To give context, I have never visited Lawton or the great state of Oklahoma or had I even started any of my fourth-year rotations yet. However, despite all of that, here I was venturing out towards Lawton, Oklahoma to partake in the first ever three month rotation block at the Lawton Indian Hospital. My expectations were brimming with both excitement and assurance that I will be gaining a unique experience in Lawton. Before starting the rotation, I expected to be working with a Native American population within a unique health care system that recognizes pharmacists as collaborative health care providers. Now, after I have completed this block rotation, my actual experiences exceeded my own expectations by a significant margin.

I am thankful to have participated in many opportunities during this Indian Health Service (IHS) rotation. For example, I accompanied the integrated pharmacists within the Adult Care Clinics and I helped conduct medication reconciliations for all the patients. As part of an interprofessional team, I collaborated with prescribers to address interventions and patient wellness. Also, I learned more about the ambulatory care aspect of IHS, which includes anticoagulation, asthma, tobacco cessation, and naloxone co-prescribing clinics.
Aside from learning within the institution, I had the privilege to volunteer with one of my preceptors at a Remote Area Medical (RAM) event in Durant, Oklahoma. RAM is well-known within the Public Health Service (PHS) as a health-oriented organization that focuses on providing free healthcare to those patients who need it most. As a pharmacist intern, I was able to provide naloxone counseling and poison control promotion for patients waiting in line for health services. Also, I was able to provide assistance to the other pharmacist volunteers within the Commissioned Corps. Afterwards, I traveled to Dallas to attend the Commissioned Officers Association (COA) Symposium for PHS, which offers free admission to all non-PHS students. At the Symposium, I met both pharmacists and other health professionals across the nation, and overall, the Symposium provided me with great insight into the Commissioned Corps.

Aside from all the great learning experiences, I had some time to explore the city of Lawton and Oklahoma itself. While I did not have a vehicle for personal transportation, I had ample opportunities with the local bus transit system and Uber to visit all the great restaurants in the city and enjoy the delicious trademark foods within Oklahoma. Aside from the quality food, I had the genuine pleasure to go hiking in the Elk Mountain area and see some wonderful aspects of nature in Oklahoma. Also, my preceptor, LCDR Quynh Anh Tran, gave me the opportunity to visit the state capital, Oklahoma City, where I was able to see all the wonders of Bricktown and had a memorable weekend. So many great experiences and opportunities were offered at this site, it truly was a great place to first start my journey in becoming a pharmacist.

Editor’s Note:

The UPOC newsletter team is pleased to announce the Winter 2018 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 Shannon Saltclah, Pharm.D., BC-ADM, NCPS
In the summer of 2017, I was privileged to complete a JRCOSTEP experience with CAPT Rebecca Reyes and CDR Kendall Van Tyle in Phoenix, Arizona. Although I learned about the JRCOSTEP in my first year of pharmacy school, I was unable to apply because the deadline for applications had unfortunately passed. During my second year of pharmacy school, I led a teleconference series for students interested in the USPHS Commissioned Corps. Through working on the series, I made valuable connections which cultivated my passion for pursuing a career with the Commissioned Corps. I applied for the JRCOSTEP and anxiously waited to hear if I had been selected. I was elated when I read the email from CAPT Reyes asking if I wanted her to be my preceptor. Before I knew it, I was flying across the country to the Midwest to begin an unforgettable whirlwind summer.

My primary duty station was with the Indian Health Service (IHS) at the Phoenix Area Office. Since CAPT Reyes serves as the Area Pharmacy Consultant, my responsibilities primarily fell under the umbrella of pharmacy administration. However, I was fortunate to be able to split my time between the area office and the Phoenix Indian Medical Center (PIMC) where I interned in the various pharmacies and clinics at the facility. During my time at the Phoenix Area Office, I completed multiple projects, attended a multitude of meetings, and completed the Annual Physical Fitness Test. Some of my projects included collating information from IHS residency programs in a spreadsheet that was used to determine financial allotments to each residency site. Another project included performing market research for staff pharmacist salaries in order to draft a request to authorize a competitive salary for a clinical pharmacist position at an IHS service unit. I also developed presentation skills through creating and delivering a presentation on medication management updates from The Joint Commission to medical staff at the Hopi Healthcare IHS Service Unit. The project I am most proud of was a JRCOSTEP experience survey I created in conjunction with another JRCOSTEP participant. The survey was sent to USPHS Commissioned Corps officers to assess the impact the JRCOSTEP has had on the recruitment of general duty officers. Working on that project was meaningful to me because I knew that it had the potential to provide substantial evidence on the utility of the JRCOSTEP experience for the Commissioned Corps. It was encouraging to realize that the work I did could make a lasting impact on student programs offered by the Corps.

