



UNIVERSITY POINT OF CONTACT NEWSLETTER

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“Be still and the earth will speak to you.” submitted by Falisha Begay, PharmD Candidate, 2016. Preceptor: LT Shannon Saltclah

Not long ago, I made a decision that pushed me beyond what I thought I could be capable of and guided me to a future I never imagined. Growing up in the small town of Gallup, NM, as a young Navajo girl, I knew that one day I would return and give back to my community and my people. My grandfather was a quadriplegic and my grandmother was diagnosed with diabetes, colon cancer, and ovarian cancer. They told me stories and taught me the traditional teachings of our Navajo culture. Most importantly, they taught me patient care. I developed nursing skills at a very young age. My family always encouraged education and I knew I wanted to pursue a career in the medical field, but was uncertain which profession. A majority of my childhood was spent traveling with my grandparents to their appointments at numerous hospitals (including an Indian Health Service facility). I remember listening to the counseling sessions from the Commissioned Corps pharmacists with my grandparents and became familiar with their medications; especially since I would help my mother care for them at home. As years passed, I realized I developed an interest in understanding medications in general: their mechanism of action, dosing, side effects, and indications. The more and more I watched and learned, I began to admire the knowledge and confidence of each pharmacist. I remember the amount of appreciation and respect my grandparents had for the pharmacists because each counseling session was specific to them. When my grandparents passed away, it changed my life for numerous reasons. The most important reason was because that was the moment I made the decision to become a



Tséhootsooi Medical Center (TMC) in Fort Defiance, AZ



The author with LT Saltclah

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The FDA Pharmacy Student Experiential Program (PSEP) by CDR Ray Ford and LCDR Zachary Oleszczuk



Students present PSEP leaders with results on project. L-R: Sandy Li, PSEP Asst. Director LCDR Oleszczuk, Esther Song, PSEP Director CDR Ford, Galina Perel.

The FDA Pharmacy Student Experiential Program (PSEP), managed by the FDA’s Division of Drug Information, provides an opportunity for pharmacy students to learn about the FDA’s multidisciplinary processes. It is also an avenue by which FDA staff can observe and mentor the next generation of pharmacists and have some fun while doing it. The program receives overwhelming positive

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pharmacist. From that moment on, I pushed myself to one day be among those pharmacists I admired all those years ago.

Now, I am a fourth year pharmacy student about to finish my last rotation at Tséhootsoóí Medical Center (TMC) in Fort Defiance, AZ and will soon begin another journey of becoming a PGY1 pharmacy resident at Gallup Indian Medical Center (GIMC). I could not have had a better ending to my final year. Compared to previous rotations, I felt that TMC offered a more cultural experience, which is what I needed. I needed that reconnection with who I am and where I am from. I believe that TMC gave that to me, especially since I stayed in the housing that TMC provided. It allowed me to experience the Navajo Nation to its full potential with intense windy days, clear night skies full of bright stars, long trail runs or hikes through the beautiful red rocks, and traditional foods at the flea market. It was so fulfilling to experience that again because I have been away at school, in the city, and I have LT Shannon Saltclah to thank for this cultural experience. She provided me opportunities to help with community projects that promote public health, such as: the Annie Dodge Wauneka Run and Walk series and Just Move It. I greatly enjoyed working with her because she challenged me to have more responsibility in many of the pharmacy-run clinics, including: Coumadin, Asthma, and Diabetes (with me taking the lead on the appointments). This was great because it allowed me to utilize my clinical knowledge and prepare for training as a Pharmacist Clinician in New Mexico. During the clinic appointments, she would often introduce me not just as a student, but as a pharmacist in a couple months. This was great because she treated me more like a colleague rather than a student. These simple actions and her charismatic character helped me become more confident in my recommendations and knowledge.

I am very fortunate to have worked with the staff at TMC. They were all very welcoming and always willing to help when I was lost or confused about locations or certain computerized systems. What I loved most was the interprofessional comradery among the staff. Everyone knew one another from the chiefs of each department to housekeeping and they were always in contact with one another. And of course, there was a great appreciation for pharmacists, as they utilize their knowledge and training to provide optimal patient care with the encouragement and cooperation of physicians. Because of this, I was able to participate in Hepatitis C and Chest (TB) Clinic with the physicians. It feels like I just got here not too long ago and now I am sad to be leaving, but that does not mean I will not return in the future, even if it is to visit. The staff and facility are amazing and I would highly recommend this experience to any healthcare professional.



Editor's Note:

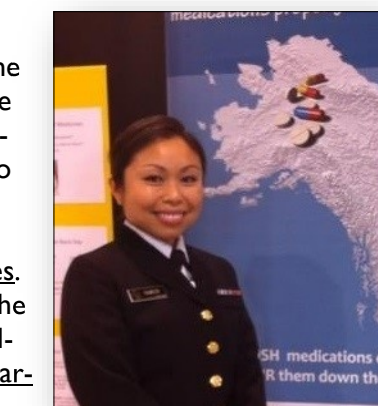
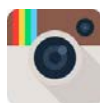
Welcome to the Spring/Summer 2016 edition of the UPOC Newsletter! The UPOC newsletter has served as a gateway for pharmacy students to learn about the roles and activities of USPHS officers as well as for UPOC officers to share their recruitment activities. I work with a very talented group of officers who are striving to make this newsletter as relevant to pharmacy student issues as possible.

In this issue, we are proud to continue our new series called Career Profiles. This feature follows pharmacists working in different operational divisions such as the FDA, and lesser known agencies like ICE and CMS. In addition, we've kept the tried-and-true Q&As regarding COSTEPs and Residencies, as well as info regarding scholarships. After all, it's never too late to start thinking about future rotations or career opportunities. Keep this issue as a resource come rotation and residency time.

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

Yours sincerely,

LCDR Honeylit Cuelo, PharmD, BCPS, CPH, NCPS



Check us out:

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

Continued from page 1... The FDA Pharmacy Student Experiential Program (PSEP)



reviews from students and pharmacy schools. During the rotation, pharmacy students acquire knowledge, skills, and abilities that are beneficial to their professional careers.

Since the beginning of the program in 1998, PSEP has grown each year as more and more students apply to the FDA hoping to secure a rotation. Since 2002, we have increased the number of students that have been selected by more than eight fold. In 2015, the FDA considered more than 820 applications, and accepted 296 students, which is a new record for the PSEP.

A huge part of our success is due to preceptors and presenters from throughout the FDA. In 2015 we had over 40 active USPHS officers serve as preceptors to pharmacy students and 38 serve as presenters. Although FDA staff members are very busy with their regular duties, many still find time to mentor students. Program preceptors tell us they find it a rewarding, positive, and delightful way to interact with eager students who are inspired to assist the FDA.

The FDA benefits from the program by having students who can assist with a variety of projects. FDA staff members are also able to evaluate a student's performance and identify highly desirable candidates for possible employment. As a result, the Agency has hired more than 88 new employees who have come through the PSEP.

Students benefit by having a highly qualified mentor expose them to the FDA, PHS, and the overall regulatory experience. Although many schools at least mention the regulatory aspect of pharmacy, this FDA rotation is very often a student's first in depth exposure to how drugs are regulated at a Federal level. Additionally, many pharmacy students may be unfamiliar with PHS. With almost 1,000 PHS officers employed at the FDA, this rotation may be pharmacy students' first exposure to PHS.

Our rotation provides an ideal environment for students to participate in PHS focused activities, including the monthly PAC meetings, multiple PHS specific student lectures with topics on PHS Deployments, careers in PHS, and allows students to attend local PHS social functions when available. These experiences allow students to obtain a solid foundation in all the values that the PHS encompasses.

Other educational opportunities for students include FDA advisory committee hearings, congressional hearings, and a monthly PSEP lecture series. Through this series, pharmacy students interact with each other and learn about 34 different FDA offices and programs as well as other organizations such as the Bureau of Prisons and United States Pharmacopeia.

PHS officers also can benefit from participating in the FDA PSEP. Collateral duties of a preceptor and presenter help to strengthen officership and leadership. Many of our lecturers and preceptors are PHS officers - some of whom participated in the PSEP and later on joined the PHS because of the direct influence of their rotation.

Additionally, mentoring a student can help officers learn how to improve their communication skills, particularly when giving feedback. This experience is extremely valuable as it prepares officers for future supervisory positions. Pharmacy students are also uniquely skilled to be able to help PHS officers complete projects and tasks for which their schedules may not have allowed dedicated time. This can enable PHS officers to be more productive.

