



UNIVERSITY POINT OF CONTACT NEWSLETTER

**A publication of the United States Public Health Service (USPHS)
Pharmacists Professional Advisory Committee (PharmPAC)
University Points of Contact (UPOC)**

Spring 2017

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Distinguished individuals in pharmacy share their leadership philosophy

Authored by Matt Chen, DKICP Student Pharmacist Class of 2018.

Submitted by LCDR Jill Gelviro, PharmD, AAHIVP, NCPS

On October 15, 2016, student pharmacists and faculty of the University of Hawaii's Daniel K. Inouye College of Pharmacy (DKICP) were presented with the opportunity of a lifetime. Rear Admiral (RADM) Scott F. Giberson and Lieutenant Commander (LCDR) Rovigel "Jill" Gelviro, two distinguished leaders in the field of pharmacy, shared with us not only the knowledge about the different facets of pharmacy practice within the Uniformed Services but also about their leadership journey.

LCDR Gelviro began her presentation with a photo from her white coat ceremony. She then described the United States Public Health Service, the Commissioned Corps and the various opportunities they have for student pharmacists. As a University of Hawai'i Daniel K. Inouye College of Pharmacy (DKICP) alumna, LCDR Gelviro was able to draw on the experiences she had as a student pharmacist at our College and talked about how the opportunities she engaged in at DKICP got her where she is today. One of the stories she mentioned involved the local American Pharmacists Association - Academy of Student Pharmacists Chapter. As a member of this organization and a prior enlisted Air Force Veteran, LCDR Gelviro established the first health fair at the Yukio Okutsu State Veterans Home. Her legacy in that

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LCDR Gelviro, Dean Carolyn Ma and RADM Giberson with Phi Lambda Sigma (PLS) Pharmacy Leadership Society officers

Spring 2017

Continued from page 1... Distinguished individuals in pharmacy share their leadership philosophy

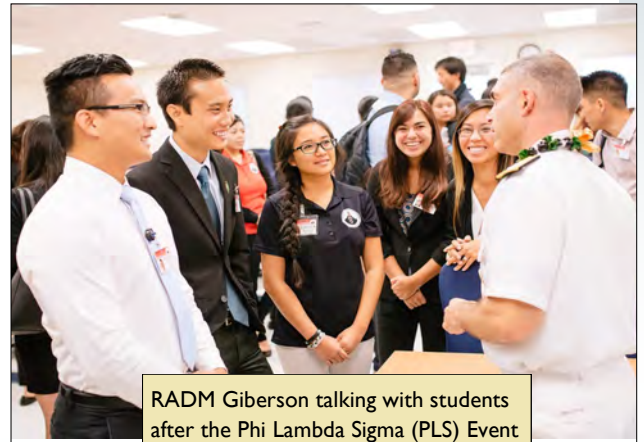


LCDR Gelviro providing personal introductions to each attendee

organization is still felt to this day because the Chapter currently continues this long-standing tradition. From her involvement at DKICP, LCDR Gelviro was able to find her passion in helping those with limited access to care. This experience played a role in her decision to join the Southcentral Foundation's Rural Anchorage Service Unit to provide pharmaceutical care to remote Alaskan Villages. It was inspiring for the students and faculty in attendance to see a successful leader in our field who had started her leadership journey at our College.

RADM Giberson's presentation revolved around the theme of resilience as the mainstay in leadership. Pharmacy school prepares us to become leaders in the healthcare field, and as the next generation of pharmacists, it is important that we take the initiative to advance patient care at every given opportunity. Amidst the challenges that present-

day healthcare presents, we must remain resilient and show that the value a pharmacist brings to the healthcare team is indispensable. When we took the oath to join the pharmacy profession, we vowed to engage ourselves in a lifelong pursuit of knowledge and to apply the wisdom we accumulated to ensure optimal outcomes for our patients. Pharmacists are one of the most accessible medical professionals in the field of healthcare and have been equipped with knowledge and wisdom that we are eager to share with our patients, but it is up to us to make it known.



RADM Giberson talking with students after the Phi Lambda Sigma (PLS) Event

Editor's Note:

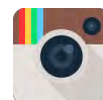
The UPOC newsletter team is delighted to release our Spring 2017 issue. Our team aims to produce a top-notch newsletter that offers both students and emerging healthcare professionals a glimpse of the unique opportunities and experiences available through working for UHSPHS.

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 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.

Best wishes on your success,

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



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Adventures in Supai, Arizona - Advanced Pharmacy Practice Experience

Submitted By Brook Harrington. Preceptor LCDR Steven Rodgers



Author, Brook Harrington

I traveled to the Colorado River Service Unit in Parker, AZ for my ambulatory care rotation during my fourth year pharmacy rotations. I served with a community that is made up of the tribes of the Colorado River Reservation. While I was there, I was offered the opportunity to work with a pharmacist to conduct a monthly inventory and audit of a pharmacy in one of the most remote villages in the United States, Supai. Supai is a small village inhabited by the Havasupai tribe located at the bottom of the most western section of the Grand Canyon. The only ways to get into the village are helicopter or taking a mule ride or hiking eight miles into the canyon.

I happily accepted this once in a lifetime opportunity and my preceptor set up the excursion. My fellow classmate and I woke up around 5 am on a cold Friday morning in January to make the drive up to the Peach Springs Health Center in Peach Springs, AZ. The ride up was clear but, we knew that northern Arizona was expecting heavy snowfall starting in the afternoon and continuing all weekend. When we arrived, we were greeted by the pharmacists and prepared to head out. My classmate and I worked with LCDR Steven Rodgers, who served as our preceptor for the day. We were not able to ride with LCDR Rodgers to the helicopter hangar, so we had to drive separately and follow behind. The route to Supai is not a heavily traveled road, and it had snowed recently. The distance from Peach Springs, AZ to the entry

point is 70 miles on an Indian Route road. We traveled slowly along the snow covered roads towards Supai hoping to make it on time. We were in a 2 wheel drive car and the conditions in many areas were quite difficult, but this was a once in a lifetime opportunity so we pressed on.

We arrived a little later than expected due to the conditions, but we were able to catch the helicopter ride to the village. The helicopter brought about gusts, and we had to hold on tight to the boxes of medications and supplies so they wouldn't fly away. We grabbed the medications, got into the helicopter, and took off. The helicopter is located right on the edge of the canyon, so when you take off you are immediately staring down at the bottom. The views all around were incredible and, while it was snowing on the top of the canyon, it was clear at the bottom. The helicopter pilot told us he wasn't going to be making trips too late into the afternoon due to the weather, so we had to cut the trip short.

We landed in Supai village, quickly headed over to the clinic, and restocked and pulled expired medications. We were motivated to complete these assignments because we would be able to explore the surrounding area in the remaining time. Once we finished, we took a one mile hike down to the waterfalls. Along the way, we were greeted by friendly locals, tons of dogs, and feral horses. The waterfall itself was absolutely breathtaking. The water was crystal blue and green surrounded by the giant walls of the canyon. After quickly snapping some photos, we ran back and caught the last flight up to the top of the canyon. At that time, it was snowing heavily. The roads were covered in snow on the way home, so we could only drive about 15 mph the whole way back. After a somewhat nerve-wracking drive, we safely made it back to the clinic. It was definitely one of the most unique and memorable experiences of my pharmacy training and life.



Preceptor, LCDR Steven Rodgers



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Mentorship: The Key to Career and Personal Success

Submitted by Olufunmilayo Ariyo and Onyekachi Nwosu, PharmD Candidates 2017, Howard University

Edited by LCDR Garrette Martin-Yeboah, Student Preceptor, FDA



(L-R) Onyekachi Nwosu, PharmD Candidate, Howard University, LCDR Garrette Martin-Yeboah, FDA, Regulatory Project Manager, and Olufunmilayo Ariyo, PharmD Candidate, Howard University

In this article, Howard University Doctor of Pharmacy candidates, Olufunmilayo Ariyo and Onyekachi Nwosu, share their thoughts on the many benefits of being mentored by more experienced professionals. Pharmacy students complete a series of 4 to 6 weeks of professional practice rotations as a part of their training; however, they gain not only clinical knowledge but information on how

to navigate their personal and professional lives.

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 the students' preceptor and encouraged them to respond to a series of questions about mentorship. Students and professionals will gain valuable knowledge about the benefits of mentorship, how to seek a mentor, and strategies for navigating mentoring challenges.

Thoughts on Mentorship

What was the most important professional lesson you have learned from a mentor?

- Master the skill of projecting confidence in all professional matters. This really helped me throughout pharmacy school as well as during my residency interviews.
- Displaying confidence goes a long way and can have such a lasting impact on an audience.
- Step outside of your comfort zone. Often, we fail to pursue opportunities due to fear or discomfort.
- Be willing to take chances and explore new things; be comfortable with being uncomfortable when pursuing your goals.

How did having a mentor make you successful in pharmacy school?

- I had someone with whom I could share ideas, someone who could provide me with direction and advice on how to achieve my short and long term goals, and who supported and pushed me to be the best version of myself.
- Having a mentor provided me with guidance and direction, especially in the aspect of leadership.
- My mentor encouraged me to become involved in professional organizations. My participation in various organizations helped me gain an understanding of what I wanted to pursue after pharmacy school.

How frequently did your mentor meet with you? What was the preferred method?