During my time at PIMC, I was precepted by CDR Jing Li. I rotated through different pharmacies including specialty, pediatric, and primary care. I counseled patients on their medications, completed a tobacco cessation training, and shadowed in the anticoagulation clinic. Some additional opportunities included creating a pediatric compounding procedure, and attending a Pharmacy and Therapeutics committee meeting. In addition to serving at my duty station, I visited several IHS residency and SRCOSTEP sites. I spent an innumerable amount of hours driving through the desert and mountainous terrain of Arizona and New Mexico, and I even saw my first wild bear! Through meeting with residents and residency program directors, I gained valuable information about their programs that would help with the postgraduate decision making process.

Amidst all of my responsibilities as a JRCOSTEP participant, I was able to take a road trip with my classmate who was also a JRCOSTEP participant at the time. We visited some of the most iconic national parks and sights in the Midwest. Some of the most picturesque places we explored included the Grand Canyon, Antelope Canyon, Horseshoe Bend, Zion, and Bryce National Parks. As I am an avid traveler, I was elated to see so many places that frequent my Instagram timeline. I could not have asked for a more rewarding JRCOSTEP experience. It is a privilege to serve with the Commissioned Corps, and I am deeply thankful to have had this opportunity. Completing a JRCOSTEP experience fortified my desire to pursue a career with the Commissioned Corps as I am committed to a lifetime of service and living out the mission to protect, promote, and advance the health and safety of our Nation.
Six weeks flew by too quick! Reflecting on the experience and the lasting memories, we have no doubt that we made the best decision to complete our ambulatory care elective clinical rotation at the Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico. This invaluable opportunity allowed us to witness the meaning of cultural competence and expand our knowledge in the pharmacy field while serving the Native American Population.

Lauren: One aspect of the rotation that I thoroughly enjoyed was being able to work in specific clinics alongside the pharmacists. Pharmacists at NNMC rotate through pharmacist-run clinics that provide services to patients of various disease states. Throughout the rotation, we worked under supervision of pharmacists in the anticoagulation clinic, epilepsy clinic, Pharmacist Clinician Clinic (PhC Clinic - focused on chronic disease state management), satellite clinics and urgent care. This opportunity allowed us to witness firsthand the potential that pharmacists have in helping the health care team. For instance, in the anticoagulation clinic, we were able to interview patients on their current regimen, address medication adherence barriers, health care concerns, and ultimately, adjust doses to achieve therapeutic treatment when necessary. Furthermore, as students of the urgent care, we were able to see walk-in patients with a pharmacist practitioner to address and manage minor illnesses. We interacted every day with nurses, physicians, and physician assistants and worked as a team to optimize health care for the patients in the outpatient and inpatient pharmacy. It was a great experience as a pharmacy student to apply the didactic learning from school toward making clinical recommendations to enhance patient care.

Abisola: Living and working on the Navajo reservation – the largest Native American reservation in the United States - for six weeks was an amazing experience. By the end of the rotation, I was further motivated to explore opportunities with the Indian Health Service (IHS). Our time at NNMC allowed us to work under the supervision of knowledgeable pharmacists in the different outpatient pharmacist-run clinics. We rotated through the anticoagulation clinic, Pharmacist-Clinician run clinic (PhC clinic), chronic disease management clinic, seizure clinic, inpatient pharmacy, and outpatient pharmacy. We performed comprehensive patient profile reviews in order to create individualized care plans, made appropriate evidence-based recommendations and were directly involved with patient care. In addition, we had the opportunity to attend and actively participate at several hospital committee meetings and work on projects alongside residents and pharmacists. At these meetings, I provided my viewpoint on preventing medication errors seen frequently in the hospital. I was also fortunate to work under the guidance of a supportive preceptor who was very encouraging towards my career path.

Aside from the numerous professional opportunities, the Navajo reservation offered several cultural
When I was planning my advanced pharmacy practice experience rotations, I wanted to make sure each of my rotations was unique and would contribute positively to my future career as a pharmacist. The past five years of pharmacy school led up to the very moment where I could create the most favorable rotation schedule so I can make the best out of my final year. I chose Tsehootsooi Medical Center (TMC) in Fort Defiance, AZ as my first rotation mostly because I wanted to travel and explore the southwest, but also because I really wanted ambulatory care to be my first rotation since I felt it would be a great foundation for the rest of my rotations. Growing up in New York City and attending pharmacy school in Philadelphia, I was always a part of a big, fast-paced city and never understood what high quality and compassionate healthcare meant until I came to Fort Defiance. Not only was I accumulating pharmacy experience here, I was also learning about Navajo culture for the first time. After only my first week here at TMC, I came to realize how different Navajo culture and the people were compared to people in New York City and Philadelphia.