Application Process

PSEP students apply for the program before their last year of pharmacy school at an accredited U.S. pharmacy college or university. Rotations at FDA are offered only for those pharmacy students in the last year of pharmacy school. [Applications](#) usually open in the fall and third year students apply through their school's Experiential Coordinator. For any questions related to the FDA PSEP please contact us at Pharmacy.Student@fda.hhs.gov.

The FDA PSEP is a rich and rewarding experience for everyone involved. Success of the program is directly attributed to the highly motivated individuals who choose to serve as preceptors and presenters for the next generation of healthcare professionals. We encourage all those interested in mentoring pharmacy students to consider volunteering for our program. Although we accepted almost 300 students for this coming academic year (2016-2017), there are still over 500 wonderful pharmacy students whom we could not place. As always, it is our pleasure to serve you. If you any questions please contact us (CDR Ray Ford and LCDR Zach Oleszczuk) at Pharmacy.Student@fda.hhs.gov.

Spring/Summer 2016

The Rewards of Community Service submitted by LCDR Carolyn Volpe



U.S. Public Health Service Officers flexing their muscles to help clear brush and debris at the historic Woodlawn Cemetery in Washington, D.C., 2015

I feel one of the greatest benefits of being an Officer with the U.S. Public Health Service Commissioned Corps is the opportunity to serve the local community with my fellow officers. During my six and a half years with the Commissioned Corps, I volunteered with my fellow officers on a number of different local community service activities, including performing maintenance at historic cemeteries around the Washington, D.C. area, judging local high school science fairs, processing food donations at a local food bank, and performing maintenance in a state park. These are just a few of the many different community service activities offered to Commissioned Corps Officers every year. Other opportunities include serving meals to the homeless at soup kitchens, honoring those who served in World War II by helping with Honor Flights to the World

War II Memorial, assisting with race preparations for charity races, and helping build houses with Habitat for Humanity. Not only are these activities a great way to serve the community, but they are a great networking opportunity. Officers from different duty stations, different Commissioned Corps categories, and even different military services come together to serve the community.

These community service activities allow me to remove my pharmacist hat, perform activities that are unrelated to my job and interact with the community in a rewarding way. I was involved in many community service projects while in college. I even spent two Spring Breaks building houses with Habitat for Humanity. I am glad I have the opportunity to continue my community service work and I am honored to be representing the U.S. Public Health Service Commissioned Corps while volunteering for these activities. Each activity is a rewarding experience.

Career Expo at Midwestern University submitted by LT Trisha McCurdy

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



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

CDR Carl Olongo and LCDR Jose Aparicio, pharmacists at Florence and Eloy Detention Center in Arizona, have attended the annual Career Expo since 2011. Both officers have thoroughly enjoyed sharing their USPHS, IHSC and overall pharmacy experiences with the MWU

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Why Indian Health Service Student Rotations Are Beneficial: A student's perspective

Submitted by LT Danica Brown, Sarah Robison and Sara Collins, 2016 PharmD Candidates

At the Oklahoma City Indian Clinic (OKCIC), we are one of two Indian Health Service (IHS) Urban clinics in Oklahoma. We are an outpatient clinic that processes approximately 21,000 prescriptions per month in an 800 square foot space. We depend highly on our interns in our Anticoagulation Clinic as well as to counsel patients on new prescriptions. Sara Collins and Sarah Robison, PharmD. candidates from the University of Oklahoma, came to us from two vastly different backgrounds and with two opposite plans for the future, but will both use their experience at OKCIC to advance their careers in a positive way. Here is their perspective on how they will use what they have learned here at OKCIC.

Sarah Robison is moving to San Francisco and plans to work for Wal-Mart.

As my ninth and last experiential rotation, it introduced me to a pharmacy environment unlike any of my previous sites, which were almost exclusively in the community or clinical setting.

The pharmacy serves patients through several pharmacy based clinics, and student pharmacists have the opportunity to play an integral role in optimizing patient care. Counseling rooms in the pharmacy allow for individualized patient interactions, which were particularly beneficial in providing more thorough discussion, administering immunizations, and answering specific questions related to drug therapy. Rotating students also have an opportunity to participate in the Anticoagulation Clinic. I found it very rewarding to play a role in the monitoring of patients' warfarin therapy along with ensuring their therapeutic goals are met. A unique aspect of the Oklahoma City Indian Clinic Pharmacy is the ability to access patient health records to evaluate past and current medications, laboratory data, as well as relative disease states. As a student, it was extremely beneficial to have all of this information integrated into an easily accessible format to help guide the evaluation of pharmacologic therapy. During my rotation, I was able to incorporate many aspects that were taught in my pharmacy didactic education and apply my clinical knowledge in actual patient interactions. I have come to fully appreciate my experience at OKCIC and believe this exposure has undoubtedly helped to further solidify my ability to



assess and manage drug therapy to enhance patient outcomes.



Sara Collins is in the IHS "Payback Program" and will be beginning her pharmacy career at an IHS site in Oklahoma.

Toward the end of my first year of pharmacy school, I heard about the IHS Extern Program and had the opportunity to work during the summer at the Oklahoma City Urban Clinic (OKCIC). It was at OKCIC that I discovered my love for ambulatory care. As I near the end of my pharmacy school experience, and again have had the opportunity to learn at OKCIC, I can see just how far I have come and

how much knowledge I have gained. Not only do I have the chance to participate in my favorite patient service – the anticoagulation clinic – but I also spend time counseling patients, performing medication reconciliations, giving presentations to providers, and helping in their many other innovative services. Having the opportunity to spend time at the Oklahoma City Urban Clinic – the place where I first found my true passion for this career – has

been exactly what I needed to propel me through these last few months to my graduation day. I would encourage any student who is interested in an IHS career to become involved with the Extern Program, because it may provide you with a direction to pursue within your pharmacy career.



Continued from page 4... Career Expo

students. At this year's expo, the IHSC pharmacists were joined by two pharmacists from Indian Health Service (IHS), CAPT Rebecca Reyes and LT Trisha McCurdy. LT Trisha McCurdy graduated from MWU College of Pharmacy in 2005. Her presence and experience reflected to students the possibility of transitioning from pharmacy school into the retail world of pharmacy and then learning about USPHS and earning a commission in 2013. The team of four pharmacists manned a USPHS table and talked to many first, second and third year pharmacy students. The excitement, opportunities and questions about the USPHS were endless.

As we reflect on this event, it is obvious that this recruitment experience is impactful to future pharmacists who are interested in public health and all the amazing opportunities we have to serve. The opportunity to interact with pharmacy students is rewarding; it is refreshing to see their eagerness to make a difference in the pharmacy profession. This booth draws students year after year throughout their three year program at Midwestern University. It is inspiring to hear about their progress through pharmacy school, and we enjoy updating them on achievements in USPHS pharmacy. The Career Expo at MWU continues to be a fulfilling experience and we look forward to continuing annual representation of USPHS.

Step It Up! The Surgeon's Call to Action to Promote Walking and Walkable Communities

submitted by LCDR Lysette Deshields, LCDR Ashlee Januszewicz, LCDR Sadhna Khatri, and LCDR Monica Reed-Asante

Have you heard? On September 9, 2015 the Surgeon General released a new initiative: Step It Up! The Surgeon's Call to Action to Promote Walking and Walkable Communities. Walking provides many benefits and the Surgeon General is focused on preventing disease. There are a significant number of adults in the United States living with a chronic disease, such as heart disease, cancer, or diabetes. These diseases contribute to disability and premature death. In addition, the medical treatment of chronic diseases incurs substantial costs for individuals, families, and the nation. Studies have shown that, in addition to eating healthy and avoiding tobacco use, physical activity is crucial for preventing and treating many of the chronic diseases that our country is faced with. Vice Admiral Murthy states in his call to action, "It's time to step it up, America! The journey to better health begins with a single step."



Why walking? Evidence has shown that low-impact exercise such as walking on a regular

basis has many positive outcomes, including the following:



Health Benefits.