- We had an open door policy. I was welcomed to schedule a meeting whenever I felt the need. I sent emails when I needed a more

rapid response.

- We spoke at least once a month; however, the option for PRN phone calls was open.

What are the benefits of being a mentee?

- I was able to work on my first ever publication. I don't think I would have had this opportunity without my mentor.
- The mentor provided professional advice and letters of recommendation
- I learned how to build a solid professional relationship.
- There was one person who knew me well and could attest honestly to my interests and values.
- Mentors are there for guidance, so building a relationship with someone who had experience and who offered valuable advice only helped to propel my success.

How did you go about finding a mentor?

- I looked for someone to whom I could relate. I believe it is imperative to be able to relate to your mentor on things such as values, career goals, and personality.
- I sought a mentor who was willing to devote their time to providing me with mentorship.
- I found my mentor simply by networking.
- I found someone who was experienced in the field I was pursuing, and who also had a personality that fit well with mine. This provided a level of comfort that was important.
- I looked for someone with whom the relationship felt more like a friend or a family member when speaking with them, because it provided a sense of authenticity rather than obligation from them.

What are some of the mentor/mentee challenges? How can these challenges be addressed?

- Potential Challenges
 1. Lack of motivation from the mentor or the mentee
 2. Non-fit as far as personalities
 3. Lack of guidance from the mentor to the mentee
- Potential Solutions
 1. Spend more time speaking with one another to develop an understanding of what each person wants to gain out of the relationship.
 2. Open communication is essential to the mentor/mentee relationship. If there is a non-fit for personalities, a candid discussion may need to be had about how to find an alternate mentor.
 3. Mentees can ask questions such as:
 - ◇ As a mentor can you provide advice on helping me achieve these goals?
 - ◇ If you don't have the expertise in this area, do you have other resources available to assist me in my efforts?
 4. Mentors can ask questions such as:
 - ◇ What are your short and long term goals?
 - ◇ What are your expectations of me as your mentor?
 - ◇ What do you hope to gain through our discussions?

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Pharmacist's Experience During Zika TDY – An Interview with LCDR Jennifer N. Lind

Submitted by CDR Monica Reed-Asante, LCDR Lysette Deshields; LCDR Ashlee Januszewicz; LCDR Sadhna Khatri



LCDR Jennifer Lind

What TDY did you do and can you tell us more about your day-to-day duties?

During Summer 2016, at the peak of the Zika epidemic, I deployed twice to Puerto Rico to serve as the field-based data manager for the Zika Active Pregnancy Surveillance System (ZAPSS). ZAPSS was established by CDC and the Puerto Rico Department of Health to actively monitor pregnant women in Puerto Rico with laboratory evidence of Zika virus infection during pregnancy and their children through 3 years of age for adverse health outcomes, including birth defects.

The data collected by ZAPSS is used to better understand the spectrum of outcomes potentially associated with Zika virus infection during pregnancy and to inform best practices for the care of pregnant women with Zika virus infection and their children. During the 8-week deployment, I led data management activities, including: maintaining data collected from medical record reviews related to prenatal care, delivery, and birth; accurately tracking ZAPSS cases; ensuring data security for ZAPSS; providing oversight of data entry and records management; training new data entry specialists; producing reports for CDC and Puerto Rico Department of Health leadership; conducting regular data quality checks; and continuously working to improve the system.

What surprised you most about the experience?

Attending pre-deployment briefings, reviewing resources developed for Zika responders in advance of deploying, and going into the Zika deployment with a very open mind, all helped prevent surprises when I arrived in the field.

How did you find out about the TDY opportunity?

After receiving supervisory approval to sign up for a Zika deployment opportunity, I reached out to CDC's National Center on Birth Defects and Developmental Disabilities' Emergency Coordinator to let her know my availability to deploy. I was then contacted by the Puerto Rico Survey and Surveillance Deputy Team Lead regarding an urgent need for a team to deploy to the field to assist with ZAPSS.

How did your background influence your ability to perform the functions required during the TDY?

I am a licensed pharmacist with a Master's in Public Health. I am a gradu-

ate of CDC's Epidemic Intelligence Service (EIS) program, a highly competitive, 2-year post-graduate fellowship in applied epidemiology. As CDC's disease detectives, EIS officers are trained to help public health officials investigate and control disease outbreaks and respond to public health threats. My EIS training made me well equipped for emergency response and solidified my ability to perform the required functions during my Zika deployment. My background as a pharmacist also proved to be beneficial; experience working on a multidisciplinary team on complex issues that require strict attention to detail and excellent time management and multitasking skills served me well in a fast-paced and challenging environment. All of these skills were essential for performing the duties required during my deployment.

What piece of advice could you give to a pharmacist/officer considering doing a TDY but is on the fence for one reason or another?

Just do it! Field work is great, not only because you are able to provide a service to this country and the world, but also because you gain just as much from it. I've gained new and valuable skills from every deployment that I've participated in. Each time I deploy, it's a new adventure and a chance to do something out of my "norm."



What did you find the most challenging on your TDY?

The most challenging aspect was living in a hotel and out of a suitcase for several weeks, but even that had its positive aspects. Your hotel becomes your "home away from home" and your fellow deployers and the hotel staff become like extended family.

What was the most rewarding part of your TDY?

The most rewarding part was working with the amazing team members and the wonderful people of Puerto Rico. It was such an honor to be able to experience a new culture, while also contributing to an important public health response.

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Great Plains Deployment: A Pharmacist's Perspective - An Interview with CAPT JoAnn Hittie

Submitted by LCDR Januszewicz, Khatri, Deshields and CDR Reed-Asante



CAPT JoAnn Hittie

What TDY did you do and can you tell us more about your day-to-day duties?

Great Plains (IHS) – Omaha/Winnebago PHS Hospital in Winnebago, Nebraska. Roughly 160 officers (multiple disciplines) were deployed for the Great Plains mission, all hand selected by the hospital's CEO. Pharmacists were deployed to various departments and served in diverse capacities. I worked in the hospital's out-patient pharmacy

processing both in-house and outside prescriptions, answering doctors' calls for therapeutic and dosing information, and general follow-up with providers regarding medication management for their patients. In addition, I counseled patients on their medications and provided immunizations (flu shots to individuals aged 16 and above). The pharmacy was open 8am-6pm, Monday-Friday, and my deployment was for 30 days.

What surprised you the most about the experience?

As a pharmacist, who worked 19 years with another underserved community, the Federal Bureau of Prisons (BOP), I found it interesting to see the broad over-the-counter formulary available to the Indian Health Service (IHS) patient population.

How did you find out about the opportunity?

The Readiness and Deployment Operations Group (RedDOG) issued a mission call from the Office of the Secretary for a deployment of 30-45 days to one of the IHS facilities in the Great Plains region of the United States. Officers from nine categories, including pharmacists, were en-

couraged to apply. This included officers working in both clinical and non-clinical positions.

How did your background influence your ability to perform the functions required during the TDY?

For most of my career, I worked as a pharmacist with the BOP, so I was familiar with clinician-based order entry systems. Additionally during that time, I received my American Public Health Association (APHA) certificate as an immunizing pharmacist. My present position is non-clinical; however, I volunteer annually to assist in the various influenza clinics in Maryland.

What piece of advice could you give to a pharmacist/officer considering doing a TDY but is on the fence for one reason or another?

I would encourage every officer to raise his or her hand when a mission call is made. It is a tremendous opportunity to work alongside fellow officers across the country. While I was at my location, I had the opportunity to work and network with pharmacists from other agencies.

What did you find the most challenging on your TDY?

The most challenging aspect from this deployment was having to review pediatric prescriptions for appropriate dosing. Most of my clinical career was spent providing care for an adult population, so I was more vigilant regarding dosing calculations. There were also other components to the overall pharmacy service program, such as their mail order program, which was new to me.

What was the most rewarding part of your TDY?

Working with patients with overwhelming medical needs, was the most eye opening. One day I met a young mother, who was picking up a large quantity of unusual medications for her 2 ½ year old son. Only a few weeks prior to this encounter, he was a typical happy toddler, and now he was on dialysis three days a week, due to a congenital condition requiring the removal of both of his kidneys. Understandably, the mother was in shock. I found out that because of his age, he was not eligible for a transplant for quite some time. As a mother myself, I could only imagine how life had changed for her little boy and their family. He truly touched my heart.



Winnebago Hospital, Winnebago, NE



Spring 2017

Building a Lifelong Career in the USPHS “Life During Rotations, Residency, and Beyond!”

Submitted by LT Kristin Allmaras



LT Kristin Allmaras, guest lecturer, with over 50 student pharmacists from North Dakota State University following a 1-hour presentation of “Life during Rotations, Residency, and Beyond!” and a question & answer session

Life during one’s third year of a professional pharmacy program is mixed with emotions, ranging from distress and anxiety, to thrilled and overjoyed. Pharmacy students are faced with many tough decisions throughout their educational career, but deciding on rotations and a residency may be one of the most pivotal decisions a young adult makes in their lifetime. As a university point-of-contact and recent North Dakota State University (NDSU) graduate who completed a PGY1 pharmacy residency, I was invited to be a guest lecturer during NDSU’s professional year three student pharmacist’s course, *Public Health for Pharmacists*. My presentation covered the broad topic of, “Life During Rotations, Residency, and Beyond!”

