



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)**

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chorage I was shocked to find out that the plane only carried 29 passengers. Coming from a large city, I have only flown on large planes. Upon returning to Anchorage, I had the opportunity to ride with a sled dog team. After that experience, I would personally recommend a sled dog to any dog lover.

Overall, I had a truly unique experience, one that I would not have gotten anywhere else but Alaska. The vast knowledge of the pharmacists staffing the infusion center left a huge impact on my determination to pursue greatness in pharmacy. The infusion center overlooking the mountains had a one-of-a-kind view. In conclusion, I can sum my experience up by saying, "There's no place like Alaska!"



Editor's Note:

The UPOC newsletter team is pleased to announce the Spring 2019 issue. Our goal is to provide the highest quality and most relevant USPHS information applicable to student interests.

As Editor-In-Chief, I continue to look forward to welcoming new ideas, showcasing informative articles relevant to your interest and to providing a well-rounded insight on what it's like to be a PHS pharmacy officer.

We thank those students and pharmacists who submitted articles and willingly shared their experiences about their rotation/or pharmacy practice site, unique service or residency experience. Your reflections and stories give our readers a glimpse of the diverse opportunity the PHS offers.

We hope you find this edition enlightening and informative. This issue features a collection of pharmacy student experiences and officers in action from various duty stations. Students, we wish you the best of luck in school and your career endeavors!

Best wishes on your success,

LCDR Danica Brown, PharmD, MHCA, BCPS



Spring 2019

Advanced Pharmacy Practice Experience with FDA's Division of Drug Information

Submitted by Ms. Elizabeth Pastor, PharmD Candidate 2019, Albany College of Pharmacy and Health Sciences



Ms. Elizabeth Pastor, PharmD
Candidate 2019, Albany Col-
lege of Pharmacy and Health

The moment I first received an e-mail from my preceptor, LCDR Lindsay Wagner, is a vivid memory. She wrote to inform me that I was selected to complete a rotation with the Food and Drug Administration (FDA) Division of Drug Information (DDI). My heart began racing, and the reality of soon starting rotations finally struck me. Setting out on Advanced Pharmacy Practice Experiences (APPEs) gave me excitement and an eagerness to prove myself in the pharmacy world.

When I first arrived at the FDA in February 2019, I was no stranger to the world of pharmacy; however, I knew very little about the FDA. I understood that the FDA was responsible for ensuring the safety and efficacy of our drug products, and approving new drugs, generics, and medical devices. I also knew that there was a lot to learn. One of my primary goals was to understand what roles a pharmacist could fill at the FDA, and my expectations were far exceeded. I have seen a world of pharmacy so different from what we are traditionally exposed to in school.

DDI organizes and runs the FDA Pharmacy Student Experiential Program extremely well. Students are allowed time to do the work of their particular division, in addition to attending an abundance of informational lectures. In the lecture series, I was fortunate to learn about different divisions at FDA, the U.S. Public Health Service, and different opportunities for pharmacists in government. In school, we are taught that the main areas of pharmacy include community, hospital, or industry. The FDA, however, has shown me another world of pharmacy.

In DDI, my primary role was to assist the public in reporting adverse events to FDA's MedWatch program. Some of the friendliest and most dedicated professionals I have ever met comprise DDI! Everyone was very welcoming and willing to assist students with their questions. The team works diligently to provide access to care, including responding to and assisting with emergency IND requests, 24 hours a day, when a patient desperately needs a drug that is unapproved. Their regulatory knowledge is unparalleled, and they meet regularly as a team to discuss the most challenging questions received the prior week. They also learn from one another's investigative processes and resulting conclusions. They are truly a team dedicated to patient care and industry assistance.

One thing that made this experience invaluable to me was what it taught me about communicating with patients. Empathy is key in the field of pharmacy, and it is important to respond with genuine care to our patients and their caregivers. Being at the FDA has shown me just how seriously they take peoples' concerns, and how dedicated they are to providing the best response and service. I had the opportunity to speak with countless patients, hear their concerns, and offer guidance or a solution. Representing the FDA in this way was a very rewarding experience. To learn more about the FDA Pharmacy Student Experiential Program, visit: www.fda.gov/pharmstudentprogram.