All the patients I encountered during my time here were very courteous and appreciative of the help we were providing them, whether it be in a regular counseling session, or in one of the many clinics I had the opportunity to be a part of, including: Coumadin, Asthma, Tobacco Cessation, and Diabetes. All the pharmacists and pharmacy technicians were all very welcoming and helped me gain confidence as a student. I was able to involve myself with a lot of different learning experiences, such as counseling/interviewing patients, working up and writing patient notes, administering vaccines, and completing many different projects and assignments that allowed me to gain relevant clinical knowledge.

My role here as a pharmacy student was very different than my job as a CVS Pharmacy intern for the past 3 years, in which I only learned how to process prescriptions as fast as I could so that the pharmacist-on-duty can verify and dispense even faster to our customers who only wanted to go home with their medications without caring to be counseled. I didn’t understand what optimal healthcare looked or felt like until now. I also learned a lot about Indian Health Service Commissioned Corps pharmacists and the service they provide to the public, which I knew nothing about before my time at TMC because becoming a Corps pharmacist isn’t very common on the east coast. It was inspiring to know that pharmacists in the Corps are able to serve the public in a variety of different federal settings. As a pharmacist in the U.S. Public Health Service (USPHS), officers are allowed more opportunities and diverse roles than the standard pharmacist such as working for the Food and Drug Administration (FDA), conducting research, and aiding in public health emergencies along with other healthcare professionals. There are also great benefits, ample room for leadership development, and the ability to maintain a healthy work/life balance. Here at TMC, the Corps pharmacists are heavily involved in interdisciplinary care and have more clinical authority than I’ve seen in other pharmacists in most other settings. I could only imagine that the most satisfying aspects of being a Corps pharmacist are being well respected by all other members of the healthcare team, knowing that you are making a huge impact by fulfilling...
When we applied through our school for a rotation with the Indian Health Services (IHS), we knew there was a probability that we would not be selected due to the popularity of the rotation. When our school informed us that we were selected for this experience, excitement overcame us. We were so grateful to embark on this amazing adventure to Ketchikan, Alaska! Our experiences throughout our didactic years provided scarce opportunities in an ambulatory care setting, let alone a tribal clinic. We had a lot to learn when we first arrived but knew that we would be leaving with plentiful experiences and knowledge.

It was a rewarding experience to be an active member in the interdisciplinary team at the clinic. One of our daily tasks included patient chart reviews and medication interventions. We worked closely with the providers and staff at the clinic to provide patients with the best pharmacotherapy regimens. Additionally, we answered drug information questions from the patients, providers, and pharmacy staff. Another aspect of our experience was the direct patient interactions. We counseled patients on their medications and performed medication reconciliations. Additionally, we participated in the pharmacy-run smoking cessation clinic. We organized appointments to assess patients’ progress with smoking cessation, prescribed appropriate pharmacotherapy, and addressed adverse effects when necessary. In addition to the smoking cessation clinic, we participated in the warfarin management clinic. We performed INR checks using a Coaguchek(R) machine and adjusted warfarin doses based on results and per clinic policies. The direct patient interaction was the most rewarding experience because it allowed us to establish relationships with the ones we were serving. Also, it allowed for us to build upon our counseling skills and clinical knowledge through strong feedback from other pharmacists.

One of the greatest things about this rotation was our preceptor, CDR Jodi Nakai. She always encouraged us to be confident in our interventions and recommendations for optimizing medication therapy for our patients. Additionally, she provided us with information about all the wonderful opportunities available for pharmacists in the United States Public Health Services (USPHS), including the postgraduate residency training programs.

When we weren’t working in the clinic, we were exploring Ketchikan. We were fortunate to be in Alaska during the summertime and utilized the extended hours of daylight to our advantage by doing fun activities after work. We went on many hikes in the dense, lush Tongass Rainforest surrounding Ketchikan, discovering the beautiful views of the islands and waterways surrounding the town. We visited the various totem parks in town and appreciated the intricate handiwork and art of the Native tribes. On nicer days, we started bonfires and made lunch on the beaches outside of the town. There, we saw some of the Alaskan wildlife up close, notably the bald eagles. We also loved exploring downtown Ketchikan during our free time. One of our favorite events was the Ironjack Competition at the Great Alaskan Lumberjack Show. We also loved taking nice walks down Creek Street and visiting some of the local souvenir and Native art shops. During the last week of our rotation, we took an incredible float plane tour of Misty Fjords, and explored remote islands by boat.