I discussed the process I used when making career decisions, selecting rotations, and ranking residency sites. I provided the student pharmacists with three recommendations to utilize when faced with an important career deci-

sion. First, I encouraged every student to have a variety of rotations, especially for those students who have limited experience working in a pharmacy setting. The profession of pharmacy is expanding significantly; selecting a variety of rotations will help determine what area of pharmacy is their “true calling” or what area is not suited for them. Second, challenge yourself! This recommendation aligns with obtaining a variety of rotations and discovering which area of pharmacy is a good fit. With the ever-changing world of pharmacy, it is important to be in an environment that is stimulating, motivates them to learn more, push boundaries, and step outside the box. Once you are comfortable in your job setting, it is time to find a new task or responsibility that provides new challenges and opportunities for professional growth. Finally, keep a positive and open-mind once rotation selections have been finalized. Walk into every rotation ready to learn, take advantage of the various opportunities it offers, and maximize the rotation experience, even if the specific rotation does not seem to align with your interests. I mirrored these recommendations when discussing residency selections and elaborated on how rotations will guide a person when applying and ranking residency sites.

I also had the opportunity to discuss how public health and pharmacy are related and why I decided to pursue a career as a Commissioned Corps Officer of the United States Public Health Service (USPHS). After giving background information and a brief overview of the Corps, I explained how service and opportunity were the two main reasons why I choose a career down this path. USPHS offers individuals the chance to serve on a local, state, national, and global level; it allows people to serve small communities, underserved populations, and the United States of America, which is an honor. In addition, the opportunities that the USPHS provides its’ officers are unparalleled; one can be as involved as they would like to be. The Corps offers leadership opportunities, excellent benefits, and work/life balance, all while improving and advancing the health of the Nation.

There was great discussion during the follow-up question and answer session. The questions from student pharmacists ranged from “How is the work/life balance as an officer?” to “What do you use to put your hair in such a nice bun?” Overall, the lecture was a great success and I look forward to future opportunities to collaborate with my alma mater, North Dakota State University.

NDSU

SCHOOL OF PHARMACY

Spring 2017

Residency Spotlight: LT Jonathon Fenner (Bureau of Prisons, Federal Medical Center Butner PGY-I Residency) *Submitted by LCDR Drew Swigart*



LT Jonathon Fenner graduated with his Doctor of Pharmacy degree from Midwestern University in June 2015. He joined the USPHS Commissioned Corps in February 2017 and is currently a PGY-I resident with the Federal Bureau of Prisons (BOP) in Butner, North Carolina. Federal Medical Center (FMC) Butner is a national medical referral center for the BOP

located in the Raleigh/Durham area of NC. Staffed by both US Public Health Service officers and civilians, the site is responsible for all healthcare needs of the inmates it houses plus that of four other prisons located adjacent to the Medical Center.

The PGY-I pharmacy practice residency at FMC Butner offers comprehensive training with an emphasis on clinical pharmaceutical care in a correctional setting. The residency is composed of both core rotations that are required and longitudinal rotations. The core rotations are: Ambulatory Care, Internal Medicine, Anticoagulation, Diabetes, HIV/Infectious Disease, Pain Management, Mental Health, and Oncology. The longitudinal rotations include: Administrative, Drug Information, Research, and Formulary Management.

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

During my last year of pharmacy school I had an advanced practice rotation at the Phoenix Indian Medical Center in Phoenix, Arizona. During this rotation, I had the opportunity to work with a huge Public Health Service (PHS) staff that each shared their experiences with me since becoming an officer for the PHS. Many of them had worked for other agencies including the Food and Drug Administration (FDA) and the Bureau of Prisons (BOP). I was very impressed with the knowledge of all the pharmacists and the interdisciplinary use of collaborative practice agreements that I experienced at this facility. It was this exposure that led me to pursue a career within the PHS and the BOP.

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

Although the residency is ASHP accredited, the BOP does not participate in the match process. Interested applicants should contact the residency director LCDR Enman for instructions on application material and apply for the resident position when posted on USAjobs.gov. Qualified applicants will receive interview invitations and then an applicant will be selected. It is important for interviewees to show personality and confidence during the interview. They want to see what sets you apart from the other candidates.

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

Working with doctors and specialists under collaborative practice agreements has really opened up my mind to the possibilities of interdisciplinary disease state management, especially in the unique correctional facility environment. FCC Butner has an amazing variety of medical staff. Most of my rotations are with pharmacists who are specialists in their area of practice and have regional and/or national responsibilities. I have also been able to network nationally and have been involved with work groups that connect pharmacists from other facilities and agencies.

What are some of the unique challenges you have encountered while working at this site?

You are working in a correctional environment and are considered a correctional officer first. You must remember that. I think that my previous experience as a retail manager having to manage aggressive customer complaints all day helped me in my ability to control infrequent situations in clinic when certain patients were uncooperative or needed certain motivation to help them achieve their health care goals.

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

I am planning on staying at FCC Butner to continue my clinical training as an HIV pharmacist in the collaborative practice HIV clinic. I really enjoy working with patients and using my clinical skills in grey area situations. I am also planning to take the Board of Pharmacy Specialties Board Certified Ambulatory Care Pharmacist exam in the fall or spring following my residency.

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

Don't be deterred that it's in a prison. Talk to a BOP recruiter about their experiences. It is a good idea to obtain a rotation in one of the PHS sites like Indian Health Service or the FDA if you are considering this residency. Many of the PHS pharmacists you will meet may have BOP experience they can share.

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Residency Spotlight: LT Natalie M. Li, PharmD, PGYI Pharmacy Resident at Southcentral Foundation



Natalie grew up in the small community of Fort Thomas, Kentucky directly across the river from Cincinnati, Ohio. Natalie's interest in pharmacy was sparked during her senior year of high school in her AP Chemistry class. Natalie states that "I had an absolutely wonderful and energetic chemistry teacher that made learning fun and exciting." In addition to the excitement of her chemistry class, Natalie knew that she wanted to be able to bless others and help people understand how to better their health. Natalie researched careers and noticed she could utilize skills in chemistry to work with others and help people through pharmacy practice. After graduating from Highlands High school she attended the University of Kentucky to begin her pre-pharmacy course work, and began pharmacy school two years later. Natalie graduated pharmacy

school from the University of Kentucky in 2016 and is now completing her PGYI Pharmacy Practice Residency in Ambulatory Care at Southcentral Foundation in Anchorage, Alaska.

What inspired you to pursue a PGYI pharmacy residency at your site? I have grown up with an insatiable love for the mountains, wildlife, and the outdoors. Additionally, I have always been intrigued by American Indian and Alaskan Native culture. The PGYI residency at Southcentral Foundation offers opportunities for me to immerse myself in a new culture, a unique and cutting edge health care system (Nuka System of Care), and diversify my training in ambulatory practice. These practice opportunities combined with the beautiful setting of Alaska made this site an ideal place to complete my post-graduate training.

What are some of the unique challenges in working in a Native American/Alaskan Native community? Cultural barriers are always a challenge when you move somewhere new. However, Southcentral Foundation is focused on relationship building, and telling of stories that help to break down cultural barriers, allowing people of different cultural backgrounds to grow and learn from each other.

Is there a specific patient or person you've worked with who taught you something that will help you be a better pharmacist? Both my grandmother and mom have taught me how to be a better pharmacist. When my grandmother got older she was in and out of hospital care. I was a pharmacy student but I was able to help my mother assist with my grandma's antibiotics on one particular hospital visit. Seeing someone I loved so dearly in and out of healthcare made me want to ensure that she was always getting the best care, despite frequent transfers of care. I understood from this experience to treat every patient like my grandmother or family member. After all, I am always treating someone's family member and everyone wants to see their loved ones recover well and stay healthy.

What has been your favorite rotation during your residency and why? My favorite rotation was my Rural Anchorage Service Unit rotation. On this rotation I was able to learn about the various methods of caring for patients in very remote places. I was privileged to travel to Unalaska, a remote Alaskan village, to educate the community through a community health fair.

Where do you see yourself in 5 years, 10 years from now? That is a great question! I do my best to take everything one day at a time, but I would like to see myself as an ambulatory care clinical pharmacist. I think it would be a great opportunity to work as a pharmacist managing diabetes, cardiovascular disease states, or assisting with psychiatric care.

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Residency Spotlight: LT Joellen Friedman, PharmD, PGYI Pharmacy Resident at Tsehootsooi Medical Center



Author LT Friedman with RADM Pamela Schweitzer

LT Joellen Friedman, PharmD, is the current PGY-I Pharmacy Resident at Tsehootsooi Medical Center (TMC) with the Indian Health Service (IHS) in Fort Defiance, Arizona. She is originally from East Brunswick, New Jersey and completed her pharmacy studies at Philadelphia College of Pharmacy in 2016.

Why did you choose to become a pharmacist?

I wanted to become a pharmacist to care for others. Throughout pharmacy school, I was exposed to the many ways pharmacists might impact patient health; from community outreach to drug development to critical care. Serving in an interprofessional free clinic during my didactic pharmacy years and completing a medical mission and IHS rotations during my APPE year made me realize that my passion within pharmacy was by directly serving underserved populations in a meaningful way. With this interest in public health and ambulatory care, a career with the Public Health Service and IHS was a perfect fit.