Spring 2019

Casting My Anchor in Anchorage

Submitted by Ms. Alexandria Castracane, PharmD Candidate

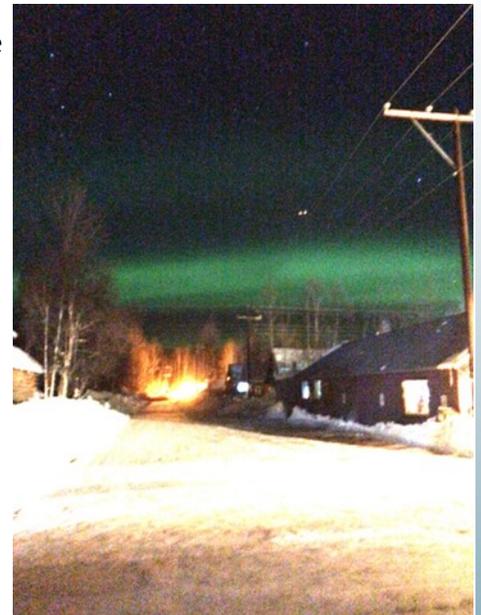
Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS

As many other 24-year-old, young, adventurous college students, I love to travel. I love exploring new cultures, learning new things, and embracing what new places have to offer. When first confronted with the idea of traveling to Alaska for a 5-week pharmacy rotation, I was hesitant. What if it's too cold, too dark, there's nothing to do, or I hate the entire 5 weeks I am there? Then I realized, I would regret it only if I didn't at least try.

Not every pharmacy school offers a rotation in Anchorage, Alaska, nor does every student from the school get the opportunity to attend. My specific rotation was the ambulatory oncology rotation. This meant that I was paired with a pharmacist who works in the outpatient infusion center at the Alaska Native Medical Center (ANMC). During my rotation, I was assigned daily tasks along with projects to do throughout the rotation. On a daily basis, I was responsible for counseling patients on their home medications, entering all chemotherapy notes for pharmacists to review and sign, and evaluating orders in the morning to familiarize myself with how an oncology pharmacist would check orders. Each order was checked twice, independently by two pharmacists, to ensure the proper regimen was chosen per National Comprehensive Cancer Network (NCCN) guidelines, the patient's labs were appropriate to continue treatment, the proper dose was prescribed, and the chemotherapy was compounded properly (proper concentration, diluent, etc.).

As a pharmacy student and soon to be pharmacist, I love patient interaction. I am extremely grateful that during this rotation I had ample opportunities to interact with the patients. Every patient in the outpatient infusion center who was going home with medications, was counseled during their infusion. It doesn't matter if this is their first visit or 23rd cycle, every patient on chemotherapy received counseling. I absolutely loved this about my rotation. I enjoyed having the opportunity to interact and counsel the patients on their home medications. This allowed me to not only practice my counseling skills but to also go outside my normal comfort zone and counsel on home chemotherapy and supportive care medications.

While on rotation, my classmates and I wanted to do as much as possible, both inside the hospital and out. I planned to use my 5 weeks here to learn as much as ANMC would allow me to, but I also wanted to immerse myself in activities outside of the hospital. I promised myself that as long as it did not cause harm, I would try everything at least once. From



Northern Lights in Talkeetna,

APPE Spotlight: We are so “HAPPE” we chose CMS!
Submitted by Ms. Adoma Yeboah and Ms. Keisha Stubbs
Preceptor: CDR Prabath Malluwa-Wadu, PharmD



Caption: (Left to Right) Mr. Mitchell Linton, Ms. Adoma Yeboah, Howard University Pharm.D. Candidates, and Dr. Cheryl Gilbreath, CMS Preceptor, at the career-day event for a Washington DC Public Charter School

Our first advanced pharmacy practice experience (APPE) rotation was surely one to remember! We sought out the Centers of Medicare & Medicaid Services (CMS) rotation to fulfill the health/regulatory APPE requirement mandated by Howard University. We underwent a rigorous application process and were selected to work under the preceptorships of Dr. Cheryl Gilbreath and CDR Prabath Malluwa-Wadu.

One of our first tasks included proposing revisions to the CMS.gov web page regarding the Medicare-approved compendia for off-label use of drugs and biologicals in anti-cancer chemotherapy. We thoroughly assessed the website looking for opportunities to improve end-user accessibility, content and formatting. We then mapped out our suggestions and outlined a new template for the webpage. Our overall goal was to make the webpage more user-

friendly for the intended audience of oncology health care professionals. Our ideas were well received by the team.

Another exciting project was providing drug information to help develop a national coverage determination (NCD). This project utilized our clinical and analytical skills to review current investigational treatments related to a novel anti-cancer treatment option. After searching through the various compendia and clinicaltrials.gov, we submitted a reference chart summarizing the on-label and off-label indications as well as other investigative uses for this new product. Later during our rotation, one of the most memorable public meetings we attended was the Medicare Evidence Development and Coverage Advisory Committee (MEDCAC), which discussed the novel treatments and the use of patient reported outcomes.