Cardiovascular benefits & Lower risk of disease:

Walking briskly on a regular basis can lower an individual's risk for high blood pressure, high cholesterol, and diabetes as much as running. In addition, physical activity can lessen the severity of a condition such as diabetes or heart disease and can help people manage or reduce symptoms associated with arthritis. A new analysis was published in the journal *Circulation* and *The Washington Post* titled "New study says 30 minutes of exercise a day is not enough. You should double or quadruple that." The results of the study indicated that the participants who were following the 30 minutes guideline issued by the American Heart Association had "modest reduction" in heart failure risk compared to those who did not exercise at all. By comparison a substantial reduction of heart failure risk of 20 percent and 35 percent was experienced in the participants who exercised twice and four times as much, respectively. The researchers found that

CAREER PROFILE: An Interview with CDR Hollie Cook of CMS

submitted by CDR Jerry Zee



Commander (CDR) Hollie Cook, PharmD, BCACP, serves as the Regional Pharmacist for the Centers for Medicare and Medicaid Services, in the Seattle Regional office. She is responsible for monitoring the administration and implementation of the prescription drug benefit in the Medicare Prescription Drug Program and the Affordable Care Act in four states (Washington, Oregon, Idaho and Alaska). Her work involves the development of regulation, policies, and other guideline materials of a highly specialized and detailed nature, requiring technical knowledge of all aspects of the field of pharmacy.

CDR Cook began her career in 2002 in the U.S. Navy serving in Okinawa, Japan at the U.S. Naval Hospital and branch clinics as an inpatient and outpatient pharmacist and then Assistant Pharmacy Department Head. From 2005-2007 she was the Pharmacy Department Head for the Naval Health Clinic Quantico, Virginia where she lead the administrative and clinical pharmacy services for Marine Corps Officers in training on base, as well as service members and families in the national capitol area.

In 2007, CDR Cook transferred from the U.S. Navy to the U.S. Public Health Service (USPHS) Commissioned Corps. She served from 2007-2010 in the Federal Bureau of Prisons (BOP) Central Office in Washington D.C. where she assisted the Chief Pharmacist in oversight of the pharmacy services provided to federal inmates nationwide.

CDR Hollie Cook is the Pharmacy Branch Director for the USPHS Rapid Deployment Force 3 (RDF-3). She deployed in support of survivors for Hurricane Irene (2011), Superstorm Sandy (2012) and served as the Deputy Operations Section Chief for the Unaccompanied Minors mission in Nogales, Arizona (2014). In 2008 she deployed aboard the U.S.N.S. Mercy for Pacific Partnership, a humanitarian mission with the Department of Defense and international partners. CDR Cook's most rewarding deployment in the USPHS was her service in 2014/2015 as the Executive Officer for the Commissioned Corps Ebola Response in Liberia. She served for approximately 7 weeks in Monrovia, Liberia under Commanding Officer RADM Newton Kendig.

What prompted you to become a uniformed service commissioned officer after you graduated from pharmacy school?

I joined the U.S. Navy when I was in the last 2 years of pharmacy school. It was a scholarship program where I served for 3 years after graduation. I ended up staying in the Navy for 7 years before transferring to the U.S. Public Health Service. I was attracted to uniformed service because I wanted to contribute to something bigger than myself, and not just a corporation's bottom line. In pharmacy school, I was constantly in the career guidance office asking for something interesting, different, exciting and fulfilling. I knew there had to be other pharmacy careers out there than retail and hospital!

What overseas assignment(s) have you been on and how did you like it?

My overseas assignments have been the most rewarding of my career. My first overseas assignment was a 3 year tour with the Navy in Okinawa, Japan. I learned so much about pharmacy! Inpatient, outpatient, administrative, branch clinic pharmacy management, NICU, etc. The next overseas assignment I had was ironically with the USPHS on a Navy hospital ship, the USNS Mercy. This was a humanitarian mission where we provided medical, dental, optometric, and some special-

ist care to people in the South Pacific. The countries I visited were Papua New Guinea, the Federated States of Micronesia, and Guam. This was truly a life-changing experience to help people in true need and how grateful they were to the USA. My last overseas deployment was 6 weeks in Monrovia, Liberia. My role was Executive Officer, U.S. Ebola Response. I was assisting the 2 star Admiral in charge of the Monrovia Medical Unit (MMU) which was an Ebola treatment facility for health care workers and Ebola responders staffed by amazing USPHS officers. I learned so much about world health and how countries can really do positive work when we all get together and focus on humanity and care.

What prompted you to obtain additional board certification specialty and how did you study for it?

I graduated pharmacy school in 2002. I was summa cum laude, 2nd in my class, and I knew my stuff but that was a long time ago! The world of pharmacy changes fast! It seems like new drugs come out every day! Even though I continue to work retail pharmacy one day a week, I wanted to make sure I was up-to-date on clinical guidelines so I could best take care of my patients. I thought the best way to do that was to do an intensive study and get board certification in ambulatory care (BCACP).

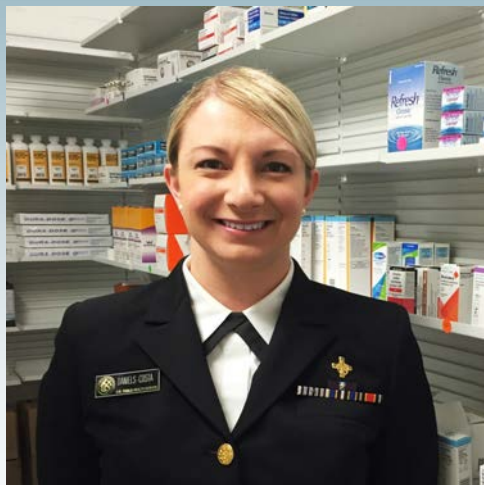
What made you consider your current position and what are some of the duties and responsibilities?

I joined CMS in January 2010. Just 2 months before President Obama signed the Affordable Care Act. I wanted to be a part of history! As the Regional Pharmacist in Region 10, I am responsible for mostly Medicare Part D issues in 4 states: Alaska, Idaho, Washington, Oregon. Since I am the only pharmacist in the region, I am consulted on most medication related issues including Medicaid and Medicare parts A and B. I also work with other Department of Health

CAREER PROFILE: Profile/Interview of LCDR Stephanie Daniels,-
Costa, Western Regional Pharmacy Consultant for IHSC submitted by LT
Kristina Snyder



ICE Health Service Corps



LCDR Stephanie Daniels-Costa is currently serving as the Western Regional Pharmacy Consultant for the ICE Health Services Corps (IHSC), which provides medical services to detainees in the custody of Immigration and Customs Enforcement (ICE). She was commissioned and began working for IHSC in February 2012 in San Diego, CA, and provides pharmacy oversight and support to seven ICE facilities.

Please provide a brief background about your career (where you went to school, prior experience, etc.).

My mother is also a pharmacist, and she introduced me to the profession when I was only a few days old – I was the baby in the bassinets on the back counter of Daniels' Pharmacy. I started working as a pharmacy tech with CVS after high school, and did my pre-pharmacy work at Drew University in New Jersey. I graduated from the University of Maryland School of Pharmacy in 2010, and then worked for Rite Aid as a pharmacy

manager. My first USPHS assignment was at the Immigration Health Services Corps (IHSC) in San Diego, which helped prepare me for my current position as the IHSC Western Regional Pharmacy Consultant.

How and when did you first learn about the United States Public Health Service (USPHS) Commissioned Corps?

I learned about the Corps as a pharmacy student at the University of Maryland, and was really impressed with how much clinical work the pharmacists were doing. The Indian Health Service and Bureau of Prisons have really paved the way for both federal agencies and private sector pharmacists to pursue collaborative practice and provider status.

What led you to pursue a career with the USPHS Commissioned Corps and specifically ICE Health Service Corps (IHSC)?

I did a 4th-year rotation with a USPHS officer who was assigned to the Coast Guard, and it was a really amazing experience. I was able to practice my counseling, physical exam skills, and learn more about emergency preparedness operations. It was also a great opportunity to hear more about the Corps from a senior officer who had practiced in several agency environments.

What can students expect and how can they prepare for a career with USPHS?

The depth and breadth of career opportunities within the USPHS continues to amaze me, and pharmacists are involved at so many levels,

from developing payment policy and initiatives at CMS, to integrating medical records systems in IHSC, to writing clinical guidelines at BOP, and treating individual patients at IHS. The best way to prepare is to volunteer and get as much team-based clinical and community service experience as possible. JRCOSTEPs and rotations with USPHS officers are also a fantastic way to experience life as a USPHS officer, just reach out to your school's UPOC for more information.

What have been your duties and responsibilities as an IHSC pharmacist at the San Diego facility and what is your new role as IHSC Western Regional Pharmacy Consultant?