Why did you decide to pursue a pharmacy residency at TMC?

I was fortunate enough to complete two rotations at TMC during my APPE year. In the first week of my first rotation, I was amazed by how every pharmacist was constantly using their clinical knowledge and skills to serve patients in outpatient settings as well as specialized clinics. Providers respected the pharmacists and appreciated their input and recommendations as members of the care team. The mission statement of the hospital is to "provide superior and compassionate

healthcare to our community by raising the level of health, Hozho (balance), and quality of life," and all staff of the facility are focused on this mission.

What are some of the unique challenges in working in a rural Native American community?

A challenge of working in a rural Native American community is trying to provide the best care while also remaining mindful of the resources they have available to them. Patients do not always have the luxury of refrigeration, running water, or the ability to buy OTC supplies. I enjoy the challenge of being creative in order to meet patients' needs. Our facility also has many adherence and dosing supplies to provide to patients for free to help them take care of their health.

Is there a specific patient or person you've worked with who taught you something that will help you be a better pharmacist?

Throughout my residency year, one patient has stuck out in my mind that allowed me to see the impact of asking the right open-ended questions as a pharmacist. This patient was using up his inhalers very quickly. While we were able to provide an early refill of the medication, he said he wasn't getting relief despite using it. Instead of thinking of adding more medications, I asked him to show me how he was using the inhaler. As it turns out, he was priming it each time he used it instead of just the first time consequently losing the medication due to improper technique. I gave him a spacer and went through the technique with him. After one good dose with the spacer, he said he was finally feeling relief! This serves as a reminder to me to always work to ask open ended questions because that's how you can uncover problems you might not have realized.

What has been your favorite rotation during your residency and why?

One rotation I enjoyed more than I expected was working in our pediatric satellite pharmacy. I was a camp counselor during middle and high school and knew I enjoyed working with kids, but this rotation taught me about interprofessional collaboration, pharmacy inventory management, and ways to talk to both kids and their parents. The satellite pharmacy is a staff of one (the pharmacist). It is important to keep track of what you need throughout the day, because it might affect patient care

when you need to restock. Working with the providers during flu season also helped me see a gap in care. Patients and caregivers would ask the pharmacy for analgesics without an order in their chart due to the patient only seeing a nurse for their immunization update. I was able to draft a policy with the Chief of Pediatrics for pharmacists to order weight-based doses of acetaminophen or ibuprofen upon request for these patients without needing a provider to order it. It was always exciting to talk to a pediatric patient that was interested in taking part in their own care, whether it was trying pills instead of liquid for the first time or wanting to hold their medicine instead of giving it to their parent.

Where do you see yourself in 5 years, 10 years from now?

In the future, I hope to remain within direct patient care. I find it energizing to talk to patients about their medications, help them take care of their health, and make interventions that impact their daily lives. I know that the training and experiences an IHS residency and career provide will prepare me to work on a personal level with patients of all backgrounds with simple or complicated disease progression.

What advice do you have for upcoming pharmacy students wanting to pursue a residency with an IHS/or tribal facility?

Students that want to pursue a residency within IHS should take the time to get to know the communities they are interested in working with. If it is possible to do rotations or internships at IHS facilities, go for it. If not, many sites are welcoming to visitors and want to share their passion about the care they provide. Be yourself when it comes to interviewing for residencies within IHS or applying to any position. Know why your professional interests align with the mission and vision of that site and IHS in general.

What are some of your favorite hobbies?

An interest I developed during rotations and continued during residency was traveling. After living in and around major cities all my life, I've been able to branch out by moving to the southwest and pursuing destinations in all directions from Fort Defiance! A few hours drive can take me to many different national parks and monuments. The wide open space and clear skies remind me how large the world is, and I want to see as much

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Spring 2017

Residency Spotlight: LT Angela Kao PharmD, PGYI Pharmacy Resident at Santa Fe Indian Hospital



LT Angela Kao grew up in the flourishing city of Greenville, South Carolina. She attended the University of South Carolina and graduated in May of 2016 with a doctorate in pharmacy from the South Carolina College of

Pharmacy. She decided to pursue pharmacy because she wanted to help her parents take control of their own health. As first-generation Asian Americans, her parents faced many barriers when it came to access to healthcare, including but not limited to high costs and the presence of a language barrier. These barriers made LT Kao realize the health disparities many people encounter, whether they are based on their socioeconomic status, culture, education, or environment. She also saw how the profession of pharmacy served as a readily accessible health resource to the public. Thus, LT Kao chose to pursue pharmacy because she wanted to challenge herself and fill in her knowledge gap regarding healthcare, particularly with medications. Now, she wants to share that knowledge and educate people like her parents so that they may feel empowered when making decisions about their health. Currently, LT Kao is completing a PGY-I pharmacy residency at the Santa Fe Indian Hospital (SFIH) in Santa Fe, New Mexico.

What inspired you to pursue a PGYI pharmacy residency at SFIH?

I decided to pursue a PGY-I pharmacy residency in the southwest area due to my amazing experience as a JrCOSTEP extern at the Four Corners Regional Health Center in Red Mesa, Arizona. Regarding SFIH, I thought the hepatitis C clinic would be a unique learning

experience along with some of the other electives they offer, such as epidemiology, behavioral health, and toxicology with the Poison Center. Although, one of the main reasons I decided to pursue a residency at SFIH was the positive interactions I had with some of the patients and many of the staff during my onsite interview. I could see myself as part of the team, and to date, they have yet to prove me wrong.

What are some of the unique challenges in working in a Native American/Alaskan Native community?

Some of the unique challenges with working in an American Indian/Alaska Native community include transportation and continuity of care outside of the Indian Health Service (IHS). Despite our relatively urban location compared to other IHS facilities, many of our patients live on the reservation or commute from Albuquerque and the surrounding area, which can be anywhere from 30 minutes to an hour or more away. The long commute can make it a challenge to schedule consistent appointments within our pharmacy-run clinics. Continuity of care outside of IHS also remains a challenge; many patients are not able to afford insurance and are unfamiliar with or reluctant to establish care outside of IHS due to the associated financial burden. Continuity of care can also be a challenge when it comes to patient expectations. Even within the IHS, many of the service units do not easily share medical records or facilities.

Is there a specific patient or person you've worked with who taught you something that will help you be a better pharmacist?

I feel like I learn a lot from our patients, and I hope they can say the same about me. One patient in our anticoagulation clinic, however, consistently reminds me of the bigger picture

when it comes to patient care. Often, I focus primarily on one issue at hand, and that is anticoagulation. However, from the patient's perspective, she never fails to update me on changes in her life and other health goals that she is trying to achieve and the struggles associated with attaining those goals. Little does she know that she is also helping me become a better pharmacist.

What has been your favorite rotation during your residency and why?

I would say my favorite rotation has been my ambulatory care rotation. It was my first rotation, and I liked it the most because I had the opportunity to shadow many of our providers and answer medication questions on the front-line. It not only helped me get acquainted with our providers and improved my interprofessional skills, but it also helped me adjust to and understand how the facility operated as a whole.

Where do you see yourself in 5 years, 10 years from now?

In five years, I would like to continue to remain in the Commissioned Corps and build my clinical experience within the IHS. I would also like to pursue higher education and work on completing a Masters of Public Health in order to advance myself in the field of public health and pharmacy. Utilizing my clinical background and public health knowledge, in ten years or so, I wish to change career paths and conduct population health research either within the IHS or with the Centers for Disease Control and Prevention. Ultimately, I would like to present myself as a health expert and bring my first-hand clinical

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Spring 2017

Residency Spotlight Continued from page 9... LT Natalie Li

What advice do you have for upcoming pharmacy students wanting to pursue a residency with an IHS/or tribal facility? My best advice is to always work hard and have a positive attitude. A great work ethic mixed with a great attitude can open the doors for success. I also think it is important that students reach out to residency programs they are interested in, tailor 4th year rotations to ambulatory and inpatient practices, and learn how to be flexible in different working environments. Working as an IHS pharmacist is definitely an adventure! So pharmacy students should prepare for an adventurous career as well!

What are some of your favorite hobbies, when you have free time? I love to run and work out with my husband. Together we enjoy hiking mountains, snow skiing, and cross country skiing. In my down time I also enjoy painting landscapes and scrapbooking.



Residency Spotlight Continued from page 10 ... LT Joellen Friedman

of it as I can. Being an IHS resident, I know I have colleagues throughout the country that I can fall back on for travel recommendations or a friendly face wherever I land.



Residency Spotlight Continued from page 11 ... LT Angela Kao

experience and my research as evidence to help implement or change health policy.

What advice do you have for upcoming pharmacy students wanting to pursue a residency with an IHS/or tribal facility?

One piece of advice I would give to future residents is to always ask "why." Residency is challenging and can be stressful. Especially to those who end up in remote sites, many people will be asking them why they chose to live in such a rural place or why they chose to live so far from home. Residents may feel those questions arise from themselves as well. A little bit of self-reflection and redirection can go a long way when you remind yourself of the bigger picture and your original desire to pursue a career path, whether with the IHS or elsewhere.

What are some of your favorite hobbies, when you have free time?

Whenever I find myself with a little bit of free time, I am either exploring the area, going on a hike, experimenting with a new recipe, or just catching up with friends. Whatever it is, I always try to find a little bit of time for a mental break.