While we met several pharmacists across various components of CMS, a most exciting moment was meeting RADM Pamela Schweitzer during the Local Coverage Determination (LCD) Writers’ Conference where she and Dr. Gilbreath discussed Medicare policies related to pharmacist services. We also had the opportunity to spend some of our time visiting a pharmacist, LCDR Andrew Gentles, who works at the FDA. His passion for pharmacy was evident as he engaged us in conversation about the public health contribution of the Division of Antivirals, introduced us to his colleagues and toured us around the campus. During lunch, we

Caption: (Left to Right) RADM (retired) Pamela Schweitzer, Pharm.D., BCACP, Assistant Surgeon General and 10th Chief Pharmacy Officer, USPHS, and Dr. Cheryl Gilbreath, CMS Preceptor, after a successful panel discussion at the Spring LCD Writers’ Conference in Baltimore MD



Opioid Overdose Awareness and Naloxone Training

Submitted by Saleena Brownell, Pharm.D. Candidate, May 2020

Preceptor: CDR Narcisso Soliz, PharmD, MHA, BCPS



Caption: (Left to Right) Narcisso Soliz, PharmD, MHA, BCPS- CSU Chief of Pharmacy; Krista Brooks, PharmD, Associate Professor Department of Pharmacy Practice; Kayley Humann, SWOSU Pharm.D. Candidate; Saleena Brownell, SWOSU Pharm.D. Candidate; Heidi Johnson, Red Rock Behavioral Service Regional Prevention Coordinator; Lynsi Mayfield, Red Rock Behavioral Service Regional Prevention Coordinator Director

On Feb 22, 2019, a Naloxone Training was provided in response to U.S. Surgeon General Jerome M. Adams' public health advisory to urge more Americans to carry a potentially lifesaving medication that can reverse the effects of an opioid overdose. The medication, naloxone, is already carried by many first responders, such as EMTs and police officers. This training was provided in collaboration with Red Rock Behavioral Health Services, Southwestern Oklahoma State University (SWOSU), and the Clinton Service Unit (CSU). The event was hosted by the Clinton Service Unit and featured SWOSU Pharmacy Interns Saleena Brownell, Kayley Humann, and Dr. Krista Brooks as trainers. The training educated 35 CSU staff members that ranged from housekeeping, nursing, public health, support staff, pharmacists, and physicians. The training comprised of three main components- identifying those at risk of opioid overdose, recognizing signs of an overdose, and administering naloxone. The training provided increased awareness of the

opioid epidemic plaguing our nation.

Red Rock Behavioral Health Service Regional Prevention Coordinator (RPC) Director Lynsi Mayfield and Regional Prevention Coordinator (RPC) Heidi Johnson provided education on Naloxone Hubs and services provided by Red Rock. Red Rock is proactive in reducing the risk of substance misuse and abuse in the community. Lynsi explained Red Rock's service as a naloxone hub, which provides naloxone free of charge, and their work in policy development. Currently, a naloxone hub is in Clinton, Oklahoma. In addition to providing naloxone, Red Rock provides services which include naloxone training, community outreach, and assistance for the development of policies and programs to prevent opioid use. The Surgeon General is now recommending that more individuals, including family, friends and those who are personally at risk for an opioid overdose, also keep the drug on hand.



Caption: Saleena Brownell showing Clinton Indian Health Center staff how to administer intranasal Narcan spray

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Advanced Pharmacy Practice Experience at Cherokee Nation W. W. Hastings, Tahlequah, Oklahoma*Submitted by Ms. Megan Luellen PharmD. Candidate 2019**Preceptor: CDR. James Chapple, PharmD., BCPS and LT Alena Korbut, PharmD*

My name is Megan Luellen, and I am a fourth-year pharmacy student from Southwestern Oklahoma State University. I was fortunate to complete two of my APPE rotations at Cherokee Nation W. W. Hastings Hospital in Tahlequah, Oklahoma. As my first experience working at a tribal facility, I was not sure what to expect. However, I was excited to find out about career opportunities with the Indian Health Service. During one of my rotations, I was able to work in the pharmacy-operated diabetic and anticoagulation clinics. The pharmacists here work hard to educate their patients on how to manage diabetes and titrate their medications as needed. I learned new techniques on how to properly communicate with patients and counsel them on the long-term effects of diabetes and the benefits of staying compliant with their medication regimens. In the anticoagulation clinic, I was able to work closely with patients to monitor their INR and adjust their weekly warfarin dose as needed. This was a great learning experience and opportunity for me to get comfortable with anticoagulation therapy.

My second rotation allowed me to observe the day-to-day function of the inpatient pharmacy at W. W. Hastings. I worked closely with the technicians to prepare IV medications, manage inventory, and understand the process of restocking Omni cells. Every morning I accompanied the pharmacist to attend the morning report, a meeting with the interdisciplinary team to discuss and optimize patient care. I also helped in the discharge process by counseling patients on their take-home medications, ensuring they understood how to take everything correctly and answer any questions. This patient interaction was my favorite part of this rotation.