The core of my job as an IHSC pharmacist is to review provider medication orders and verify prescriptions. I've also been my facility's compliance officer for the last two years, which means that I've been responsible for developing local policies and procedures that comply with the standards of our accrediting bodies. In 2012, I established the first pharmacist-managed anticoagulation clinic in IHSC, which evolved into my leading the workgroup to bring collaborative practice to our agency. As the new Regional Pharmacy Consultant, I coordinate the clinical pharmacy program roll-out, along with arranging coverage for position vacancies and officer vacations, and handling some of the administrative duties like helping to develop national policies and guides.

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CAREER PROFILE: An Interview with LT Jay Wong, Clinical Pharmacist at a Federal Detention Facility submitted by LT Jay Wong and CDR Victoria Ferretti-Aceto



ICE Health Service Corps



LT Wong was the Chief Pharmacist at the Buffalo Federal Detention Facility with ICE Health Service Corps (IHSC), Department of Homeland Security (DHS). In this role, he served as a Clinical Pharmacist within the medical clinic while also managing pharmacy operations for the all-male, 650-bed facility, including two medical housing units. Commissioned in June of 2013, LT Wong served with IHSC until November 2015. LT Wong is currently serving as a Regulatory Officer in the Office of Regulatory Affairs (ORA) for the US Food and Drug Administration (FDA). Regulatory Officers, also known as Consumer Safety Officers/Investigators, are responsible for protecting the public health of the nation by conducting inspections and investigations in all industries regulated by the FDA. They submit reports accompanied by supporting evidence documenting violations of the laws that ORA enforces.

In your own words, what does a Clinical Pharmacist do and what were your responsibilities within the medical clinic at the Buffalo Federal Detention Facility (BFDF)?

Over several years in my role at BFDF, I wore many hats. I worked to improve the safety and quality of life for patients by way of medication therapy management and disease prevention. I could be working with a physician on adjusting the anticoagulant dose for a patient who takes both warfarin and carbamazepine, or I could be working in an administrative capacity with the surrounding hospitals and community pharmacies to remedy medication shortages for

certain segments of our patient population. To work in this setting you must be on point with your clinical knowledge because you cannot gain respect if you don't know what you're doing. If you have an opportunity to do quality improvement work, I suggest that you gain some experience in that area. This way you not only better understand how the clinic operates, but you will also help to solve clinical issues by collaborating with medical staff and leadership. Working in the correctional setting is unlike working at other places because you really have to be fluid, flexible, and diplomatic in dealing with the prisoners under hazardous conditions

What are some of the unique challenges with working at this site?

This job is definitely not for everyone. Working in correctional medicine requires a thick skin and a certain willingness to not let trivial issues get in the way of the greater task at-hand needed to accomplish the mission. More importantly, one has to be a team player, a great communicator, and able to work professionally with those around you. If you cannot negotiate the demands of this environment, then you might let the job get the best of you and keep you from reaching those "ah-ha" learning moments.

What qualities do you think make someone a good candidate for the Clinical Pharmacist role?

A keen interest in learning and an open mind in working with others are critical to being a good clinical pharmacist. Knowing your stuff and keeping people safe go without saying. One very key element is the need to be familiar with the ramifications of the laws surrounding your profession, in addition to the legal context of the people you interact with. You are bridging the gaps among health care professionals by trying to understand their viewpoints and by facilitating communication among them.

What did you enjoy about your time with IHSC?

In addition to having the opportunity to serve and help people, I enjoyed the lasting relationships that I developed in my time at IHSC. IHSC, as a whole, has less than 20 pharmacists across the nation at various locations and facilities. This was a great group of pharmacists because everyone there was willing to help each other out. No man is an island. I think that working in a challenging environment somehow strengthened our relationships and understanding of each other, and brought us closer together.

Looking back, what advice would you give to student pharmacists who are in their last year or the last 2 years of their pharmacy education?

I think back to a classmate of mine who had a tattoo that said, "Carpe Diem!" or simply, "Seize the Day!" Not that you have to get a tattoo, but I think that was a great reminder to make the most of one's day. If you don't seize the day when you are in school early on, you may find that pharmacy school did little to prepare you for what you will encounter in the real world. Better to learn the hard lessons in school because the world will not meet you halfway once you graduate. I think that waiting until your last two years of pharmacy school is actually too late. On your first day of pharmacy school, or even when you receive your acceptance letter, you should immediately make the most of your time to learn and to push yourself out of your comfort zone by exploring other areas, like in industry, government, or law. You have to challenge the notion of how a traditional pharmacist should be viewed and make your career the type of paradigm that you want it to be defined by. The cliché of being the change you want to see in the world is true. If not, others will eventually determine that for you, some of whom may not even be pharmacists.

CAREER PROFILE: CDR Matt Brancazio, Special Assistant to the Director of the Center for Drug Evaluation and Research's Office of Compliance submitted by CAPT JoAnn Hittie



CDR Matt Brancazio is currently serving as the Special Assistant (O-6 billet) to the Director of the Center for Drug Evaluation and Research's (CDER) Office of Compliance. CDR Brancazio has many roles within this position including program management, crisis coordination, and other duties assigned as needed. He accepted this position after serving as a Senior Regulatory Project Manager (O-6 billet) in CDER's Office of New Drug's (OND) Division of Gastroenterology and Inborn Errors. This position dealt largely with the regulatory issues surrounding new drug and biologic applications for Crohn's disease and Large Volume Parenterals. CDR Brancazio came to the FDA in search of new challenges in the regulatory world and has clearly found them.

After graduation in 2002 from Ohio Northern University, College of Pharmacy, CDR Brancazio took his pharmacy degree to a warmer climate and worked hospital, retail and long term care jobs in Arizona. While working at an Arizona medical center, he hired a

relief PHS pharmacist, who later became his PHS supervisor at the Indian Health Service. This relationship led him to serve four years at the IHS Colorado River Service Unit in Parker, Arizona. There, he performed duties as a Senior Assistant Pharmacist (O-4 billet) and then as the Deputy Chief Pharmacist (O-5 billet). While in the IHS, CDR Brancazio focused his attention on clinical skills, pharmacy informatics, inventory management, and workflow improvement.

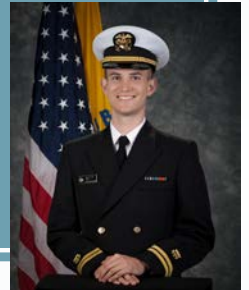


CDR Brancazio noted that the challenge in regulatory work with acquiring knowledge of the regulations. Though mentored well when he arrived at the FDA, his regulatory expertise has come from self-guided learning. When he comes across a regulation of which he is less familiar, he researches it. CDR completed his MBA degree in 2015 with University of Phoenix and his next challenge is to sit for the exam for the Regulatory Affairs Certificate.

What do you think is the best part of being a PHS pharmacy officer?

"My favorite part of being a PHS Pharmacy Officer is being a part of a national network of highly-motivated pharmacists and officers - making friends and professional contacts in almost every state."

-LT Quinn Bott



"The opportunity to work in so many different agencies all while working for the same Service provides a variety of fresh experiences that continuously allow me to challenge myself."

-LT Trey Draude



Residency Highlight: CDR John Carothers (Alaska Native Medical Center—PGYI Practice Residency –2004 Resident) submitted by LT Michelle Locke



CDR Carothers attended Idaho State University where he obtained his Bachelor of Biochemistry and Bachelor of Microbiology degrees. He continued on at Idaho State University for pharmacy school where he received his Doctor of Pharmacy degree. It was during his 2004 Indian Health Service (IHS) residency at the Alaska Native Medical Center (ANMC) in Anchorage, AK that CDR Carothers started his career with the USPHS Commissioned Corps. He currently works as a clinical critical care pharmacist at ANMC and recently became the ANMC PGY-I Pharmacy Practice Residency Director in 2014. In his spare time, CDR Carothers enjoys all things Alaskan including hunting, fishing, boating, hiking and camping with his family.

Required Rotations:

Our residency program has a blend of both ambulatory and acute care rotations. There is also a potential to establish additional rotations within the resident's particular areas of interest. Required rotations include: internal medicine, critical care or inpatient pediatrics, pharmacy management, ambulatory diabetes or oncology, drug information, staffing and orientation.

Elective Rotations:

Potential elective rotations include: Centers for Disease Control Arctic Investigation Program (CDC), quality improvement, emergency medicine, home infusion, cardiology, psychiatry/mediset, medication safety, transitions of care, infectious diseases, regional/village, and informatics/electronic health record.