Spring 2017

Career Profile: Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) -

An Interview with LCDR Gladys Williams



LCDR Gladys Williams is a pharmacy officer with almost four years of service in the U.S. Public Health Service (USPHS). She began her career in 2012 as tribal-hire staff pharmacist with the Indian Health Service (IHS) at Tsehootsooi Medical Center in Fort Defiance, Arizona. In August of 2013, she was commissioned into the USPHS and assigned to the same hospital in Fort Defiance, Arizona. During her four years at Fort Defiance, she had the privilege of serving the Navajo Nation in various clinical areas including diabetes, human immunodeficiency virus, tobacco cessation and other outpatient and inpatient pharmacy services. She currently works at Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) headquarters in Washington, DC as a Program Analyst in the Health Operations Unit ensuring detainees receive quality healthcare at IHSC detention centers around the country.

How would you describe a typical workday?

Every day is different at IHSC Headquarters Health Operations. Health Operations is one of the busiest units at IHSC (ICE Health Service Corps) headquarters. My typical day ranges from contacting officer representatives with staffing questions, assisting field staff with IHSC policy questions, proving leadership with inquiries, and healthcare staffing requirements to collaborating with other healthcare disciplines on IHSC policies and procedures.

How would you describe your transition from a clinical position to a policy analyst?

It's been a very interesting and rewarding transition. Although I'm not in direct patient care, the daily decisions I make help to ensure IHSC detainees are receiving quality health care.

How does your clinical background help you as a policy analyst?

My clinical background helps me make decisions when discussing pharmacy or healthcare discipline related issues con-

cerning the provision of care to IHSC detainees.

What trainings or work experience(s) if any, would you recommend to someone that is interested in applying for a policy analyst position at your site?

Clinical background and discipline related policy expertise, collaboration, and flexibility to work with other healthcare providers.

What are some of the unique challenges you encounter?

Prioritizing effectively and meeting deadlines with several tasks at hand to accomplish. It is important to communicate effectively with leadership to prioritize efficiently.

What is one of the most rewarding aspect(s) of your job?

The rewarding part of my job is being a part of the decision making team that ensures IHSC detainees are receiving quality health care.

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

Be flexible and adaptable in your career options; be open to learning new things and taking on new challenges.

Is there someone you would like to recognize, a mentor or colleague that's helped you with your career journey?

I would like to thank my family, my supervisor CAPT Joseph Shurina for giving me the opportunity to join IHSC, my colleague LCDR Peter Hughes and my PHS mentors for assisting me to my new position.

Are there any student opportunities at your site?

There are currently no JRCOSTEP, SRCOSTEP, or internship opportunities because of the unique nature of our agency.

What are some of your favorite hobbies when you are not working?

In my spare time I love to spend quality time with friends and family, travel to coastal places, enjoy the beaches, and travel back to the Southwest to enjoy hiking and the beautiful red rocks.



Spring 2017



USPHS Students & Pharmacists in Action



White Earth Indian Health Service pharmacy-based Tobacco Cessation Clinic promoted tobacco cessation, gave out 150 Quit Kits, and assisted 65 people in completing the Smokerlyzer test at Naytahwaush Community Health Fair. (L-R) Wendy Foster, pharmacy technician and Jessica Voelle, North Dakota State University (NDSU) PharmD Candidate



Career fair at the University of Charleston West Virginia in April 2016. (L-R) Lcdr Justin McCormick, Kristen Sayre (WVU student), and Lcdr Andrew Shiflet



Medical Reserve Corps HQ in Washington, DC takes high school and college students in the HOSA Leadership Internship on a tour of the Surgeon General's office



Nova Southeastern University, College of Pharmacy (L-R) CDR Paul Michaud, Ms. Chloe Tamargo USPHS Excellence in Public Health Pharmacy Award Recipient, Dr. Elizabeth Shepherd Dean of Experiential Education and Student Services



CDR Frank Verni speaks to a student from St. John's University School of Pharmacy about the Corps, and his role as a Compliance Officer within the FDA



(L-R) CDR Jerry Zee and CDR Verni are pictured in front of their inspiration dash board at St. John's University - School of Pharmacy for APhA-ASP Career Day on March 14th 2017



Lloyd L. Gregory School of Pharmacy (L-R) Dr. Dana Brown Dean of Pharmacy, Mr. Jonathan Richardson USPHS Excellence in Public Health Pharmacy Award Recipient, CDR Paul Michaud



RADM Pamela Schweitzer speaks with students and faculty at North Dakota State University (NDSU)

Spring 2017



USPHS Pharmacists in Action



Public Health Service (PHS) Ensemble - November 2016



Aaron Middlekauff, Tom Hinchliffe, Chris Jones and Peter Diak enjoy the greens during COA's Golf Tournament 2016



Alien Migrant Interdiction Operations (AMIO) treated 30 interdicted migrants aboard USCG Fast Response Cutter (FRC)



CG Regional Pharmacist Meeting – Phoenix, Arizona September 2016



CDR Paul Michaud Alaska Seward Chapter



CDR Dave Schatz Drugstore Cowboy



Closed Points of Dispensing (CPOD)



CDR Paul Michaud pictured on a run to Guantanamo Bay (GTMO)



CDR Paul Michaud pictured conducting Closed Points of Dispensing (CPOD) 2015 Exercise.



Jenilyn and CG Health Service (HS) Team Boston Marathon – April 2015

Spring 2017

Hozho “Walking in Beauty”

Submitted by Jennifer Amoako PharmD Candidate 2017. Contributor LCDR Shannon Saltclah



Yá'at'ééh (Hello)! My name is Jennifer Amoako, and I am a fourth-year pharmacy student from Lake Erie College of Osteopathic Medicine (LECOM) and I was fortunate enough to get a rotation with the Indian Health Services (IHS) at Tsehootsooi Medical Center (TMC) in Fort Defiance, Arizona. It was my first time being in Fort Defiance, it was my first time on an Indian Reservation. So I was not sure what to expect from this rotation, but I knew I was excited as well as looking forward to learning and experiencing new opportunities. During my 4-week rotation, each week was a new learning experience. I

had the opportunity to work in the pharmacy-run diabetes clinic. I noticed the physicians relied very heavily on the pharmacist to adjust and titrate medication, as well as teach patients the importance of healthy eating and lifestyle changes to improve glycemic control.

Another week I had the opportunity to work in the inpatient pharmacy, which was a great opportunity for me because this is where I had the chance to prepare IV antibiotics under the IV hood, as well as learn essential hands-on techniques in a sterile compounding environment. I also helped with the discharge process, helped patients receive their medication and taught them how to take it correctly when they were discharged from the hospital. One of my favorite experiences on this rotation was the opportunity to counsel patients. At TMC, the pharmacy team processes approximately 2,000 scripts a day, and about 1,000 of these prescriptions are new. When a script is

ordered from the doctor, the patients go to the outpatient pharmacy. Then when the prescription is ready, each patient goes into a counseling room where they are counseled on their medication, and address any questions or concerns they may have.

At TMC, the autonomy of practicing pharmacists allows them to make a huge impact on patient welfare, which is welcomed and noticeable. For example, TMC has multiple pharmacy-run specialized clinics such as anticoagulation, asthma, diabetes and many more! Patients really appreciate all the extra help that is provided, and they are really motivated to succeed in their care.

Another exciting experience as a student is the chance to explore the area you live in and become more aware of your surroundings! There are so many cool outdoor activities and history to be learned while here in Fort Defiance. One of the places I visited was Canyon de Chelly National Monument. The canyon is absolutely breathtaking; the colors of the red rock are just piercing and beautiful. Then, after hiking down to the bottom of the canyon, you finally get to view The White House Ruins (cliff dwellings of the ancient Navajo), which are amazing. I highly recommend students to go see it because it is definitely a must see!

Lastly, but not least, what I found to be most important and that makes this place so great are the people of the Navajo Nation! They are truly a family and a community; they check on each other, which helps in the healing process. Not a day goes by where you don't see in the hospital hallways a warm greeting with a hug and a kiss on the cheek from one another or how the Navajos would say “hozho,” meaning, “walking in beauty.” From my short time here in Fort Defiance, I observed a deep connection between the Navajo people and the land. I was very fortunate to have this experience, and this is one I will never forget. I look forward to hopefully returning someday to help provide care to the Navajo Nation. Thank you.



