing to transition to a new infusion center. I was able to research different innovative software systems and present my findings to potentially implement changes to help advance the chemotherapy compounding process. I also researched intrathecal (IT) chemotherapy compounding and contacted various institutions to discuss their current IT protocols. With the help of a chemotherapy pharmacy technician, I created a step by step video tutorial demonstrating how to prepare IT chemotherapy that can be used in the future to help train new technicians and pharmacists. I was then able to set up a presentation to

educate the inpatient pharmacy staff about IT chemotherapy compounding and have the first showing of the tutorial. Walking into this rotation I wasn't quite sure what I wanted to do post-graduation. Having the opportunity to get to work with the U.S. Public Health Service (USPHS) Commissioned Corps at ANMC has really helped me see a different sector of pharmacy that I wasn't quite familiar with. Working with CDR Bott and other preceptors has been a wonderful and educating experience that I believe all students should get to experience. I would definitely recommend that anyone who is interested in learning a lot of information request this rotation. It may seem challenging at first, but the knowledge you walk away with is definitely worth putting in the time and effort. My experience at the ANMC has been so amazing and I really cannot thank my preceptors enough for sparking an interest in working for the USPHS.



L-R: Cynthia Hager (Author) and CDR Bott reviewing intrathecal chemotherapy materials



Fall/Winter 2016

Recruitment Event: Alumni Roundtable *submitted by LT Katelyn Overstreet, Pharm.D.*

I recently had the opportunity to participate in an alumni roundtable at my alma mater, Shenandoah University. It was hard for me to believe that I was sitting in that place eight years ago. I was among four other alumni who were invited by the faculty to answer questions from first year pharmacy students. I think the experience was valuable for me, and the students who attended. Students asked the alumni questions and we took turns providing answers about our experiences. Being the only alumna as a United States Public Health Service (USPHS) officer was a great way to increase PHS visibility. Also, by seeing me in person, I think students will be more comfortable with contacting me in the future.

At the alumni roundtable, students asked questions about career paths and I was able to stress how networking and leadership opportunities helped me achieve my goal of joining the USPHS. The event allowed me to discuss my work with Indian Health Service (IHS) and the Food and Drug Administration (FDA). I was able to showcase our

service and make students aware of the opportunities outside of the traditional role of pharmacy.

I informed students that deciding to serve with the USPHS expanded clinical opportunities that I would not have had a chance to experience unless I had completed a residency. I also mentioned the residency opportunities IHS offers. Also, working with IHS allowed me to serve an underserved population, mostly American Indian/Alaskan Native, and provide them with the time and care they greatly needed.

I stressed that the path to the USPHS is paved with persistence. I shared my professional journey on why I chose a career as a commissioned officer. My original plan after pharmacy school was to complete a residency and go into academia. I informed the students that I first heard about the USPHS during a lunch seminar hour during my first year of pharmacy school and how this decision changed my career path. Seeing the officers in uniform at that particular seminar and hearing the stories about their careers changed my passion, my focus and made me realize my role in achieving the USPHS's mission.



LT Katelyn Overstreet gives career advice at her Alma Mater, Shenandoah University

Recruitment Event: Temple University

At a Public Health Service recruitment event, held Sept. 23 2016 at Temple University School of Pharmacy, pharmacists from the Philadelphia area speak with third-year pharmacy students about potential employment at their agency. The recruiting team includes CDR Mathew Febbo, Dr. Nicole Sifontis, Dr. Susan Kent, CDR Wanda Pamphile and LCDR Trang Tran

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Continued from page 14 ... USPHS Participation in the Medical Reserve Corp

explained how a deployment would work during our orientation when I became a member of the Richmond City MRC. In the event of an emergency, notifications are sent out via email or text messages explaining the “who, what, when, where, and how” of the disaster and what would be required of volunteers. You then can check whether or not you are “available” for the response team (remember you are a volunteer and are never REQUIRED to deploy). After showing up to the response site in your MRC t-shirt and vest, you are assigned a duty that can range anywhere from medical record keeping to triage or medication administration. Like many USPHS deployments, sometimes the deployment need is as little as providing emergency responders to community events such as Fourth of July festivals, etc.

Question: How do you feel being a part of the MRC works with your agency work and your role as a Commissioned Corps Officer?