We could not have asked for a better rotation experience. We learned a great deal in the short amount of time that we spent in Ketchikan, Alaska. Participating in the unique interdisciplinary team at the clinic has helped us to advance as healthcare providers. We have grown as both professionals and individuals and made memories that will last us a lifetime. We would both highly recommend this rotation to any student.
Tuba City Regional Health Care Corporation (TCRHCC) serves Hopi and Navajo Reservations in a rural 6,000 square mile area of Northern Arizona, northeast of the Grand Canyon. TCRHCC has a hospital, an outpatient clinic, two satellite clinics, a mobile van unit, and is currently in development for an oncology center. The main hospital was built in 1975 and has approximately 73 beds. There are opportunities for pharmacy students, pharmacy residents, and pharmacists.

At TCRHCC, there is an opportunity to work and gain experience in a wide variety of areas, which include an anticoagulation clinic, diabetes clinic, and immunization clinic. In the clinics, students work one on one with patients and gain first-hand experience allowing them to develop and master their skills. Pharmacy students have the chance to work with experts in the field of infectious disease, diabetes and more. Students also have the ability to build their leadership and managerial skills, and be involved in policy development and drug utilization reviews. There is a multitude of opportunities for pharmacy students to enrich their development and career. If patient education and community outreach is an interest, pharmacy students can work with public health nurses in the communities and participate in community flu clinics, mental health awareness activities, and more.

TCRHCC is located in a unique setting and surrounded by beautiful natural wonders and located in the Navajo Nation which is unfortunately underserved. Tuba City is located 60 miles from the southern rim of the Grand Canyon. Not too far is Monument Valley, where many iconic John Wayne westerns were filmed. If students want to get away from the Arizona heat, they can jump in the water at Lake Powell or get their snow shoes on and explore the mountains of Flagstaff, Arizona. A little beyond the way are Zion National Park and Arches National Park. TCRHCC has a wide variety of opportunities available to enrich pharmacy students and help the underserved. Preceptors at TCRHCC are willing and able to adjust to help the students achieve their goals.
Student Intern: Victoria Joseph, St. John’s University – College of Pharmacy and Health Sciences
Preceptor: CDR Jerry Zee PharmD, MPH, CPH (CMS Regional Pharmacist)

My advanced pharmacy experiential rotation at the Centers for Medicare and Medicaid Services (CMS) New York Regional Office (NYRO) with Commander (CDR) Jerry Zee, was the most unique site on my rotation schedule, from July 9th through August 3, 2018. I had the opportunity to complete a rotation at the US Federal Government agency that regulates the largest managed care organizations in the country. Also, my preceptor is a part of the United States Public Health Service (USPHS) Commissioned Corps, which meant I got the opportunity to learn about two different federal government entities.

In my first week of rotation, I got to witness a Medicare Part C and Part D audit. It was interesting to see how the audit process played out, the number of people involved, and the roles they played. I also went to a TV recording studio and saw the CMS staff in action for the taping of their monthly Public Service Announcement (PSA) program, CMS & You. What was even more impressive was seeing the CMS staff at work in the studio, operating the equipment. They had taken a course on how to run the production themselves without any outside assistance. I had never been in a TV recording studio before and so it was fascinating seeing all that happened behind the scenes. The program was very relevant as it was on heat safety, which is especially important for the senior population during the summer. I learned a lot about the facts and the many resources that are available on this issue.

The following week, I attended Region 2 Interagency Federal Partners Council meeting which involved a representative from almost every federal agency. At the meeting, they reviewed what the agencies had accomplished in the past couple of months and what they hoped to achieve in the coming months. It was interesting to hear this information from the source. They talked about the ongoing recovery efforts in Puerto Rico, and the US Virgin Islands after Hurricane Irma and Hurricane Maria, which is not extensively covered by the mass media anymore. I got the opportunity to sit in on many other meetings such as the USPHS global health track meetings and the weekly CMS Regional Pharmacists call. It was interesting to hear about the work that is done across the country by pharmacists within CMS. I learned that federal agencies love acronyms and abbreviations like alphabet soup. I was also able to attend a continuing education cardiology symposium put together by my pharmacy school where I learned about the effects of social determinants, chemotherapy, depression, and substance abuse on the cardiovascular system.

My projects included a CPE webinar presentation that was presented to all the pharmacists within CMS, and learning the Medicare handbook as well as the Medicare Prescription Drug Benefit Manual. My webinar presentation involved two newly FDA approved therapies that were treatments for rare disease states: hemophilia A, and phenylketonuria. I did not know much about these diseases but I enjoyed learning about them through the research I did. I was nervous about presenting to all the CMS pharmacists, but they were a great receptive audience.