While working at Cherokee Nation W. W. Hastings Hospital, I had the pleasure of working with a variety of commissioned officers. The officers took the time to educate me on the IHS care model while always encouraging me to sharpen my skills and practice what I have learned under their supervision. I am thankful for the valuable knowledge I gained at this facility that I can take with me into my future career.



Caption: Cherokee Nation W. W. Hastings Hospital in Tahlequah, OK.

Spring 2019

Five Weeks at the FDA as a Student Safety Evaluator

Submitted by Ms. Victoria Zlotnikova, BS, PharmD Candidate 2019

Preceptor: Laurelle Cascio, PharmD



Victoria Zlotnikova, BS, PharmD
Candidate 2019

Many times, throughout pharmacy school and through the media, we hear about the Food and Drug Administration (FDA) issued safety alerts that include medication errors, new adverse drug reactions, and product recalls. But where do these safety issues arise? How do we end up hearing about this important information? Did you know that FDA employs many pharmacists who detect new safety issues and communicate that information to the public? During my 5-week APPE rotation at the FDA in the Division of Pharmacovigilance (PV) in Silver Spring, Maryland, I had the opportunity to work as a student safety evaluator and to potentially influence patient outcomes on a global level. Safety evaluators in DPV are health care professionals, mainly pharmacists, who evaluate adverse event reports, detect safety issues with drugs and therapeutic biologics, and make recommendations for regulatory action, such as drug label changes.

The FDA was not exactly how I had imagined. As a pharmacy student, when hearing about the FDA in school, I did not really perceive how the FDA functioned until I had the enlightening experience of rotating through DPV. The White Oak campus contains multiple buildings with large corporate-style conference rooms that look very official, where many health professionals, including physicians, pharmacists, epidemiologists, and other scientists, come together to influence the regulatory decision-making process. I attended meetings with these brilliant professionals and learned about the premarketing and post-marketing stages of the drug lifecycle first-hand. I learned about the different centers, offices, and divisions within FDA, and how FDA interacts with industry and the public. I had the opportunity to meet an FDA historian and to visit the FDA “vault”, which contains historical items seized by the FDA due to quackery. The historic collection began in 1906 and includes many products such as devices, pharmaceuticals, foods, biologics, and cosmetics. It was during my rotation at FDA that I first learned about the United States Public Health Service (USPHS). There are many government employees, including my pharmacy preceptor CDR Laurelle Cascio, who are PHS Commissioned Corps officers stationed at the FDA White Oak campus. CDR Cascio provided me with an overview of PHS, which included a description of the mission and vision of the Corps, pharmacist roles within PHS, deployment roles, as well as benefits for the servicemember and their family.

Outside of my work at the FDA, my experience involved exploring the Washington D.C. area. I had the opportunity to visit the Pentagon, Washington Monument, Lincoln Memorial, and other museums and locations of historical importance. My time at the FDA involved meeting other pharmacy and medical students from various schools around the country and although students worked in various divisions, we were able to meet during lunches and after hours.

Overall, my experience at the FDA was extremely informative and rewarding and I felt like the work I completed was meaningful. For students considering a rotation at the FDA, the experience you have there will be like no other rotation experience that you will have.

Spring 2019

Just a Lass in Alaska

Submitted by: Kirandeep Kaur, PharmD Candidate at Virginia Commonwealth University School of Pharmacy
Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS

I was fortunate enough to complete my elective oncology rotation with the Indian Health Services (IHS) at the Alaska Native Medical Center (ANMC) in Anchorage, Alaska. Growing up in the Northern Virginia area and completing all my schooling from undergraduate to pharmacy school in Virginia, I never had the opportunity to explore the west coast. Completing an oncology rotation at ANMC enabled me to explore this territory.

On my flight to Alaska I was nervous about the rotation, the weather and what the pharmacy staff would be like. All of my fears and reservations flew out the window once I met CDR Anne Marie Bott and the pharmacy staff. Everyone was very welcoming and open to all my questions. I was seamlessly integrated into the pharmacy workflow.

My daily tasks included evaluating chemotherapy orders, comparing the chemotherapy regimen to the National Comprehensive Cancer Network (NCCN) guidelines and writing oncology notes into the electronic health system. While reviewing orders, I had to have a thorough understanding of each cancer type, chemotherapy options and NCCN guidelines along with which premedication would be required to assess the appropriateness of the chemotherapy protocol. My daily tasks and topic discussions were vital in my learning and understanding of oncology.

The most enjoyable part of this rotation was my interaction with the Alaska Native people. I counseled patients on their medications, including when and how to take them and the expected side effects. This was a rewarding experience for me, because I was able to talk to and connect with the patients. They were very appreciative and receptive of any recommendations given. I had the opportunity to interact with the patients by shadowing various healthcare providers. I observed how each healthcare provider from the palliative care team to nurses, oncologists and pharmacists worked together through interprofessional collaboration to provide optimal patient-centered care.