Canyon De Chelly National Monument

Spring 2017

Advanced Pharmacy Practice Experience with the Bureau of Prisons Rochester Federal Medical Center, Rochester Minnesota, Submitted by Sarah Hillestad

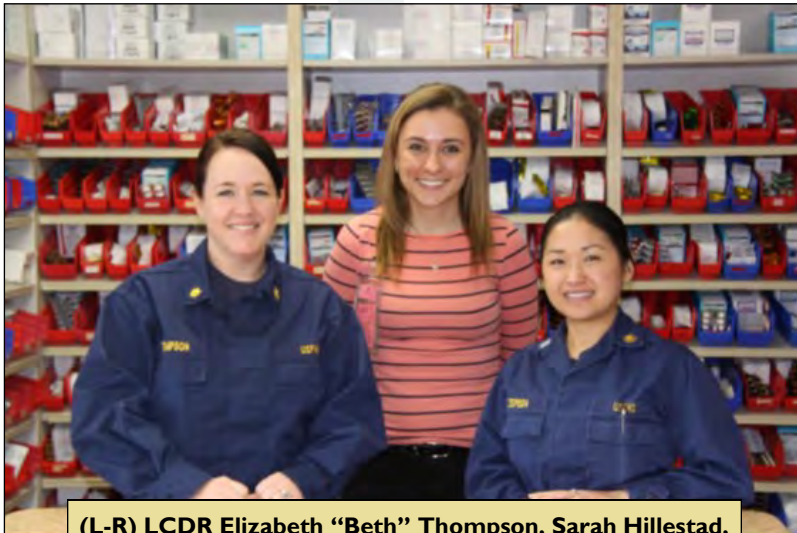
As a fourth-year pharmacy student at North Dakota State University, I was offered a wide variety of high quality advanced practice rotation options. I have always been interested in a career with the United States Public Health Service (USPHS) Commissioned Corps. When I saw that the Bureau of Prisons Federal Medical Center (FMC) Rochester, MN was accepting students, I ranked it at the top of my list and was excited to be matched.

Federal Medical Center Rochester, MN houses approximately 700 inmates. This can be broken down into approximately 100 long-term care and inpatients, 120 inpatient behavioral health inmates and a remaining 480 outpatient or ambulatory patients. There are six USPHS pharmacists at FMC Rochester; two serve the inpatient floors. These pharmacists each lead their own clinics consisting of HIV/ Hepatitis and Hospice/Long-Term Care. Another pharmacist specializes in inpatient behavioral health. She has recently started a Psychiatric Pharmacy Clinic. The two remaining staff specialize in outpatient ambulatory care. They provide services for pill line, which includes processing orders, counseling and answering patient questions. One of the ambulatory care pharmacists runs a Diabetes Clinic, completes Drug Utilization Evaluations (DUEs), and serves on the Antibiotic Stewardship Committee to ensure judicious use of antimicrobial therapy. The other outpatient pharmacist is also the Deputy Chief. He procures Risk Evaluation and Mitigation Strategy (REMS) medications. Lastly, the Chief Pharmacist oversees the operations of the pharmacy and works as a Regional HIV Clinical Pharmacists Consultant. He has been with USPHS for over 25 years. The pharmacists at FMC Rochester are making a positive impact on the health and well-being of the inmates.

In November 2016, I started an infectious disease rotation. My preceptor, LCDR Elizabeth "Beth" Thompson, is Regional HIV Clinical Pharmacist Consultant and Local Hepatitis C Program Manager. Working with Beth allowed me to gain insight on many diseases that I was relatively unfamiliar with and rarely saw in the general population. The Rochester FMC has the unique advantage of being located down the road from the Mayo Clinic headquarters. This allows the FMC to contract specialty physicians, including infectious disease fellows. Beth arranged for me to participate in these clinics. Initially, I looked through the patient's history on the Bureau Electronic Medical Record (BEMR) and listened while the fellow talked with the inmate. After a week or so of attending these clinics, the fellow began asking me what I recommended as an appropriate plan of action. This created a dialogue between the care team and the inmate, which quite often would ask the fellow, who ended up taking my recommendation. This experience showed me first

hand that pharmacists are an integral part of the health care team who will be called upon to make important recommendations.

After completing the infectious disease rotation I completed a retail rotation. It was during this time that I learned my next rotation had been cancelled. I was tasked with the challenge of finding a new rotation only two weeks before I was to start. Immediately I reached out to Beth and explained the predicament. She had shared with me previously that it was a big undertaking for the Bureau to accept a pharmacy student. Tasks must be completed such as background checks, fingerprinting and drug screenings above and beyond what is required by North Dakota State University, but once that is completed it is not hard to have a second rotation during that same year. Beth talked to her colleagues and LT Josephine "Josie" Zepeda stepped up and offered to precept a psychiatric rotation.



(L-R) LCDR Elizabeth "Beth" Thompson, Sarah Hillestad, PharmD Student, LT Josephine "Josie" Zepeda

Josie has a psychiatric collaborative practice agreement with one of the staff psychiatrists. Currently she sees three patients and is looking to expand. She is also in the process of becoming a Board Certified Psychiatric Pharmacist. On this psychiatric rotation I learned from and collaborated with clinical pharmacists, psychologists, psychiatrists, nurses and case workers. The interdisciplinary Care Coordination and Reentry (CCARE) Team was welcoming and encouraged me to give input and ask questions. I am currently in my last week of the rotation, and I am now more confident with

disorders like schizophrenia and bipolar disorder as well as medications such as mood stabilizers and antipsychotics. This rotation also allowed me to witness the extrapyramidal symptoms associated with many of the antipsychotics and learn how to best treat the symptoms.

Completing two rotations at the Federal Medical Center Rochester, MN has been a fantastic learning experience that I would recommend to anyone, regardless of interest in the USPHS Commissioned Corps. Recently, I was matched with an Indian Health Service Residency in Claremore, Oklahoma. It is wonderful to know where I will be continuing to grow as a pharmacist. Currently, I am applying for the USPHS Commissioned Corps and hope to return to the Bureau of Federal Prisons later in my career. I look forward to the challenges and opportunities that come with a career in the Public Health Service, and I feel that my time on rotation with the BOP has prepared me for success.

NDSU NORTH DAKOTA STATE UNIVERSITY

Spring 2017

Why serving as a USPHS pharmacy student mentor and University Point of Contact (UPOC) matters...Submitted by CDR Matthew Febbo, RPh, MBA

Having done recruitment events, Commissioned Officer and Student Training Extern Program (COSTEP) mentorships and serving as an Advanced Pharmacy Practice Experience (APPE) preceptor for nearly 15 years, each time I visit a pharmacy school campus, I still experience a little jolt of excitement and optimism. I'm not quite certain whether it is the youthful energy, the collegiate atmosphere or the frequent sightings of a 19-pound pharmacotherapy book on a student's desks that gets the heart pumping. Whatever the reasons, remaining engaged with student pharmacists is still important to me, and I believe it strengthens both the Commissioned Corps and the profession.

For officers who have never served as a UPOC or preceptor, I challenge you to volunteer for an event and not feel completely optimistic about the future of the profession and the Corps. Yes, the profession faces many difficult challenges, however after spending 10 minutes talking to a student pharmacist or professor, I'm certain you will agree that the next generation of pharmacists will exceed the challenge of advancing our profession.

When students learn that the Corps only accepts a handful of new pharmacy officers each year, most are not deterred. In fact, when I tell students that the Corps is looking for the, "brightest, most highly motivated future leaders in the class," the pitch seems to further their interest even greater. At a recent UPOC event at the Thomas Jefferson School of Pharmacy in Philadelphia, PA, at least six or seven students in a class of about 70, came up to me afterwards wanting to know more about the USPHS and career opportunities! One student, Kyle Smith, formally asked me several thoughtful questions that I felt other students might find helpful in their pursuit of a career with the United States Public Health Service (USPHS):



Kyle Smith, Pharmacy student at Thomas Jefferson School of Pharmacy

Kyle: When exploring the possibilities of becoming a commissioned officer, how do you choose the best agency to pursue your career within the Federal government? CDR Febbo: This is a great question Kyle! What makes a career as a USPHS pharmacist so appealing and interesting is that we serve so many different agencies, each with its own unique mission and opportunities. Many USPHS pharmacists serve the most underserved patient populations in a very clinical setting, such as within the Bureau of Prisons (BOP) and Indian Health Service (IHS). Others, such as the Food and Drug Administration (FDA) pharmacists focus on regulatory affairs. Lastly, USPHS officers within various federal agencies conduct some of the top medical research in the world. Students should pick a career path that is the best fit for their skill-set or interest, however they should also keep in mind the needs of the Corps and nation always comes first.

Kyle: When you get selected to be commissioned, how does the new officer decide which agency to begin their careers at? Does the new officer have any say in this decision? CDR Febbo: This gets back to putting the needs of the Corps and nation first. Generally, placement of a newly commissioned officer depends on which agency has the most need for new pharmacy officers. Right now, those agencies include Immigration and Customs Enforcement (ICE), BOP and the IHS. If a student does not have much interest in serving these agencies as a newly commissioned officer, the chances of being selected are low. However, keep in mind, most officers serve for 30 years, therefore, it is not uncommon for officers to start their careers at one agency (or as a COSTEP), and move agencies two or three times as opportunities for advancement become available.

Kyle: As a commissioner officer you mentioned deployments are primarily within the U.S., are there opportunities to deploy outside the U.S. as well? CDR Febbo: Absolutely! Although most of our deployments focus on United States-based disasters or events, such as flooding or hurricanes, in 2015 over 100 USPHS officers proudly served in West Africa to combat the Ebola epidemic. Some pharmacy officers are still working in West Africa on developing the Ebola vaccine as well. As the world becomes more and more interconnected, I believe USPHS pharmacy officers will have an ever expanding role in serving patients throughout the world, should we be called upon to do so.



(L-R) CDR Matthew Febbo with Dr. Rebecca Finley, Dean and Professor of Jefferson College of Pharmacy and several pharmacy students .