My favorite aspects of the rotation were the exposure, the people I met, and the conversations we had. CDR Zee was great about sharing his professional background and experience, and was very receptive to questions. I also enjoyed talking to the other staff because everyone had interesting backgrounds and words of wisdom to impart, which was much appreciated. I am fortunate that I was made aware of the opportunities and non-traditional roles for pharmacists that I can explore. Overall, my rotation at CMS NYRO was a positive learning experience. What I gained from my time there was priceless and I would not trade it for any other rotation site.
From The Mountain State to The Last Frontier

Submitted by: Courtney Hartman, PharmD Candidate at West Virginia University School of Pharmacy
Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS

Coming from a small town in West Virginia I was captivated by all there is to see in Alaska. What I noticed first were the mountains. There are plenty of mountains in West Virginia, the Mountain State, but the mountains here are much different. Each state’s mountains are unique and beautiful in their own way, but it is nice to have a change of scenery nonetheless. I chose to complete one of my pharmacy rotations at Alaska Native Medical Center because I loved the thought of learning about medications and oncology while also exploring this beautiful state for 5 weeks. I knew this rotation would satisfy my desire to travel as well as provide real world experiences to strengthen my knowledge in pharmacy.

Throughout my time at Alaska Native Medical Center, I learned many things. While a lot of what I learned was pharmacy related, I also learned a considerable amount about the Alaska Native people. This experience opened my eyes to their unique culture and lifestyle that I could not experience anywhere else. One thing I really enjoyed was the art that was made by the Alaska Native people. Each piece of art was truly spectacular. From the walrus tusk figurines to the porcupine jewelry, you could tell each item was handcrafted with specific attention to detail.

Most everyone who lives in Alaska has a very active lifestyle in the summer. Whenever it’s sunny, they are outside enjoying the views and fresh air this state has to offer. Fishing is very common, as well as hiking, biking, and camping. I really appreciated this aspect because I love being outdoors on my time off. I quickly adapted by biking to work and hiking every weekend. This was a great way to enjoy Alaska and its beautiful scenery.

In the pharmacy, I had the opportunity to shadow an oncologist, pharmacy technicians, an infusion center nurse, and the palliative care team. Each shadowing opportunity taught me valuable things that I will reflect on for the rest of my pharmacy career. It was most interesting to see how everyone plays a part in caring for and treating patients. I also got to see unique things including a bone marrow biopsy and watching the oncologist administer intrathecal chemotherapy. Besides shadowing, I also learned how certain cancers are treated, how to check treatment guidelines and patient labs, and how to counsel patients on their medications. This offered an opportunity to apply the knowledge I gained during school to actual patients in real scenarios.

On the weekends, I spent my time venturing to towns near Anchorage including Talkeetna, Girdwood, Seward, and Palmer. Each place had a unique character and charm that was both welcoming and invigorating. While in Talkeetna, I checked out the local restaurants, hiking trails, and tried some locally made fireweed ice

Continued on page 20
Participating in an Advanced Pharmacy Practice Experience (APPE) rotation at the Indian Health Service – Catawba Service Unit was an experience unlike any other we have had. The community, culture, clinic environment, patient population, and other factors were truly unique to this setting and offered numerous learning opportunities for us both.

The major highlight of this rotation experience would be the amount of patient care projects and public health promotion we were able to participate in. Our preceptors, CDR Misti Houck and CDR William Freiberg, really encouraged us to make this rotation our own and gave us the responsibility to perform to a higher standard than an average rotation site. Working collaboratively with nurses, we were able to provide influenza vaccinations to members of the Catawba Nation community ranging from the nation elders to members of the adult and young adult populations. While working with pediatric patients, we gained insight into how nurses manage children and toddlers while administering immunizations. This was quite eye opening as pharmacy students typically work with or encounter adult patients throughout their APPE rotations. We have been given ample opportunities to work with children two years old and up and have enjoyed our chances to interact with them.

Creating public health presentations for a younger audience was a challenge we welcomed. From presenting to children on how to effectively wash their hands and get rid of germs, effective tooth brushing, and providing them with education on healthy eating and food portion control, we found numerous ways to educate these young individuals in a fun and exciting way. Developing our curriculum, catchy songs, presentation material, and crafts by using examples and sources from government-run programs, we were able to effectively adapt our presentation goals and outcomes to suit our young audience. Conversely, having chances to interact with and perform health checks with the elders at the Senior Centre, located on the reservation, allowed us to explore the special needs and curated healthcare required for the aging population. Over multiple visits, we tailor-made brochures and discussed medication safety with the elders. Our main focus was how medication safety can affect daily activities, such as driving, as well as the impact of medication safety on children or grandchildren that may visit them and the community as a whole.