Answer: The mission statements of the MRC align well with the USPHS Commissioned Corps. As an MRC Volunteer, I am working to protect the local community by promoting various public health agendas. By volunteering, I am not only practicing the service core value of the Corps, but I have the opportunity to present myself as a leader to fellow volunteers. The MRC is the perfect network to volunteer my time as it continuously trains me for emergency response that goes hand in hand with my training as an officer. Through the MRC I am able to be a part of a larger picture of networks that engage the community during an emergency and in preparation for the unknown. I should take the time to mention though, being an MRC volunteer will NEVER supersede your responsibilities as a USPHS Commissioned Corps Officer. When deployed with the MRC, you are NOT deployed as a USPHS Officer. If the Corps needs you to deploy for the same incident that the MRC is asking for volunteers, your first responsibility is to the Corps, not to the MRC. I volunteer in my own “off duty” hours or when I am not otherwise deployed by the Commissioned Corps.

Question: Are there requirements (such as deployments or meetings) to be an MRC member?

Answer: The Pittsburgh MRC unit I volunteered for had no requirements to maintain membership. The Richmond City MRC has a one volunteer event per year minimum requirement which can take as little as one hour depending on the volunteer opportunity you sign up for.

Closing thoughts / reflections on your MRC experience.

I highly encourage any and all Commissioned Corps Officers to get involved in their local MRC units. One can find their nearest unit easily on the MRC website at mrc.gov. I have been able to meet so many wonderful health professionals and share the mission of the USPHS all while continuing my learning of emergency response. Thank you for this opportunity to share my experiences! Anyone can feel free to reach out to me via email if they have any questions regarding the MRC!

Attention Students! Next year’s COA Symposium will be held in Chattanooga, TN from June 6-9. **The theme for the conference will be "Mobilizing a Culture of Health - Successes and Challenges."**

Students can attend the sessions for **FREE!** For more info, head on over to <http://symposium.phscof.org/>.



Fall/Winter 2016

2016 USPHS Excellence in Public Health Pharmacy Practice Award Recipients

This prestigious award recognizes pharmacy students who have made significant contributions to public health by promoting wellness and healthy communities. Specifically, students are evaluated on their contributions towards voluntary health related services, an emerging public health issue, or contributions that advance the goals of Health People 2020 or the National Prevention Strategy. Interested pharmacy students can ask their Experiential Coordinator about the award and USPHS officers can contact CDR Mark S. Miller via email at: USPHSPharmacyAward@fda.hhs.gov.



CDR Jerry Zee presents the *USPHS Excellence in Public Health Pharmacy Practice Award* to Ms. Rima Jani, student pharmacist from Touro College of Pharmacy during the Award Gala, Class of 2016. New York City, May 24th 2016



LT Marcia Fields presents the *USPHS Excellence in Public Health Pharmacy Practice Award* to Ms. Robbie Lee Anne Christian, pharmacy student at LECOM Bradenton School of Pharmacy on May 3rd 2016



CDR Nicole Zelenak and LT Trey Druade present the *USPHS Excellence in Public Health Pharmacy Practice Award* to Ms. Sophia Yang on April 30, 2016 at the University of Pittsburgh School of Pharmacy Graduation Dinner and Award Ceremony.

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Winner of the 2016 Excellence in Public Health Pharmacy Practice Award demonstrates his commitment and dedication to public health with his leadership in wellness clinics, health fairs and service trips submitted by CDR Vicky Ferretti-Aceto and LT Jay Wong

Recognized for his “never-ending and contagious energy” and for inspiring students and faculty to volunteer their time, Jovin Panthapattu was presented with the USPHS Excellence in Public Health Pharmacy Practice award this year on April 14th by CDR Vicky Ferretti-Aceto. The Award recognizes pharmacy students who find innovative ways to address public health challenges through pharmacy practice. Jovin earned his Doctor of Pharmacy degree from the University at Buffalo School of Pharmacy and Pharmaceutical Sciences in May 2016. He was involved with various organizations while he was a student in pharmacy school and took on numerous leadership roles in community outreach through service-learning initiatives. His interests include medically indigent populations, service learning, servant leadership, and community outreach. Jovin demonstrated his commitment and dedication to public health with his leadership in wellness clinics, health fairs and service trips.

Jovin was also a co-founder of Student Pharmacists for Global Outreach (SPGO), a thriving organization focused on outreach initiatives with underserved populations at the local, national, and international levels. Under his direction, he organized and ran service trips with students to locations both inside and outside of Western New York. He led more than twenty students in service trips, exposing them to medically underserved populations in rural areas. In addition, he organized the first Alternative Spring Break Program, where students helped treat indigent populations in Chicago urban areas as part of a service learning opportunity.