Through my experience at ANMC, I was able to witness first-hand the difference the U.S. Public Health Service (USPHS) and the Alaska Native Tribal Health System (ANTHS) make in the lives of the Alaska Native people. Many remote Alaskan villages may either have a mid-level provider or a community health aide. The USPHS and ANTHS have made healthcare accessible by having protocols in place for health care workers to treat in remote areas, and by utilizing telemedicine and remote dispensing systems for medications. While there are still barriers to accessibility, the health system continuously tries to close these gaps.

Outside of my rotation, I tried to maximize my time as a visitor in Alaska. From exploring local restaurants and breweries to hiking and dog sledding in Wasilla; five weeks in Alaska has not been enough to



Caption: Kiran Kaur and fellow VCU students dog sledding for the first time.

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An Amazing Experience Gained at the Federal Bureau of Prisons (BOP) in Victorville, CA*Submitted by Ms. Annie (Hongmy) Pham, Pharm.D. Candidate 2020*

Keck Graduate Institute, Claremont, CA

As an incoming third-year pharmacy student, I did not know what to expect from my IPPE rotation at the BOP in Victorville. One of my classmates from a previous rotation mentioned that it had a good atmosphere with supportive pharmacists. I encountered that, but learned so much more.

On the first day CDR Huu Nguyen, Chief Pharmacist, revealed the culture in the prison system and gave a tour of the female facility (CAMP). He also described the different paths to join BOP or PHS (Public Health Service) in general. I had the opportunity to assist CDR Nguyen with the afternoon pill line that day. Being prior military, I was fascinated at how BOP operated and what the pharmacists do there. This made me want to learn every facet when it came to the duties of a pharmacist. LCDR Crystal Lui was gracious enough to allow me to shadow her during her morning shift at the Federal Correctional Institution I (FCI-1). Throughout that time, I learned the importance of inventorying both controlled substances and sharps/needles before and after shifts, the difference between KOP (keep on person) and blister pack pill line medications, how OTC procurement worked and who can acquire it, as well as the different types of problems and complaints inmates have. As a bonus, I was able to see the inside of a SHU (Special Housing Unit) where inmates requiring increased observation are housed. LCDR Lui made this experience enjoyable and I was delighted to have been given this opportunity.

As for clinics, I was able to work with LT Charles Park and LT Emily Winans as well as LCDR Lui during their clinical rounds. These rounds included anticoagulation, diabetes, HIV, and tuberculosis discussions. I felt I learned the most with the tuberculosis clinic because I have not had a course in Infectious Diseases yet and my journal club article was on this disease state. The interesting part about these clinics was the research that had to be done beforehand. There was a spreadsheet for each clinic which needed to be updated on a weekly basis from BEMR (Bureau Electronic Medical Records System) so that the current information (statistics, lab values, etc.) was reflected before that inmate was seen. I appreciated the opportunity to be able to assist them.

I felt the selling point of this rotation, however, was not the workload or the patient load but the camaraderie between the staff. They communicated well with each other and helped one another on any assignment given. They made the students more comfortable by getting to know us and advising us when needed. Even though they were officers, talking to them about their knowledge and experiences was an easy task. Even CDR Nguyen, with his busy schedule, joined us for lunch on many occasions to share his stories of what he had done and seen while in the BOP. The officers also invited me to attend a JOAG (Junior Officer Advisory Group) Meet & Greet, where I learned about JOAG's purpose and roles as well as the changes to the TSP (Thrift Savings Plan).

This is the type of environment I can see myself working in no matter how stressful the job can be. Reflecting back on my Army career, one reason I left was due to family. I feel I would be content with working in BOP as a civilian or PHS officer. I was told there are opportunities to expand and grow. For example, if you feel the facility has a need for a specific clinic that has not yet been established, you can deliver that service provided you have the certification and ambition for it. If I worked there, I would strive to make the inmates I encounter more aware and educated with their conditions and medications by using whatever skills necessary to accomplish it. With that in mind, I am planning to apply for the Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) this October. If I am unable to get in, I will try through the residency route the following year. This is a wonderful opportunity I will not ignore and one in which I plan to share with my fellow colleagues.