Our clinical experiences, which included chart reviews and patient counselling with a focus on smoking cessation, showed us the impact pharmacists have on a patients’ desire and continued ability to quit commercial tobacco use. Using a smoking cessation training manual, we learned about the huge cultural impact tobacco has within American Indian and Alaskan Native populations. Learning the differences between traditional tobacco use and commercial tobacco use increased our competency when working with patients at the Catawba Service Unit who were seeking tobacco cessation treatment. Clinical interventions and patient education were not limited to smoking cessation. There were several instances where we offered counselling and advice on several different medications and therapies. For instance, working with the dietician and certain patients, we learned about healthy eating and its effect on diabetes management. We were able to offer our knowledge and expertise when talking to patients about using their glucometer as well as basic advice on their medication therapy as a pre-diabetic or diabetic patient.

Overall, our multidisciplinary experience at the Catawba Service Unit was one to remember. The professional experiences, clinical opportunities, patient education sessions, community outreach events, cultural competency moments, and friendships we have made are central to the positive impact this rotation site has had on us. We would highly recommend future students to apply for an APPE rotation at this site to open up their mind to a new area of pharmacy practice unknown to most.
October 6, 2018 marked an inspirational day for North Dakota State University School of Pharmacy in the College of Health Professions as 76 student pharmacists donned their white coats for the first time at the College’s annual White Coat Ceremony. As a University Point-of-Contact and recent North Dakota State University graduate, I was asked to return home to be the keynote speaker. A short 7 years ago, I was sitting in the same auditorium, wondering the same questions, feeling the same emotions and hoping for the same results; a Doctor of Pharmacy degree and a successful pharmacy career. As I drafted my speech, I thought about the impact I wanted to leave with these young, impressionable student pharmacists and one word came to mind – professionalism. The white coat is a symbol of professionalism; it inspires confidence and trust among patients. Officially receiving the coat marks a significant milestone in a student pharmacist’s life as they embark on the 4 year journey of earning a Doctor of Pharmacy degree. Being professional is doing more than what is expected; it is not bound by the time clock. Serving in a critical role on the health care team means we step-up, we stay and we do our part. The extra time will be rewarded when you see the positive outcomes in your patients. It can come when a daughter, husband, or friend thanks you for caring for their loved one. There will be times when you cross paths with patients who need you, even if they don’t know it themselves. Be the professional to listen to their story, hear what they are saying and work together to create a treatment plan that aligns with their health care goals.

Professionalism is one of the elements of a successful pharmacist’s foundation, a building block that is a necessity to reach goals and exceed everyone’s expectations. It is not something that is left behind at work, it is a trait that is carried with you as you travel, visit family, or volunteer outside the work place. Lean on your faculty - seek advice, listen attentively and practice this pharmacy profession to the best of your ability. Faculty and staff play a key role in your development; they will guide you and attempt to mold you into upstanding members of the pharmacy community. This decision begins with you. Embrace professionalism, do the right thing, focus on the patient and you will see yourself become a respected member of the healthcare team.

For all student pharmacists, I challenge you to hone your talents, skills and knowledge as you work toward becoming esteemed members of this noble profession. And as you complete your 4 years of school, go on to residency, a fellowship, or join the work force... Be great. Challenge yourself. Push boundaries and remember that this white coat is more than a coat... it represents trust, integrity, and an extremely high level of professionalism. Go bravely into the pharmacy world, strive for greatness and make your white coat proud.
Growing up in a small town next to Lake Ontario always increased my desire to travel and learn more about different ways of life. It also created a desire to embrace any opportunities that afford me this chance. During the fifth year of my pharmacy education, the dean of experiential opportunities began to discuss the long anticipated sites available for students to complete their clinical rotations. The dean mentioned that the school was able to set up a rotation with Yakama Indian Health Service in Toppenish, Washington. With my desire for patient contact and passion for treating patients in underserved communities, I knew this ambulatory care rotation was the perfect fit for my personal and professional desires.

During my time at Yakama, I had the opportunity to be an active member of patients’ healthcare teams in a clinic. Each day, I attended clinic appointments in the mornings with different pharmacists. Early in my training, attending appointments with pharmacists allowed me to see a variety of different styles of patient care. I was able to participate in various clinic settings including: anticoagulation, asthma, diabetic glycemic control, dyslipidemia, hypertension, tobacco cessation, chronic medication management, and immunization. As the rotation progressed, I was granted more autonomy and allowed the opportunity to run clinic visits with the supervision of a pharmacist. While in the clinic, I was able to adjust patients’ medications to help better manage their health conditions, and also connect with them on a more personal level. To me, establishing a connection between patient and healthcare provider is imperative to maintaining a high standard of patient care. If a provider is able to earn a patient’s trust, there is an increased chance the patient will take the provider’s recommendations more seriously and enjoy better health outcomes. Therefore, I always made an effort to connect with my patients and attempted to build trust. In the afternoons, I assisted with medication counseling as patients picked up their prescriptions. I strived to ensure they were comfortable with what their doctor prescribed for them and understood pertinent information for safe and ideal use of the medication.