In addition to rotational experiences, the resident will participate in research, project development and execution, oral and written communication, formal presentations, leadership and practice management committees and lead pharmacy student journal club.

Teaching Opportunities:

Residents have the opportunity to precept

4th year pharmacy students on APPE rotations, lecture at the University of Alaska MedEx Physician Assistant Program, lecture at ANMC Hospital Grand Rounds, and present continuing education presentations at the Alaska Pharmacists Association annual convention.

What are some advantages and disadvantages to working in Alaska and at the Alaska Native Medical Center?

Advantages: ANMC is the largest IHS hospital where you can get a great experience with both a mixture of inpatient and outpatient pharmacy. Unique to the IHS, ANMC offers every medical specialty and you can also experience a good mixture of urban and rural challenges associated with providing medical care to Alaska Natives and American Indians. Disadvantages: One of the biggest disadvantages/challenges in Alaska is access to care and medications due to travel challenges and weather. Also, coordination of care due to the vastness of Alaska provides its own unique challenges. In providing care for Alaska Natives and American Indians in Alaska, it is not uncommon for patients to be "weathered in" in a remote village and be several hours to days from the traumatic event or the onset of sepsis; thus delaying the delivery of the optimal care patients need.

What led you to pursue a career in pharmacy?

Medicine has always been an interest and passion of mine. The opportunity pharmacy afforded to provide healthcare and direct patient contact for underserved populations, while also challenging me clinically, led me into the profession.

What led you to pursue a career with the USPHS Commissioned Corps and specifically the Indian Health Service (IHS)?

I was initially introduced to the USPHS Commissioned Corps during a pharmacist presentation about IHS and ANMC while I was attending pharmacy school at Idaho State University. I was intrigued to start a pharmacy career with the USPHS when I saw the many opportunities and positive impact I could have on direct patient care through working at an IHS site in Alaska.

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



inpatient clinical positions are making residencies a requirement before hire. I would recommend to start early in pharmacy school – be well-rounded, create and have many good experiences, be involved in pharmacy and school organizations and have a good understanding of pharmacy practice and the profession.

What were the biggest challenges during your residency?

One of the biggest challenges during my residency was being able to maintain a work-life balance with a new job, new child and geographical move. The transition from student to resident/practicing pharmacist also was a challenge. It is a change of mindset you need to consider and be conscious of. As a resident you are a practicing independent pharmacist who is responsible for the clinical and non-clinical decisions you make.

What was the most rewarding experience of being an IHS resident?

The largest reward I received during my residency was being able to see the impact you are able to have on healthcare. You are able to leave a lasting impression on your patients. Your interactions with patients, understanding of medication compliance and knowledge and confidence gained throughout the year are irreplaceable.

What did you do after completing your IHS residency?

After completing my IHS residency I was fortunate to be able to stay on at ANMC as

Residency Highlight: LT Tenzin Jangchup, Albuquerque Indian Health Center, PGY1 Residency submitted by LCDR Steven Rodgers



LT Tenzin Jangchup graduated with her Doctor of Pharmacy from North Dakota State University in May 2014. She joined the USPHS Commissioned Corps in June 2014 and completed an IHS residency at Albuquerque Indian Health Center (AIHC) in Albuquerque, NM from 2014-2015.

At AIHC, LT Jangchup was able to provide and develop her clinical skills through learning experiences in clinical pharmacy practice areas such as anticoagulation, family practice, tobacco cessation, diabetes management and behavioral health. She voluntarily completed a 60 hour physical assessment course to be certified towards licensure as a Pharmacist Clinician. LT Jangchup also completed a teaching certificate program and provided lectures to UNM College of Pharmacy P3 students in pharmacotherapy as part of the learning experience. She also wanted to gain experience in inpatient, which was unavailable at AIHC, and completed a TDY rotation at Phoenix Indian Medical Center.

LT Jangchup developed an IHS pilot program for pharmacy-managed naloxone prescribing, dispensing and an education clinic at AIHC as part of her residency project. She presented her naloxone clinic research at the ASHP Midyear Clinical Meeting and at the USPHS COA annual conference. LT Jangchup helped incorporate more collaborative practices with the medical providers at AIHC and was always known to be a team player and help out where needed.

Through her experience at AIHC, other staff were disheartened that there was not a position available for her because she was a major asset in improving and advancing clinical pharmacy services.

Required Rotations:

Pharmacy Practice
Anticoagulation
Administration
Drug Information
Informatics
Pain Management
Residency Project
Rural Medicine

Elective Rotations:

TDY PIMC Inpatient
Women's Health
Behavioral Health
Rheumatology
VA weekly journal club
Pharmacist Clinician 60 hour course
Healthy Heart

Teaching Opportunities:

Pharmacy Teaching Certificate program
Lecture to UNM COP PY3 students in pharmacotherapy
Monthly presentations to AIHC medical staff

What led you to pursue a career in pharmacy?

As a child, I was always amazed by how a small pill could greatly impact the human body. Curious of the science behind it, I later realized that this was called pharmacokinetics and pharmacodynamics. This interest was strengthened by my love for all my chemistry courses throughout school and a desire to cultivate a compassionate career.

What led you to pursue a career with the USPHS Commissioned Corps and specifically the Indian Health Service (IHS)?

Compassion and culture - I believe these words best describe why I chose the IHS residency and a career with USPHS. As a Tibetan refugee, I am where I am today thanks to the compassionate acts of others and hope

to keep paying it forward. Also, being part of a diaspora community, I understand the importance of cultural perseverance and have developed a deep fascination and appreciation for other cultures. During my schooling, I was able to volunteer in other countries such as India, Indonesia, Guatemala and Peru. Each experience came with its own challenges but I highly enjoyed working in a resource strapped environment and serving alongside people who shared the same passion to provide healthcare to those in need. I then wanted to pursue a career doing just that in our own country and learning more about the cultures of the different Pueblos in New Mexico. This made the choice a no-brainer.



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

Current pharmacy students should really consider doing an APPE rotation at an IHS facility or conducting site visits to sites of interest. Each IHS facility is different and has different things to offer. I would highly recommend doing the research and getting to know the environment and the people at the facilities.

What have been the biggest challenges of your position?

As a resident, you really master the art of time management. I thought I had developed a pretty good method in pharmacy school but the limited number of hours in a day is magnified during a residency. It was stressful conducting longitudinal rotations and research projects while performing well on my current rotation until I learned to better prioritize my time each day. My site also had a staffing shortage in the pharmacy so being flexible and adaptable with my time went a long way.

Indian Health Service (IHS) Pharmacy Residency Program submitted by CAPT JoAnn Hittie

CAPT Rebecca Reyes, PharmD, MAdmin, BCPS is the national coordinator of PGY-1 pharmacy residencies within IHS. We sat down with her to discuss IHS pharmacy residencies, including background, requirements, expectations, and benefits.

Background

The Public Health Service pharmacy residency program started decades ago with a couple of sites, but we have seen a great expansion of programs after 2000. Most of the USPHS pharmacy residency programs are in IHS; however, the Bureau of Prisons does have a Post-Graduate Year 1 (PGY-1) residency program at the Federal Medical Center in Butner, North Carolina. Nearly all of the programs are ASHP accredited.

Currently, there are 19 residency programs within IHS with 22 residents in the 2015–2016 class. For the upcoming cycle, they will be hiring 25 residents at 21 sites. Ambulatory care is the primary focus of many programs, but some also offer inpatient acute care experiences. During the past few years, there were over 120 applicants annually for these positions. Most IHS residencies are PGY-1, one year programs, with the Phoenix location offering a two-year non-traditional program. The residency cycle starts in July of each year and ends in June the following year.

What can an IHS Resident expect?

Though there are differences between each program, all residency sites offer various clinical rotations and advanced hands-on learning experiences. Most sites have anticoagulation, ambulatory care, and management rotations, as well as various other disease state specific learning experiences. Specialized training in HIV, latent TB, emergency medicine, infectious disease, and

critical care are available at many locations.

IHS Residency training provides unique opportunities to develop skills that the average pharmacist may not be afforded. IHS residents gain experience in leadership, management, clinical skills, informatics, and even precepting and teaching skills. Residents become certified in pharmacy-based clinics, participate in Pharmacy and Therapeutics Committee activities, leadership meetings, formulary decision-making, advanced electronic health record training, and development of policies and procedures.

Many IHS residency programs collaborate with local universities to offer teaching certifications. Even the sites that do not have teaching certifications may offer opportunities for the residents to learn precepting skills and interact frequently with pharmacy students.