Spring 2019

Regulatory Pharmaceutical Fellowship

Submitted by Kaitlyn Dana, PharmD; Sandra Bai, PharmD; Kiersten Rybakov, PharmD; Kaitlin Montagano, PharmD; Jacqueline Wasynczuk, PharmD **Preceptors:** CAPT S. Chris Jones, PharmD, MPH; CDR Irene Z. Chan, PharmD, BCPS; CDR Sam Skariah, PharmD; LCDR Lindsay Wagner, PharmD, BCPS; Carrie Newcomer, PharmD
Program Director: LCDR Lindsay Wagner, PharmD, BCPS



Caption: Drug information track preceptor and fellows, Amy Sheehan, PharmD (Preceptor); Kiersten Rybakov, PharmD (PGY1); Sandra Bai, PharmD (PGY2); and Jacqueline Wasynczuk, PharmD (PGY1); pictured at ASHP's 2017 Midyear Clinical Meeting where preliminary interviews were conducted for 2018-2019 fellowship candidates.

The Regulatory Pharmaceutical Fellowship is a post-graduate training opportunity for pharmacists focused on the medical and regulatory aspects of pharmacy in one of three areas: drug information, drug advertising and promotion, or medication safety.

The fellowship is a two-year program consisting of rotations with FDA's Center for Drug Evaluation and Research (CDER); Purdue University College of Pharmacy; and a pharmaceutical industry sponsor. This unique program provides robust experiences in government, academia, and industry.

The Regulatory Pharmaceutical Fellowship is successful because of the support and volunteerism of PHS pharmacists, both active duty and civilian. The following CDER Offices and Divisions currently participate in this program and offer specialized training in their area of expertise:

- Division of Drug Information (DDI): Drug information track fellows spend six months at FDA learning best practices in government medical communication practices. Fellows respond to hundreds of drug-related inquiries from patients, health care professionals, and regulated industry. Fellows also create and share content for FDA on Twitter and LinkedIn and respond to questions on Facebook as part of FDA's CDER Social Media team. Fellows have opportunities to learn about video, podcast, and listserv content as well. Fellows support the liaison program between DDI and specific Review Divisions, help precept student pharmacists, and assist with a number of high-profile initiatives including Expanded Access.
- Office of Prescription Drug Promotion (OPDP): Advertising and promotion track fellows spend their tenure at FDA learning about, and assisting in: the review of promotional materials directed towards both healthcare providers and consumers; evaluating draft product labeling (package inserts); and researching and evaluating industry complaints. Fellows are mentored by a senior member of OPDP and work collaboratively to develop departmental projects tailored to their interests.
- Office of Surveillance and Epidemiology (OSE): Medication safety track fellows split their time at FDA to

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PHS Pharmacists visit Midwestern University Glendale Career Expo

Submitted by LT Nicholas Palm

Midwestern University Glendale is found in the Northern Phoenix suburb of Glendale, Arizona. The campus is beautiful and reminds me of the small college atmosphere that I had when I went to pharmacy school. The school is situated in a relatively busy area, but you would not know it as the campus is pristine and secluded; the hustle and bustle of the Valley is hidden from view. The campus is also expanding to meet the needs of its Allied Health students and the area at large, the whole Valley boasts a population near 4 million.

The Pharmacy Career Expo is held in the Wellness/Recreation Center on campus and has many local pharmacy organization and facilities in attendance. Pharmacists, CDR Carl Oolongo and CDR Jose Ruiz, represented Immigration and Customs Enforcement (ICE) from Southern Phoenix/Tucson area. CAPT Rebecca Reyes, LCDR Michelle Barbosa, and LT Nicholas Palm represented the Indian Health Service (IHS) from Phoenix Area (Phoenix Indian Medical Center) and Navajo Area (Winslow Indian Healthcare Center). Over 400 students were in attendance at the Career Expo and many of them spoke with the pharmacists from ICE and IHS.

Midwestern University has an accelerated pharmacy program in which students progress through a three-year curriculum that also meets in the summer. The first and second year students have IPPE experiences that coincide with classroom experiences. For these students, JRCOSTEP is not an option as they are not available over the summer P1 or P2 year. However, many of the students we spoke with were interested in the SRCOSTEP program which is an experience they are eligible to undertake.



CAPTIONS (Left to RIGHT): (*left to right*): CAPT Rebecca Reyes, CDR Jose Aparicio, CDR Carl Oolongo, LCDR Michelle Barbosa, LT Nicholas Palm); CDRs Oolongo and Aparicio speaking with students; LCDR Barbosa speaking with 2nd year students; LT Palm talking with 2nd year students

Spring 2019

A Seismic Experience

Submitted by Abigail C. Markus-Longland, Pharm.D. Candidate at St. Louis College of Pharmacy
Preceptor: CDR Anne Marie Bott, Pharm.D, BCPS, BCOP, NCPS

Alaska Native Medical Center has allowed me to explore the oncologic and infusion aspects of pharmacy that I would not have had the opportunity to experience otherwise. When I arrived to the infusion center pharmacy on the first day of rotation, I was nervous as I did not know much about oncology or the preferred treatment options for each type of cancer. Being welcomed on the first day and immediately being incorporated as a member of the team helped to calm my nerves in this endeavor. My preceptor, CDR Anne Marie, and the rest of the pharmacy team have helped me immensely in my understanding of the oncology and infusion fields of pharmacy by steering me towards information sources and helping build my confidence in counseling the patients seen in the infusion center.