In addition to the vast pharmaceutical and interpersonal knowledge I gained while in Yakama, I also had the opportunity to learn about my patients’ culture, which helped to improve their care. I was in Yakama during the summer months when fruits and vegetables were in season and abundant. Many of the patients on anticoagulation therapy required weekly warfarin adjustments due to the rapid changes in their diet based on which foods were available. Understanding my patients’ summer habits and dietary shifts ultimately allowed me to provide them with better care.

During my time off, I explored Washington and Oregon. Some of my favorite weekend adventures included: whitewater rafting down the White Salmon River, attending the annual Toppenish Rodeo, and taking an underground history tour of Seattle. Another highlight was going to Leavenworth, Washington, a Bavarian-style village surrounded by the Cascade Mountains. I spent the day exploring the city and walking along the Wenatchee River.

I feel so privileged that I was afforded this amazing opportunity. I was able to learn so much about the previously mentioned disease states, but more importantly, the value of understanding patient’s culture and lifestyle was made remarkably clear. This experience is one that I will reflect upon for the rest of my life and has impacted my professional aspirations. I am thankful to the pharmacy staff and patients at Yakama Indian Health Service for welcoming me into their clinic and helping play such a significant role in my future.
Compounded drugs are not FDA-approved, which means they are not verified for their safety, effectiveness, or quality before they are administered to patients. So, you may be asking yourself, what does the FDA do instead? To address this question, I can highlight my experience on a six-week long APPE at the FDA Center for Drug Evaluation and Research within the Office of Unapproved Drugs and Labeling Compliance (OUDLC) on the Pharmacy Compounding Incidents Team. The inspiring team leader and my pharmacist preceptor, LCDR Ashlee Janusziewicz works tirelessly to ensure that timely tracking, evaluation, and appropriate action is taken for compounding incidents. An incident includes adverse events and complaints (e.g. product quality issues, insanitary conditions, false/misleading claims, inappropriate pharmacy practices, and essential copies).

The Pharmacy Compounding Branch evaluates compounding facilities based on the regulatory framework of sections 503A or 503B of the Food, Drug, and Cosmetic Act. For noncompliant compounding facilities, OUDLC will spearhead multiple actions including inspections, warning letters, recommending product recalls, and public communications in order to ensure public safety. Throughout my APPE, I worked closely with my preceptor and other team members including LCDR Sophia Park and LCDR Dien Nguyen contributing to daily analysis and investigative follow-up on compounding incidents pulled from the FDA’s Adverse Event Reporting System. The goal of our work was to identify incidents and work up the cases to present to senior management and multiple offices during the weekly incident coordination group meeting. The work up included researching state licensure and regulatory history, reviewing the incident report, follow-up with reporters and consulting the senior medical advisor to assess causality. Once the case was presented and discussed with senior management we would work on taking action (e.g. for-cause inspections, sample collection for testing, notification to other government agencies or state regulatory authorities, public communication such as the Compounding Risk Alerts, new policies/guidance).

In addition to working on daily compounding incidents, I was able to complete several projects including a Compounding Incidents Team presentation, an in-depth journal club presentation on compounded topical analgesics, and update the incident database tracking system to improve fiscal year reporting. Externally, I was able to attend presentations catered to pharmacy students hosted by various offices across the FDA. For example, I was able to learn about prescription drug promotion, the generic drug approval process, medical devices, medication error prevention and analysis, OTC drug regulation, clinical pharmacology and pharmacokinetics, drug labeling, and much more. I also appreciated the opportunity to attend various presentations and Pharmacist Professional Advisory Committee meetings with the U.S. Public Health Service.

My APPE at the FDA has inspired me to be a more informed student pharmacist by carefully evaluating compounded drugs and always reporting compounding incidents and other adverse drug reactions to the FDA MedWatch system. I am immensely grateful for the opportunity to work alongside the Compounding Incidents Team and to have contributed to valuable work that serves to protect the public.
“Do you really know what you’re getting yourself into?” This was a question some family and friends asked me when I told them I wanted to apply to the United States Public Health Service (USPHS) Commissioned Corps. Then, when I told them I was going to live in the middle of Navajo Nation in Chinle, Arizona, many were not sure what to think. Luckily, I had incredible support from my immediate family and fellow officers. Most notably, it was because of CDR William Lehault’s support that I had such a firm answer to their question.