Residents usually attend the ASHP Midyear Meeting, if they meet the residency progress requirements prior to the meeting. Other trainings and meeting attendance may be provided by the residency sites. Additional opportunities vary by site.

What is expected of an IHS Resident?

All residents are required to conduct a major, independent research project that they present at the ASHP Midyear Clinical Meeting professional poster session. At project completion, the residents are required to submit a manuscript that is suitable for publication consideration. Project topics vary by site location and each resident's interests.

A staffing component is required of all residents, and the amount and type of staffing varies by location. It is common for residents to work weekends and/or holidays every month at sites that provide pharmacy services at these times as part of their staffing component.

ASHP accredited programs have very strict evaluation requirements; therefore, frequent feedback (both written and verbal) is provided to residents about performance. Rotation goals, objectives, and expectations are reviewed with the resident at the start of each rotation, so they are aware of how they will be evaluated. A summative evaluation is provided at the end of each learning experience, along with quarterly cumulative evaluations occurring throughout the year.

Salary and Benefits

IHS residency programs are highly competitive in terms of salary and benefits. With a Pharm.D. degree, federal civil servants start as a GS-9, and Commissioned Corps Officers start at O-3. These pay scales can be found online. Some IHS sites are tribally operated, and have their own hiring and pay systems. Most selected residents are offered the opportunity to apply to the USPHS Commissioned Corps.

The amount of vacation time earned varies according to the federal or tribal personnel system into which the resident is hired. ASHP accreditation limits the amount of vacation time the resident can use during the training year, and most sites allow residents to use up to 10 vacation days during residency. As mentioned earlier, IHS residents are funded for ASHP Midyear Clinical Meeting attendance.

What do you look for in an applicant?

Most residency sites are looking for mature, flexible, creative, personable professionals. Having some prior work experience in the pharmacy field is preferred. Residency training provides participants with approximately three years practice experience within a one-year timeframe, so you can imagine how challenging it is.

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A Student's View of the FDA

submitted by Brittany Snyder, PharmD Candidate



Had you asked me last year at this time what I was going to do with my life as a pharmacist, I would have given you one of two answers: retail or hospital. Having spent the last eight years working in retail, six of those years as an intern, I felt comfortable enough with my job to consider pursuing it long term. That did begin to change as I began my Advanced Pharmacy Practice Experiences (APPEs) as I got a feel for what other options were available, but it changed completely during my first day at the Food and Drug Administration (FDA). I was fortunate enough to be chosen

for an APPE at the FDA in the Division for Advisory Committee and Consultant Management (DACCM), and it altered my view of pharmacy completely.

Despite my short five week stay at the FDA and as a student, I was given the guidance and tools to be a part of the "bigger picture" of healthcare in our country and to make a legitimate contribution to the work being done in DACCM. While I am able to appreciate the work I've done at other APPE sites for the sake of learning and preparing me to become a licensed pharmacist, I had never felt like the work I was doing could really impact pharmacy as a whole. After weeks of receiving excellent preceptorship and sharpening my research skills, I can finally walk away from an APPE site and feel like the work I've done contributes to more than just a good final evaluation.

My days at the FDA weren't spent solely in my office doing work for DACCM. Perhaps one of the strongest aspects of the FDA APPE is the series of student lectures provided by various centers, offices, or divisions. By attending these lectures I was able to catch a glimpse not only of what pharmacists do in other areas within the Agency, but also at the National Institutes of Health (NIH), United States Pharmacopeia (USP), Indian Health Service (IHS), and the Bureau of Prisons (BOP). I never appreciated how dynamic pharmacy is, especially within the FDA, and to be able to speak with various pharmacists about their positions and how these positions were obtained is something that will follow me as I begin my career. I've managed to speak with officers of all ranks of the US Public Health Service (USPHS) who were more than willing to share their journeys and offer advice as to how to become a member of the Commissioned Corps.

The experiences I've had at the FDA are invaluable, and I am so grateful to have had the opportunity to explore this non-traditional aspect of pharmacy. As my APPEs come to a close and graduation nears, I am another step closer to becoming a pharmacist. I am so excited to channel the positive energy I've absorbed from this environment into building a career I can be proud of.

FDA Rotation at the Office of Prescription Drug Promotion

submitted by Emma

Decourcy, PharmD Candidate and LCDR

As I entered the gates of the Food and Drug Administration (FDA), White Oak Campus on my first day of rotation, I thought to myself, "Who knew this place even existed?" I was surrounded by beautiful architecture, green grass and smiling faces. Within minutes, I could sense the drastic difference in the atmosphere compared to my past experiences with retail, hospital, and long-term care pharmacy. Little did I know that the next five weeks would be my most beneficial and influential time while on experiential rotations.

My plan for experiential pharmacy rotations was to choose practice sites outside of my comfort zone, to gain knowledge in multiple realms of pharmacy and to better myself for my future career. I must say that my expectations were far exceeded at the FDA. I was fortunate to have the opportunity to work with my preceptor LCDR James Dvorsky in the Office of Prescription Drug Promotion (OPDP) within the Center for Drug Evaluation and Research (CDER). OPDP monitors and reviews prescription drug advertising and promotional labeling produced by pharmaceutical companies. From TV commercials to magazine articles, the office monitors all promotional material that is distributed to the public in order to ensure that prescription drug information is truthful, balanced, and accurately communicated. The process of reviewing pharmaceutical material by the FDA is vital for healthcare providers as well as consumers in guaranteeing the reliability of information put into the media.

While at the FDA, students are encouraged to branch out to different offices and gain a well-rounded experience. One day I was able to visit the pharmacy at the Coast Guard Headquarters in Washington D.C. Another, I spent touring the Pentagon with fellow pharmacy students, and lastly, I attended an FDA Advisory Committee Meeting regarding the approval of a new asthma medication. These experiences allowed me the opportunity to engage and network with influential pharmacists involved in many diverse roles within the FDA and the U.S. Public Health Service (PHS). Where else in the country can you be surrounded by hundreds of pharmacists every day with unique advice and innovative ideas? Everyone I encountered was extremely kind and helpful in providing me with information regarding career paths within the agency and becoming a PHS Officer. I was informed that being a part of PHS gave members the opportunity for deployment around the country during times of crisis. President Obama activated PHS deployment to respond to incidents such as the Ebola outbreak and Hurricane Katrina. Hearing the impact PHS officers had on public health during these responses empowered me to learn more about becoming a PHS Officer.

I truly believe that everything happens for a reason. When unique opportunities come into your life it is vital to take advantage of them. Having the ability to spend five weeks at the FDA was one of those important opportunities for me. The brainpower and collaboration at the agency was inspiring. I truly can't say enough positive things about this rotation. This experience has taught me more than I could ask for and has opened my eyes to a whole new world of pharmacy.



LCDR Dvorsky and Emma Decourcy

APPE at Saint Elizabeths Hospital submitted

by SeYoung Min, 2016 PharmD Candidate

My final rotation at Howard University College of Pharmacy was the Health Systems rotation at Saint Elizabeths Hospital in Washington, DC with my preceptor CDR Renee Taylor. My previous rotations varied from surgical intensive care unit to internal medicine to the DC Board of Pharmacy.

Saint Elizabeths is a 300-bed hospital which is a teaching institution that provides training to various residency programs. In April 2010, the hospital moved into a new 450,000 square foot, state of the art facility which displays beautiful artwork throughout the campus that was created by residing individuals. The average daily census at Saint Elizabeths Hospital ranges from 270 to 282 patients. In the spirit of mental health advocate, Ms. Dorothea Dix, Saint Elizabeths is committed to providing humane patient care services to the individuals who receive care at Saint Elizabeths Hospital. Saint Elizabeths has begun a solar panel project that is scheduled for June 2016. The solar panels will be placed in the parking lot and on the roof of the hospital. Through this project Saint Elizabeths Hospital is committed to renewable energy and sustainability with one of the largest municipal onsite solar projects nationwide.

My preceptor and Chief Pharmacist, CDR Renee Taylor, has taken time from her busy schedule to teach me not only about the hospital, but also about the pharmacy's critical role at Saint Elizabeths Hospital. Staff pharmacists and technicians at the pharmacy have been helpful in teaching me and showing me processes that are done throughout the work day. The hospital staff at Saint Elizabeths is very welcoming and willing to help the students in any way they can.