Finally, Jovin also volunteered in international cities, learning and assisting in medically underserved areas such as Santo Domingo, Dominican Republic and India. In Santo Domingo, he was a participant in the International Medical Missions’ Viva Kids. In India, he was a Project HOPE volunteer and completed his advanced pharmacy practice experience rotation with the Department of Community Medicine at the Alluri Seetharama Raju Academy of Medical Sciences (ASRAM) Hospital. He worked in pop-up clinics (medical camps) in underserved areas that are staffed with a volunteer workforce of health care professionals and students from ASRAM. Located primarily in schools, these clinics serve to prevent, detect and treat diseases through public health awareness and education.

Jovin is currently pursuing a PGY-I pharmacy residency through the University of Minnesota at a health care center in St. Paul, Minnesota. He is currently one of two residents rotating between the East Side Family Clinic and La Clinica (clinics part of West Side Community Health Services), which is the largest federally qualified health center in Minnesota.

As a resident, Jovin is looking forward to growing professionally as a pharmacist and healthcare provider. He hopes to build upon his skills and knowledge to provide culturally competent care while working within a multi-disciplinary healthcare team. His professional interests include chronic disease states with a focus on pharmacotherapy management and transitions of care. Since his clinical training site serves a large majority of Hispanic patients, he hopes to enhance his Spanish-speaking skills and learn about Hispanic culture. After residency, Jovin hopes to establish a career as a clinical pharmacist in the community and attain board certification in ambulatory care.



CDR Vicky Ferretti-Aceto presents Jovin Panthapattu with the USPHS Excellence in Public Health Pharmacy Practice Award on April 14th 2016.



Interested in an IHS Pharmacy residency?

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

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:

<https://www.dfas.mil/militarymembers/payentitlements/military-pay-charts.html>

SRCOSTEP students receive full health care benefits through TRICARE for themselves and their dependents, and JRCOSTEP officers are eligible for emer-



gency 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.

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: https://dcp.psc.gov/osg/pharmacy/sc_recruit.aspx

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>.



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Useful Info and Resource Links

Agency	Contact	Telephone	Website	Email
Federal Bureau of Prisons (BOP)	CAPT Cassandra White	210-472-4510	https://www.bop.gov/jobs/positions/index.jsp?p=Pharmacist	c3white@bop.gov
Centers for Disease Control (CDC)	LCDR 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	301- 443-1603	www.hrsa.gov	JMcLaughlin@HRSA.gov
Indian Health Service (IHS)	CAPT Kevin Brooks	301-443-1820	www.ihs.gov/pharmacy	Kevin.Brooks@ihs.gov
ICE Health Services Corps (IHSC)	CAPT Jeff Haug	202-494-8081	www.ice.gov/ice-health-service-corps	jeff.e.haug@ice.dhs.gov
National Institutes of Health (NIH)	CDR Fortin Georges	301-496-9358	www.nih.gov	georgesf@cc.nih.gov
U.S. Coast Guard	CDR Aaron P. Middlekauff	202-475-5181	http://www.uscg.mil/health/cg1122/pharmacy.asp	Aaron.P.Middlekauff@uscg.mil
Centers for Medicare & Medicaid Services (CMS)	CDR Jill Christ	410-786-5597	www.cms.gov	Jill.Christ@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 Meetings

December 4-8, 2016	American Society of Health-System Pharmacist Midyear Clinical Meeting (Las Vegas, NV)
March 24-27, 2017	American Pharmacists Association Annual Meeting (San Francisco, CA)
February 17-19, 2017	American College of Clinical Pharmacy Updates in Therapeutics® (Jacksonville, FL)
March 27-30, 2017	Academy of Managed Care Pharmacy (AMCP) Specialty Pharmacy Annual Meeting and Expo (Denver, CO)
April 27-29, 2017	ACCP/ASHP Oncology Pharmacy Preparatory Review and Recertification Course (San Diego, CA)
June 6-9, 2017	Commissioned Officers Association (COA) USPHS Scientific and Training Symposium (Chattanooga, TN)



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

Did you know?

The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and over 767 subscribers on the pharmacy student listserv. In total, there are over 2,000 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!

Editor-in-chief & UPOC Newsletter Workgroup Lead
 LT Shannon Saltclah, Pharm.D., BC-ADM, NCPS



We want your submission of articles and pictures! Please email **LT Shannon Saltclah** and she will forward them to the appropriate section leads!

UPOC Newsletter Workgroup

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