In completing a rotation at ANMC, I have learned much about specialized pharmacy as well as cultural healthcare differences. After attending cultural orientation on the first day of my rotation, I knew I was going to learn a lot about the Alaska Native people and their cultures. I was excited for this experience, as it would allow me to interact with patients that I would not typically see in St. Louis, Missouri. One cultural difference I noticed early in my experience was the family support in caring for the cancer patient. As I entered a patient's room to counsel them on their home medications, I noticed a large family presence of 5 members. Whereas with my experiences in St. Louis only 1-2 family members would be present with the patient. The amount of support Alaskan Native people show each other in difficult situations is incredible.

Throughout my time at ANMC, I had opportunities to shadow other members of the healthcare team including the palliative care team, infusion center technicians, and an oncologist. I enjoyed this experience as it helped me gain a better idea of the different aspects that go into giving the patient the best care throughout the duration of their treatment. I particularly enjoyed shadowing palliative care, as I was able to perform a medication reconciliation for a patient that was overwhelmed by the amount of medications they were supposed to be taking since diagnosis. In shadowing palliative care, I learned about the advanced healthcare directive that allows patients to make decisions regarding their end-of-life treatment. I thought this particular document was interesting because it allows family members and the healthcare team to honor the wishes of the patient in their last moments.

My time in Alaska has been quite eventful with experiencing a 7.0 magnitude earthquake, the largest the state of Alaska has experienced since 1964. The experience of having a whole building rolling and shaking underneath you is quite surreal. Since I have never experienced a natural disaster before in St. Louis, it was incredible to see the sense of community come from such a devastating day. Thankfully, there have been no reported fatalities in the region. I was truly amazed to see the response of those around me asking everyone if they were injured and making plans to provide patient services elsewhere.

While I have spent time learning about chemotherapy cancer diagnostics, I have also spent time exploring Alaska. On the first full weekend in Alaska, my colleagues and I visited the Alaska Wildlife Conservation Center and learned about wildlife that is native to Alaska including wolves, moose, bison, and lynx. We attended all of the animal information sessions and had the opportunity to witness the wolves howling as a train passed the facility. On our next weekend, we ventured to Seward to the Sealife Center where we encountered sea lions, seals, and sea otters. However, an adventure to Alaska would not be complete without trying a multitude of restaurants. My colleagues and I have dined at Humpy's Great Alaskan Ale House, Silvertip Grill, Tommy's Burger Stop, The Highliner, Alice's Champagne Palace, Boss Hoggz Restaurant, and Bear Tooth all of which have amazing food and I highly recommend each of them. I have had a great experience in Alaska and hope to have the opportunity to return in the future.



(Bottom): Abigail Markus-Longland in front of the mountain range in Seward, AK

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Continued from [page 4](#)...Casting My Anchor in Anchorage

the local food favorites to the amazing events, I wanted to try it all. We were lucky enough to experience the ceremonial start of the Iditarod, run with reindeer, and track down the beautiful Northern Lights, all in one weekend.

These last 5 weeks have flown by and I am sad to see my time here at the Alaska Native Medical Center come to an end. I am going to miss the patients, pharmacists, doctors, and nurses. It is a lot harder for me to say goodbye than I ever thought, but I am happy that I had the opportunity to call Anchorage, AK my home for even a short period of time. I know I will be able to take the lessons I learned here with me wherever my next step may be, and for that I will be forever grateful.



The ceremonial start of the Iditarod on the trail passing by the Alaska Native Medical Center in Anchorage, AK.

Continued from [page 5](#)...APPE Spotlight: We are so “HAPPE” we chose CMS!

were able to meet other pharmacy students who were rotating at the FDA and share our experiences with them.

We truly treasured the community service aspect of our rotation because it was centered around education and interacting with youth. We visited a public charter school in D.C. for Career Day and presented to elementary school children about being a pharmacist. We created an action packed themed slide-show presentation about the “super powers” of a pharmacist. The overall message was: “Not all superheroes



Caption: (Left to Right) Ms. Adoma Yeboah and Mr. Mitchell Linton with elementary students at the career-day event for a Washington DC Public Charter School

wear capes; some wear white coats!” The children were quite receptive and upon asking them what they wanted to be when they grew up, they shouted “I want to be just like you!”