My first assignment during the rotation was to observe the medication reconciliation process at discharge. I shadowed staff pharmacists, and observed the discharge plan of care, medication verification, and filling process from start to finish. Nurses then pick up the medications at the pharmacy right before the patient is discharged.

I also shadowed nurses as they administer medications using the Pyxis Medstation 4000 that was recently implemented by the pharmacy team and IT department in March 2013. I learned a tremendous amount about the medication filling and administration process and the importance of medication reconciliation on admission, transfer, and at discharge.

A typical day during my APPE rotation starts with participating in daily rounds, which includes a program called Individual Recovery Plan (IRP). IRPs are done with unit psychologists, unit psychiatrists, residents, and social workers to help improve patients' mental health outcomes and to gain competency. IRPs are by far my favorite part of rounds because I get to see the patients and their perspectives on their medications and their days spent in the hospital unit.

Not only do pharmacists take part in making medication recommendations, but they also participate in encouraging medication compliance as well. Because of the hospital's unique patient population, 'cheeking' medications is one of the common challenges the medical professionals face. Pharmacists then make recommendations in alternative routes of administration to maintain adherence and for the best patient care outcomes.

Through this experience, I'm able to participate in patient counseling and discussions on how to help mentally ill patients reintegrate into the community. After rounds, students are able to participate in the assessment of medication variance and adverse drug reaction reports which are compiled and reviewed by the Chief Pharmacist and presented at Pharmacy and Therapeutics Committee meetings.

I feel privileged to have had the opportunity to rotate at Saint Elizabeths Hospital and learn from CDR Taylor and the pharmacy staff. Every day rotations consisted of new experiences and lessons that I will cherish as I continue my path to becoming a pharmacist.

An FDA Rotation Offers Unexpected Learning

Opportunities submitted by Kerrie Beggs, Ph2016 PharmD Candidate



I am a P4 APPE student at Wilkes University in Wilkes-Barre, Pennsylvania, and I just completed a five week public health elective rotation with the Division of Advisory Committee and Consultant Manage-

ment (DACCM) in the Center for Drug Evaluation and Research at the United States Food and Drug Administration (FDA).

I applied for this rotation because I have a background in law, having earned my juris doctorate from Syracuse University in 1999. Through my work as a law clerk for a federal judge and doing document review for pharmaceutical companies, I developed a strong interest in pharmacy and decided to return to school to get my Doctorate of Pharmacy. Ultimately I hope my future career combines both of my backgrounds, so I thought that a rotation at the FDA might allow me to explore ways to do that while using my skill set in a public health setting. I never anticipated exactly how much such a rotation has to offer!

While on rotation at the DACCM, I got the opportunity to further develop skills in both traditional ways and ways that I hadn't known were possible. As one of my APPE requirements, I strengthened my research and presentation skills by developing a "lunch and learn" presentation for the department on biosimilar products. But the majority of my assignments directly assisted the DACCM staff with staffing advisory committees and planning advisory committee meetings. Completing these tasks not only involved clinical knowledge and research but thoughtful analysis, organization, and attention to detail. It was exciting to use skills from both pharmacy school and my career in law in new and unexpected ways to help the staff. I even got to attend a two-day advisory committee meeting and see how all of the DACCM's preparation and hard work results in a meeting that impacts important public health issues like compounding regulations.

Another aspect that, in my opinion sets the FDA apart from many other rotations, is how interested preceptors and staff are in your career path and development. Although I was assigned to the DACCM, my preceptor encouraged me to meet with people from many other departments so I could learn about the roles of as many people in the FDA as I could. In many cases, these people were pharmacists, lawyers, or even a combination of both. Everyone I met with asked about my career path and shared with me how they got to the position they were in.

Continued on page 20

JRCOSTEP at Tséhootsoí Medical Center (TMC) in Fort Defiance, AZ

submitted by ENS Alena Korbut, LECOM School of Pharmacy

This summer I was accepted into one of the most competitive programs that the Public Health Service has to offer for students. The idea of living on the land of Native Americans, learning their culture, and being able to play a role in their treatment was just a dream for me when I discovered the program. I was fortunate to complete a JRCOSTEP summer externship at Indian Hospital in Fort Defiance. I worked hand in hand with many PHS officers as well as with people from the Navajo Nation. I enjoyed the ability of the program to give me many opportunities in different areas of the hospital. I really loved the experience and was involved in projects about asthma education, pediatric clinic set-up, patient case presentation, living conditions and TB management of Navajo natives.

My main focus was on diabetes, asthma, and anticoagulation management. During the program, I spent many hours with one of the officers who was teaching me how to run an anticoagulation clinic. He was very bright and intelligent; he took his time to explain to me the need of the clinic and our role as a pharmacist in anticoagulation. He opened my mind about different opportunities in the Commission Corps. His knowledge and eagerness made me realize what our profession is and inspired me to become an officer. By the end of the externship, I knew that this is something I am really passionate about. I will take all and any opportunities to learn, experience, and become a PHS officer.

I am very thankful to my preceptor Gayle Tuckett who was always responsive to my e-mails. Her patience and eagerness to help showed me that I was in the right hands. She basically went through the whole process with me and was always there for me. She took her role very seriously and made a diverse schedule for me. Every few days I experienced different clinics with different pharmacists. This gave me an ability to meet almost everyone and to be able to explore different settings. By the end of my externship, I knew that ambulatory care is my future field of pharmacy.

Besides all the pharmacy experience, I was very blessed to enjoy the area surrounded by huge red rocks and friendly people. My native friends took me to the hikes that only they knew trails to and introduced me to a delicious mutton sandwich. I enjoyed the amazing views of mountains while driving on Navajo lands. I also was able to visit Lake Powell, Mesa Verde, Antelope Canyon, Walnut Canyon, Sedona, and Telluride - that are all only a few hours away.

In conclusion, JRCOSTEP was the most invaluable experience I could wish for. It gave me an ability to directly communicate with PHS officers and ask them anything that interested me. All of them were very pleasant people and gave me different advice. I really enjoyed every minute of the program and would recommend it to students.

Continued from page 13 : The IHS Residency Program



Motivated and dedicated people with excellent time management skills tend to be the most successful in our residencies.

After Residency

Approximately 75% of IHS residency graduates still practice within the IHS or other federal agencies. Many now hold leadership or advanced positions and certifications. Some have left IHS to move into administrative, academia, or clinical roles elsewhere.

Application Information

The IHS residency website contains a listing of the 21 locations and site descriptions, along with contact information for each location. Interested parties should contact the Residency Program Director (RPD) for each site directly for more information. All programs will be represented at the ASHP midyear clinical meeting in Las Vegas, Nevada in December 2016. This is a great opportunity to meet Residents and Directors! All sites welcome on-site visits and interviews.

The current application cycle opens October 1st and will close December 30, 2016. IHS resident selections are made in February of each year, prior to the ASHP Match program. IHS Residency Programs do not participate in the ASHP Match system. All application materials can be found on the IHS Residency website at [HTTP://www.IHS.com/pharmacy/resident](http://www.IHS.com/pharmacy/resident)

COSTEP Corner: Frequently Asked Questions submitted by LCDR Stephanie Daniels

What exactly is a COSTEP?

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

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

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

Why should I consider a COSTEP?

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

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

What benefits are COSTEP participants eligible for?

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



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

When should I apply for a COSTEP?

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

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

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

Where can I find more information on the COSTEP program?

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

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

How do I apply for a COSTEP?

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

Continued from page 6... Step It Up

there is a dose dependent association between the exercise time and the risk of heart failure. The risk of heart failure decreases with increase in the level of exercise. In addition to a well-balanced diet and hydration, they recommend walking, along with vigorous aerobic activity, to increase levels of exercise.

Weight loss: Adding a moderate-intensity 30 minute walk daily can burn up to 150 calories per day!

Increase in energy & well-being: Regular exercise can improve energy, stamina and promote healthy sleep cycles, thereby improving overall quality of life.

A means of travel.

Walking as a form of commuting is on the rise. Some walkers commute miles to work. Walking is an excellent means of travel. It not only leads to extensive health benefits, but also poses the potential to help the environment through a reduction in our carbon footprint.

A Good Start.

Walking is an easy and efficient way to engage in physical activity for those in various stages of life. Walking can be done year round and is an excellent way for busy families, professionals, elderly and those with disabilities to engage in physical activity. It is also a great way to gradually build up to intensive exercise.

Walking makes it easy to implement and alter intensity as a person becomes more physically active because it does not require any special skills. Walking also is a flexible option that allows you to reap the benefits of physical activity while also talking with a friend or walking your dog.