Spring 2017

Advanced Pharmacy Practice Experience at the FDA

Submitted by Nicholas Stauffer, PharmD Candidate 2017, Preceptor LCDR Ashlee Januszewicz



This past autumn, I had the opportunity to complete an Advanced Pharmacy Practice Experience (APPE) rotation at the Center for Drug Evaluation and Research (CDER) of the U.S. Food and Drug Administration (FDA). As its' name implies, FDA is responsible for protecting the public by making sure that drugs are safe and effective. During my six-week APPE, I worked alongside with LCDR Ashlee Januszewicz, team leader of the Office of Unapproved Drugs and Labeling Compliance's Compounding Incidents team. The team is responsible for tracking and evaluating compounded product quality issues, complaints, and adverse event inquiries to determine public health risk.

During my rotation, I attended daily meetings with other U.S. Public Health Service (USPHS) officers, civil servants, healthcare professionals, and lawyers. Most prescription drugs are required to undergo premarket approval to demonstrate safety and efficacy. In addition, they are required to be labeled with adequate directions for use and being manufactured according to current Good Manufacturing Practices. These requirements are set to protect patients. Under certain conditions, compounded drug products are not subject to these requirements and, therefore, are not FDA-approved. The Compounding Branch monitors compounding pharmacies for compliance with the Food, Drug, and Cosmetic Act to ensure that their compounded products are prepared according to the required standards. The Compounding Branch also develops regulatory policies and guidance documents, which provide the public with FDA's current thinking regarding best practices and interpretation of the law. The Branch frequently works with individual State Boards of Pharmacy to identify noncompliant firms and to take action, such as inspections, warning letters, and product recalls, as needed to protect the public.

The rotation also allowed time for me to attend daily presentations given to pharmacy students by many different offices across FDA. These presentations provided a glimpse of the work done in other offices, such as "drug labeling" or "generic drugs". Due to my interest in the USPHS, my preceptor gave me the opportunity to participate in and contribute to various committee meetings and events. These events allowed me to meet and chat with dozens of Commissioned Corps officers, including RADM Pamela Schweitzer, Chief Pharmacy Officer, and RADM Scott Giberson, former Assistant Surgeon General!

During my rotation, I was able to work up an adverse event case in addition to completing multiple compounding-related projects. One of my projects involved developing a database for the Compounding Incidents team to track complaints and adverse drug events. It was very rewarding to be able to work on projects that would have a real impact on public health. I also worked on a policy project that aimed at gathering information about state compounding laws, which helped me become much more familiar with the law and FDA's oversight. This APPE showed me how FDA works to protect the public, and the service that USPHS Commissioned Corps provides to our nation. It has definitely been an incredible learning experience.



Did you know the Indian Health Service (IHS) has a total of 25 PGY1 pharmacy residents and 1 PGY2 at 21 IHS sites!?

Spring 2017

Howard University School of Pharmacy Delta Kappa, Kappa Psi Alumni Meet and Greet

Potluck Submitted by CDR Diana Solana-Sodeinde



On March 29, 2017, Howard University's School of Pharmacy (HUSOP), Delta Kappa Chapter of Kappa Psi Pharmaceutical Fraternity, held its annual pledge potluck in the Howard University (HU) College of Medicine building. This was a time for the pharmacy students belonging to the Delta Kappa Chapter to share in fellowship, and for alumni brothers to reunite not only with each other, but also with the current brothers of the chapter. The brothers provided dishes such as chicken, mac-and-cheese, rice, salad, and lots of desserts. After dinner, each spring line put on a show as the entertainment for the night. Also, the HU Alumni brothers, including two USPHS Commissioned Corps Officers, CDRs Andrew Gentles and Carlisha Colbert-Gentles, did a surprise performance and shared their stories and experiences about when they attended HUSOP and after they graduated pharmacy school. Overall, the

event served its main purpose of giving brothers of Delta Kappa the opportunity to share in fellowship and further strengthen the bonds among HU alumni, including USPHS Officers and pharmacy students.

USHPS Excellence in Public Health Pharmacy Award

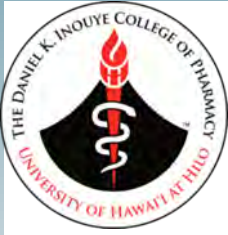


The USHPS Excellence in Public Health Pharmacy Award was presented by Dean Karl Fiebelkorn to Ms. Ali Scrimenti, pharmacy student at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences on April 6, 2017. Ms. Scrimenti demonstrated her commitment to public health by organizing numerous community wellness clinics and by providing medical clinic services to the underserved in remote areas. She was also involved with advocacy for expansion of pharmacist immunization services to the public as a way to address the low immunization rates among adults in her state.

Guests treated to tour of Kalapana Lava Flow

Authored by Mr. Jeffrey Tang, Daniel K. Inouye College of Pharmacy (DKICP) Student Pharmacist Class of 2018

Submitted by: LCDR Jill Gelviro, PharmD, AAHIVP, NCPS



In October, I was given the opportunity to explore the Kalapana Lava Flow with two amazing leaders in pharmacy, Rear Admiral (RADM) Scott Giberson and Lieutenant Commander (LCDR) Rovigel "Jill" Gelviro from University of Hawai'i Daniel K. Inouye College of Pharmacy (DKICP) Class of 2011. RADM Giberson and LCDR Gelviro were both very warm and welcoming individuals. During our hike, they treated me and the other student pharmacists like family. The beginning of the hike started with an adventure. While driving down to Kalapana, we took a wrong turn and ended up on an unexpected thirty-minute detour. RADM Giberson and LCDR Gelviro were very understanding. On the bright side, it gave us more time to get to know each other.

Once we arrived at the beginning of the hike, everyone's faces filled with excitement. We decided to rent bicycles to make the trek faster and spend more time viewing the lava. During the hike, I spoke with RADM Giberson and learned that he really enjoys being in the outdoors and going on new adventures.

Along the way to the lava flow, RADM Giberson and LCDR Gelviro were very open to talking about their life experiences and offering advice. The experiences and wisdom that they shared were inspiring. Listening to LCDR Gelviro's accomplishments and knowing that she was once a student at our College filled me with motivation. I felt encouraged that I too could accomplish a lot in my career as a pharmacist. After the hike, they invited us for dinner at a local restaurant in Hilo. I am so appreciative to have experienced this rewarding opportunity to spend time with such accomplished individuals.



Career Expo at Midwestern University College of Pharmacy in Glendale Arizona

Submitted by LT Trisha Chandler

A group of four U.S. Public Health Service (USPHS) officers attended a Career Expo at Midwestern University (MWU) on February 2, 2016 located in Glendale Arizona. The Career Expo is held every year and students are able to speak with various healthcare professionals and organizations that are in attendance. There are various colleges within Midwestern University including a College of Pharmacy, College of Dentistry, College of Osteopathic Medicine and College of Health Sciences. A well-rounded university with these various specialty healthcare schools allows MWU to teach and focus on a team approach to healthcare. Students are taught early on to collaborate with other healthcare professionals to achieve the common goal of patient-centered care.

CDR Carl Olongo and LCDR Jose Aparicio, pharmacists who work for the ICE (Immigration and Customs Enforcement) Health Service Corps (IHSC) at Florence and Eloy Detention Center in Arizona have attended the annual Career Expo since 2011. Both officers have thoroughly enjoyed sharing their USPHS and overall pharmacy experiences with MWU students. At this year's expo, CDR Olongo and LCDR Aparicio were joined by two pharmacists from Indian Health Service (IHS), CAPT Rebecca Reyes and LT Trisha Chandler. LT Trisha Chandler is an alumna who graduated from MWU College of Pharmacy in 2005. Her presence demonstrated to students how one can go from pharmacy school to the retail world of pharmacy and then become a commissioned officer in the USPHS. The team of four pharmacists manned a USPHS booth and talked to many first, second, and third year pharmacy students. The excitement, opportunities and questions about the USPHS were endless.

Reflecting on this event, it is obvious that this recruitment experience is impactful to future pharmacists who are interested in public health and highlights all the amazing opportunities to serve. The opportunity to interact with pharmacy students is rewarding and it is refreshing to see students' eagerness to make a difference in the pharmacy profession. The USPHS booth draws students year after year throughout their three year program at Midwestern University. It is inspiring to hear about the students' progress through pharmacy school, and to update them on achievements in USPHS pharmacy. The Career Expo at MWU continues to be a fulfilling experience that is looked forward to on an annual basis.



(L-R) CAPT Rebecca Reyes (IHS), CDR Carl Olongo (IHSC), LCDR Jose Aparicio (IHSC), LT Trisha Chandler (IHS)

Spring 2017

Pharmacy Extern at Centers for Medicare and Medicaid Services in New York, NY

Submitted by Jane Lee, Pharm.D. Candidate 2017. Preceptors: John Cocchiara and CDR Jerry Zee



As I was approaching the last year of pharmacy school, I was in the process of putting preferences in for rotations. I wanted to expose myself as much as I could to different fields of pharmacy that we as students don't typically get to experience in school. I was allowed to choose only one elective, so I spent quite some time thinking of whether I should apply for a rotation in industry or managed care. Finally, I decided to apply for Centers for Medicare & Medicaid Services (CMS) since I have been interested in this field throughout pharmacy school, having been actively involved and having held leadership positions for a few years in a student chapter of Academy of Managed Care Pharmacy (AMCP). When the schedule for rotations came out, I found myself assigned to a rotation at CMS, exactly how I wanted.