Overall, this APPE rotation was quite robust and enriching from all different aspects. This rotation allowed us to realize the opportunities available to pharmacists in the regulatory sector. This unique opportunity provided us with the exposure that we would have not normally gotten from the usual pharmacy rotations. We are grateful for experiences like this because we were able to work on meaningful projects that positively contribute to our public health system. Most importantly, we are grateful that the Health Regulatory APPE rotation is mandatory at Howard Uni-

versity because it allows students to be more open minded about their future pursuits and exposes us to non-traditional paths in the pharmacy profession. Lastly, the biggest take-away from this rotation experience was being able to develop our time-management, leadership, writing, communication and clinical analysis skills. These are all essential building blocks that will contribute greatly to our careers as pharmacists.



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Continued from [page 9...Just a Lass in Alaska](#) Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS

explore all its beauty. I hope to come back and visit Alaska this summer.

Without a doubt, the IHS oncology rotation at ANMC has been my favorite thus far. I will be able to apply the lessons I learned through my interactions with patients, pharmacists and healthcare providers to both my professional and personal life. I am grateful to have had the opportunity to have spent five weeks at the Alaska Native Medical Center, and I would highly recommend this oncology rotation to pharmacy students.

Continued from [page 11...Regulatory Pharmaceutical Fellowship](#)

enjoy training experiences in both the Division of Medication Error Prevention and Analysis (DMEPA) and Division of Pharmacovigilance (DPV) II. Fellows participate in intra- and inter-center projects in both the pre- and post-market arenas to gain a broad understanding of all phases of safety surveillance. Additionally, fellows learn how FDA uses adverse drug event and medication error data, medical literature, and established knowledge of drug products to assess safety related issues and conduct active surveillance work. Fellows also participate in the pre-market review of proposed human factor protocols and trade name evaluations.

In addition to their time at FDA, Regulatory Pharmaceutical Fellows in each track also spend time experiencing academic pharmacy through rotations at Purdue University or Butler University. Fellows gain significant teaching experience by providing didactic education, course coordination, experiential precepting of pharmacy students, and participating in the Indiana Pharmacy Teaching Certificate program. During their academic rotation, fellows also gain exposure to pharmacy practice relevant to their specific track. Further, fellows generally begin their research projects during their academic rotation. Later, these research projects are submitted for presentation or as a poster at a national meeting and for publication in a peer-reviewed pharmacy journal.

The third component of the fellowship is a rotation with an industry sponsor. During this rotation, fellows gain experience fulfilling daily responsibilities associated with being a member of a department within the pharmaceutical industry specific to their individual track. Specific areas in which fellows work include, medical communications, pharmacovigilance, and drug advertising and promotion. Additionally, fellows are involved in various inter- and intra-departmental projects based on company need and fellow interest. Fellows also have the opportunity to build their teaching skills through experiential precepting of pharmacy students during their industry rotation.

For more information about this unique fellowship opportunity, please visit:
www.fda.gov/RegPharmFellowship.



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Useful Info and Resource Links

Agency	Contact	Telephone	Website	Email
Federal Bureau of Prisons (BOP)	LCDR Daniel True	304-379-5187	https://www.bop.gov/jobs/positions/index.jsp?p=Pharmacist	dtrue@bop.gov
Centers for Disease Control (CDC) and Prevention	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)	LCDR Jane McLaughlin	301- 443-1603	www.hrsa.gov	JMcLaughlin@HRSA.gov
Indian Health Service (IHS)	LCDR Jessica Anderson	218-983-6206	www.ihs.gov/pharmacy	Jessica.Anderson@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 Paul T. Michaud	202-475-5171	www.uscg.mil/	Paul.T.Michaud@uscg.mil
Centers for Medicare & Medicaid Services (CMS)	CAPT Jill Peffall	410-786-8826	www.cms.gov	Jill.Peffall@cms.hhs.gov
Instagram/Twitter			#usphspharmacy	
Facebook Page			www.facebook.com/USPHSPharmacists	
IHS Residency Information			http://www.ihs.gov/medicalprograms/pharmacy/resident/	
Uniform Information			http://www.usphs.gov/aboutus/uniforms.aspx	
USPHS			https://www.usphs.gov/	
USPHS PharmPAC Website			https://dcp.psc.gov/osg/pharmacy/	
USPHS Pharmacist Listservs			https://dcp.psc.gov/OSG/pharmacy/listserv.aspx	
USPHS Student Opportunities			https://www.usphs.gov/student/	





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Service

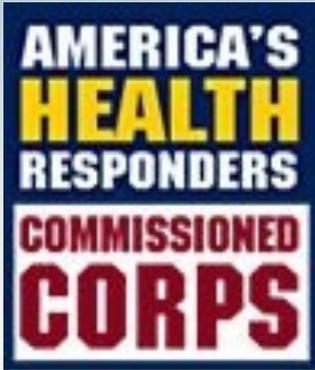
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Excellence

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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!

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