We challenge you to begin your journey towards creating a more active and healthy lifestyle. Physical activity, including walking, has several health advantages and can be attributed to lowering an individual's risk for high blood pressure, high cholesterol, and diabetes as much as running. Furthermore, walking can be performed anywhere and at any time. The time is now, to take control of your life and to possibly motivate others to follow your lead. It's time to step it up and begin walking!

References:

<http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/call-to-action-walking-and-walkable-communities.pdf>

http://www.heart.org/HEARTORG/GettingHealthy/PhysicalActivity/Walking/Walk-Dont-Run-Your-Way-to-a-Healthy-Heart_UCM_452926_Article.jsp

<https://www.washingtonpost.com/news/to-your-health/wp/2015/10/06/new-study-for-optimal-heart-health-americans-should-double-or-even-quadruple-the-amount-of-exercising-theyre-doing/>

Continued from page 7...An Interview with CDR Hollie Cook

and Human Services agencies in Region 10. An interesting thing about my job is that I work from home full-time! I have a fantastic work-life balance.

What do you enjoy the most as a Commissioned Corps officer?

I am so proud to be a USPHS Commissioned Corps officer. Serving our country and the world in Africa was a life-changing event and that can only happen as a USPHS officer. I am the pharmacy branch director of my deployment team (RDF-3, which stands for Rapid Deployment Force Team 3) and I have been deployed to Hurricane Irene in Connecticut, Superstorm Sandy in New Jersey, and the Unaccompanied Children's mission in Nogales, Arizona. The ability to serve the public in emergencies both excites and fulfills me.

What are some of your career goals?

I have to say, I am not a "5 year plan" kind of officer. I had no idea what course my career would take and I'm so glad I didn't limit myself, or put myself into a box. I'm a well-rounded pharmacist with experiences in military medicine, retail, inpatient, outpatient, prison medicine, ambulatory care clinic, managed care, national health care, health law, pharmacoeconomics, etc. I believe in being open to opportunities with general guidelines about what you like and what you don't like and always be willing to learn and break out of your comfort zone.

What kind of opportunities are there for student pharmacists who wish to do a rotation there at your duty station or a summer internship?

Unfortunately, I do not have students at my duty station. Since I work from home full-time this makes it difficult to host students, but maybe there will be a way in the future!

What advice would you provide to current student pharmacists?

I think it's very important to "work the bench". Work as a pharmacist filling prescriptions, counseling patients, working with technicians, collaborating with prescribers and nurses. This provides a foundation to grow the entire pharmacy profession and improve the quality of health care overall in whatever field of pharmacy you choose.

Spring/Summer 2016

Continued from page 8: Profile/ Interview of LCDR Stephanie Daniels,- Costa, Western Regional Pharmacy Consultant for IHSC

What have been the challenges of your position?

Put mildly, I'm a little headstrong. Accurate comparisons have been made to bulls in china shops. It was definitely an adjustment to go from being a pharmacist-in-charge to a junior officer and staff pharmacist, and I've had to learn how to work within the system to accomplish things.

What has been the most rewarding experience of being a USPHS officer so far?

Last year, I deployed to the Ebola epidemic in Liberia as part of the Monrovia Medical Unit's Team 4. We provided high-quality care to healthcare workers who had been infected with the virus, and also worked to rebuild the capacity of the Liberian medical system. I even had the opportunity to teach BLS and ACLS to local physicians, physician assistants, and nurses as part of a train-the-trainer program, which was an absolutely amazing experience.

Based on your application experience, what advice do you have for students who want to apply?

Be patient, be flexible, and if it's something you're passionate about, don't give up. My prospective duty station was changed around about four times before I was offered San Diego and my paperwork was finalized. As public health officers, we serve the underserved, and we have to be willing to follow the need, even to places that are far from home and situations that aren't always easy or comfortable.

Continued from page 11: Residency Highlight: CDR John Carothers

a critical care clinical pharmacist. I became BCPS certified 1 year post-residency and became the ANMC PGY-I Pharmacy Practice Residency Director in 2014.

What are some of your future professional goals?

Future professional goals I have include obtaining board certification in critical care (BCCCP), completion of my current Master's degree, aiding in the expansion of healthcare to rural Alaska sites, and improving sepsis management within our facility.

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

The long-term benefits of being a commissioned officer are great. You also are able to have many great opportunities to impact healthcare on a global level. As an officer you are able to have a job that leads to a life-long career on many levels. You need to make sure you have the desire, determination and dedication to want to have a career and not just a job. The expectations as an officer are high, both personally and professionally, but there are many personal and professional rewards that go along with it.



Continued from page 12: Residency Highlight: LT Tenzin Jangchup

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

There's no question that you gain valuable clinical skills as a resident, but the most rewarding aspect of the residency was the relationships I developed with the people around me. The preceptors who become life-long mentors because they truly care about your growth, the other IHS residents who have become your cohorts in your career and network of friends for support, other healthcare professionals at your site who share the same passion to serve and the patients who teach you valuable life lessons and entrust you with their health. I will forever cherish these relationships and look forward to developing more throughout my career.

What did you do after completing your IHS residency?

After my residency, I accepted a position as an investigator for the U.S. Food and Drug Administration in Denver, CO. The huge transition was hard at first since I missed the one-to-one patient interactions but I am gaining new skills that impact people on a population basis. I feel like I transitioned into a regulatory fellowship after my clinical residency and the learning endeavors continue!

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

The USPHS Commissioned Corps offers a wide variety of career options that I never thought existed during pharmacy school. I would say to do your research and connect with current USPHS Commissioned Corps Officers. Every officer I have met truly enjoys interacting with students and sharing their passion. If you need a place to start then you can always contact me via email at tenzin.jangchup@fda.hhs.gov. A career with the Corps is a rewarding one but it takes commitment and dedication to serve.



Continued from page 15: Unexpected Learning Opportunities

They all had valuable advice and different perspectives to offer.

Similarly, the FDA offers other opportunities to learn about different roles for pharmacists in public health through its student lecture series. Many of the FDA departments offer short lectures on the roles of both their department in the agency and of the staff in their department. I not only left each lecture with a better substantive understanding of how that department operates within the FDA but also increased awareness of opportunities for pharmacists within the department. The lecture series also offers opportunities to visit other agencies that deal with public health, like the National Institutes of Health and the United States Pharmacopeia.

Over the course of the five weeks that I was at the FDA I was overwhelmed by the sheer number of roles that pharmacists play in public health, many of which I had not anticipated. I also learned that there are many potential roles in public health at the FDA that someone with my particular background could play as well. There is a common misconception among pharmacy students and even among some pharmacy professionals that if you are not working in a community pharmacy or a hospital that you are not affecting patient care. During this past year of rotations, and especially during my FDA rotation, I have learned that nothing could be farther from the truth. The work that pharmacists at the FDA do affects patients all across the country, in any disease state, in any walk of life. Although pharmacists at the FDA might not have daily direct patient contact, working in public health, and specifically at the FDA, means that pharmacists can help patients on a much broader scale. I left my rotation inspired by the many ways in which I could possibly have an impact on public health.

My advice to pharmacy students selecting their APPEs is to consider a rotation at the FDA, even if they picture themselves in a more traditional clinical setting. As I stated above, a rotation at the FDA offers ways to hone and develop skills that you never thought possible while affecting patient care on a global scale.



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)	CDR Damion Killsback	301-443-2472	www.ihs.gov/pharmacy	damion.killsback@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

May 16-19, 2016	PHS Commissioned Officers Foundation USPHS Scientific and Training Symposium (Oklahoma City, OK)
June 11 -15, 2016	ASHP Summer Meetings & Exhibition (Baltimore, MD)
July 28- August 1, 2016	Student National Pharmaceutical Association Annual Meeting (Atlanta, GA)
August 28 – Sept 1, 2016	76th FIP World Congress of Pharmacy and Pharmaceutical Sciences (Buenos Aires, Argentina)
October 23-26, 2016	American College of Clinical Pharmacy Global Conference on Clinical Pharmacy (Hollywood, FL)
October 30-Nov 2, 2016	Joint Federal Pharmacy Seminar (Washington, DC)



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CORE VALUES

Leadership

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

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

Thank you from the UPOC Newsletter Workgroup!

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We want your submission of articles and pictures! Please email [LCDR Honeylit Cueco](mailto:LCDR.Honeylit.Cueco) and she will forward them to the appropriate section leads!

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