I honestly did not know what to expect from this rotation. I could only get bits and pieces of what the rotation entailed from asking around a few upperclassmen. The five weeks I was there, I had an amazing time, and it was eye opening for me. My rotations until that point were primarily comprised of clinical rotations in a hospital setting where I enjoyed direct-patient care. My part-time job at a grocery chain pharmacy gave me a good sense of how to interact with customers and how to process insurance claims. But, I never worked in a setting where they are dealing with policies and regulations. I was getting audited if anything, not the one auditing. It was a totally different perspective and a great learning experience. I shadowed my preceptor: John Cocchiara auditing insurance companies and Medicare Part D plans. I also worked on the Part D Enhanced Medication Therapy Management (EMTM) model that tests whether providing Medicare Part D Plans with additional payment incentives and regulatory flexibilities promotes enhancements in the MTM program, and possibly leads to improved therapeutic outcomes while reducing net Medicare expenditures. It allowed me to think and analyze from a different perspective.

I was also given the opportunity to work with Commander Jerry Zee, a US Public Health Service (USPHS) Commissioned Corps pharmacy officer, who is also the Regional Pharmacist for the New York Regional Office of the New York Division of Medicare Health Plan Operations. I attended a NYC adult immunization coalition meeting, community outreach events, St. John's University AMCP event, and a CMS TV show taping. I got to participate in diverse events within CMS, which is more than I could ask for! My rotation at CMS has sparked my interest in public health. I've enjoyed direct-patient care when I did rotations at hospitals or at retail settings, but this rotation introduced me to my true passions in public health and the impact that it makes on millions of beneficiaries. I am grateful for the opportunity to have spent five weeks with my preceptors at CMS, and I would be honored to one day serve alongside them in the field of pharmacy as an USPHS Commissioned Corps officer. I highly recommend this rotation to any student pharmacists.



Spring 2017

The FDA: A Sketch in My Career

Submitted by Ms. Elnaz Rabanian, Student Pharmacist



It was a great privilege as a third-year pharmacy student at Roseman University School of Pharmacy to have been selected from a national pool of students to complete an Advanced Pharmacy Practice Experience (APPE) at the Food and Drug Administration (FDA). My placement was with the Center for Drug Evaluation Research's (CDER) Office of Compliance, Drug Registration and Listing Staff at the FDA's White Oak campus headquarters in February 2017. The program was an excellent experience that provided unique exposure to the breadth and depth of the FDA's regulatory and clinical functions.

My time with the FDA was very well structured and provided a constructive balance of project based and learning objectives. I had the pleasure of working very closely with my preceptor Dr. Leyla Rahjou-Esfandriary, who assigned me an office nearby and quickly helped me to get setup with the FDA email and the important systems infrastructure. I was then given my primary project, which centered on the FDA's working relationship with the major pharmaceutical companies, to ensure their strict adherence to the drug registration and listing rules and regulations. This provided a valuable insight into one of the FDA's pivotal roles and added a sense of scale to the FDA's activities: regulating one of the country's largest industries is certainly no small task and provides a constantly evolving challenge. A key highlight of my time with the FDA was the student lectures, which allowed me to further my experience with some of the other functions and departments. This feature allows young pharmacists to

broaden their horizons and enables them to experience the full spectrum of roles that the FDA plays to ensure its mandate as a regulator is being fulfilled.

A further benefit of my time with the FDA was the time spent off campus with other related agencies and partners. We had the opportunity to visit the American Society of Health-System Pharmacists (ASHP) and American Public Health Association (APHA) Headquarters, U.S. Coast Guard, and the National Institutes of Health. In addition, I was also able to attend a United States Public Health Service (USPHS) Pharmacist Professional Advisory Committee (PharmPAC) meeting, where the granting of prescribing power to pharmacists in all states in the U.S. was discussed. As a pharmacist intern from California it was an honor to be allowed to join in the discussion and input my experience and views on the subject.



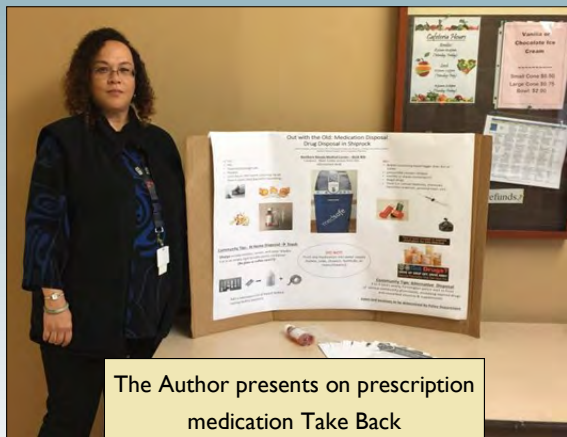
U.S. Coast Guard tour led by Captain Michael Shiber, March 2017



Spring 2017

Pharmacy Intern at Northern Navajo Medical Center in Shiprock, New Mexico

Submitted by Beth Ann Earles, Pharm.D. Candidate, 2017. Preceptor LT Fiona Chao, Pharm.D., BCPS



The Author presents on prescription medication Take Back

My name is Beth Earles, and I am a fourth-year student from the Daniel K. Inouye College of Pharmacy at the University of Hawai'i. When the time came to choose my six-week block rotations a year ago last November, a fellow classmate suggested exploring Indian Health Services sites. I had visited a lot of America by this time, but had not been to New Mexico or really explored the Southwest. When I read about the Northern Navajo Medical Center (NNMC) ambulatory care rotation, I jumped at the opportunity.

I have lived in Hawaii for 15 years. I have been in the health care industry for most of my 30-year work career. I wanted to compare and contrast what I knew about the Hawaiian culture with the American Indian cultures (i.e. day-to-day living, health concerns, accessibility of health services), with the intent of seeing what ideas and concepts I could bring back to Hawaii that would help my community. Public Health and social services aren't as prevalent in Hawaii as they are elsewhere in the country.

The Northern Navajo Medical Center in Shiprock, New Mexico is the largest medical facility within the Four Corners region, providing services to the Native population in New Mexico, Arizona, Utah and Colorado. My rotation at NNMC was Ambulatory Care. Since a significant amount of these programs are run and maintained by Public Health Service pharmacists and personnel, I had the opportunity to observe and participate in many different disciplines: mental health consultations, epilepsy appointments, pain clinic and diabetes wellness classes, and coumadin clinic, just to name a few. I interacted with the patients during their evaluations and gave medication recommendations to the provider. Participating in these visits made me feel like a valued, integral part of the healthcare team. In addition to my ambulatory duties, I spent a week on the inpatient/hospital floor attending patient rounds, learning about inpatient medication dispensing and inventory, and practiced my discharge counseling. I provided outpatient counseling at NNMC as well as in remote satellite clinics such as Toadlena and Sanostee. These very small facilities provide more than just basic medical care. Staff representing the different departments travel to these field clinics to help ease the transportation burden on their patients. I did get to let out my creative side too: while participating in the NNMC Employee Health Fair, my classmate Amber Goodloe and I created a Take Back Prescription Drug poster, providing information to employees and patients on how to properly dispose of medications available to the community.

While soaking up all of my new professional experiences, I was able to cross items off my bucket list. Mesa Verde National Park and the Anasazi Pueblos in Colorado were breathtakingly beautiful. The Petrified Forest with its Petroglyphs and Route 66 was amazing. I'm a history buff, so these glimpses into the past were phenomenal. I even attended a Navajo Rug auction! My rotation at NNMC was one of the most rewarding of my last year of school. It was an eye-opening experience and very educational for me as a Pharmacy Intern, as well as a health care professional. ALL of the staff—pharmacists and technicians—reinforced and added to my educational knowledge. Each person contributed in some way to the fundamental changes of my opinions concerning the pharmacist's role in healthcare and helped me hone my intentions of how to better serve my community in Hawaii. I strongly encourage all pharmacy students to do an Indian Health Services rotation. It could turn out to be a life-altering experience.



Attention Students! This 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/>.



Spring 2017

Useful Info and Resource Links

Agency	Contact	Telephone	Website	Email
Federal Bureau of Prisons (BOP)	CDR Mark Sellers	417-863-1352	https://www.bop.gov/jobs/positions/index.jsp?p=Pharmacist	msellers@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

June 3-7, 2017	ASHP Summer Meetings & Exhibition (Minneapolis, Minnesota)
June 6-9, 2017	PHS Commissioned Officers Foundation USPHS Scientific and Training Symposium (Chattanooga, TN)
July 28-31, 2017	Student National Pharmaceutical Association Annual Meeting (Las Vegas, NV)
August 16-18 2017	ASHP National Pharmacy Preceptors Conference (Washington, DC)
September 10-13, 2017	Joint Federal Pharmacy Seminar (Orlando, FL)
October 7-10, 2017	American College of Clinical Pharmacy (ACCP) Annual Meeting (Phoenix, AZ)



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

CORE VALUES

Leadership

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

Service

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

Integrity

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

Excellence

Exhibits superior performance and continues improvement in knowledge and expertise



RADM Pamela Schweitzer
 USPHS Chief Pharmacy Officer

We want your submission of articles and pictures! Please email [LCDR Shannon Saltclah](#) and she will forward them to the appropriate section leads!

Did you know?

The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and 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
 LCDR Shannon Saltclah, Pharm.D., BC-ADM, NCPS



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