I remember first learning about the USPHS during the spring semester of my second professional year of pharmacy school with just about two years left before graduation. The presentation that CDR William Lehault (his rank was LCDR back then) gave, ended up changing my life. He spoke in detail about his role within the Bureau of Prisons (BOP) agency, and he communicated the myriad of roles pharmacists play within the USPHS. He mentioned our potential role on deployments, and he demonstrated how Officers can serve those in the country, and even the world. He told me about the incredible interventions he was making with his background in psychiatric pharmacy. Some of these include coordinating his own psychiatric clinic to provide mental health care to the inmates in his facility, serving on a psychiatric work group to update national guidelines and being involved in publishing innovative research ideas. We spoke at length after his presentation, and I was amazed. One of the next questions I asked him was how I could become an Officer in the USPHS? He then told me about one possible option called SRCOSTEP (Senior Commissioned Officer Student Training and Extern Program). For those who do not know, SRCOSTEP is for healthcare students entering their second to last year of coursework to earn a position months before graduation and be paid a monthly stipend in exchange for a two year contract with the sponsoring agency. This intrigued me since it allowed me to go somewhere new in the country and USPHS’ mission and core values aligned so closely with mine. I felt like it was a perfect fit.

I then had the good fortune of being introduced to some of CDR Lehault’s fellow officers who each helped me to learn about the USPHS in an invaluable way, of which I am still grateful. Next, I remember, during the application process, emailing, then following up with a phone call to every single Indian Health Service (IHS) facility that had an opening and asking them if they were interested in sponsoring me. Most said they were unable to do so, but I was lucky enough to have found a new home in Chinle, Arizona! I was commissioned as an Officer of the USPHS on July 10, 2016, ten months away from my graduation from Albany College of Pharmacy and Health Sciences (ACPHS).

Since then, I was able to focus on my Advanced Pharmacy Practice Experiences (APPEs) and learning the most I could to help my current and future patients. I then graduated and began my career in Chinle, Arizona. I was welcomed from my first day and was even thrown a surprise birthday party less than two months after I had arrived. I have been awarded so many incredible opportunities in the twenty months I’ve been here. Some examples include: Coordinator of the Zoster (Shingles) Clinic, Co-Coordinator of the Hepatitis C Clinic, Seasonal Influenza Coordinator for the pharmacy department in addition to being able to rotate through our inpatient, outpatient and anticoagulation clinics.

I am so grateful for the opportunity to serve the Navajo people in Chinle, Arizona as a member of the USPHS Commissioned Corps. I hope anyone reading this is inspired to serve the underserved and disadvantaged, which is essential to the mission of the USPHS and its corresponding agencies. Good luck to you and please reach out if I can be of any assistance. Contact: gavin.obrien@ihs.gov.
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 I was to be 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 I found 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.
There are times in life when things just fall perfectly into place. Having the opportunity to have an APPE rotation at the Alaska Native Medical Center (ANMC) in Anchorage, Alaska turned out to be one of those times. As a cold weather fan I always dreamed of being able to visit Alaska, but the beautiful weather was just the tip of the iceberg of what this rotation had to offer. As a student on rotations, one of my biggest fears is to add more work to an already hectic pharmacist workload. Working with CDR Anne Marie Bott and the entire oncology pharmacy staff alleviated this fear completely. Starting on day one, I was treated as a welcome member of the pharmacy team and was integrated into the workflow right away. The opportunities I had were educational, inspiring, and fun.

Oncology is an area of medicine that has always intrigued me due to the complexity and intensity of the pharmacological treatment. When I applied for the oncology focused infusion pharmacy rotation, the most nerve-racking part was thinking about counseling patients. Due to the severity of the conditions and having never had the opportunity to meet Alaskan Native people before, I was afraid to make a mistake. My worries quickly resolved when I met and spoke with patients on my first day. Everyone I met was welcoming and interested in the management of their medications and made my task enjoyable and enlightening.

To better understand the other health care professionals involved in the patient’s care I was able to shadow infusion technicians, infusion nurses, the palliative care team, and an oncologist. This was another wonderful and eye-opening experience. Watching these providers handle tough situations and conversations in a professional yet personable manner was more educational than any classroom setting could offer. This also gave me insight into the patient’s point of view and how overwhelming of an experience a hospital visit can be. The way we approached patients in a team manner where we are all communicating together, comforted the patients. The information they were receiving was consistent from all fronts, showing them we care.
During the month of October, CDR Huu Nguyen and LT Brian Ong visited Loma Linda University on multiple recruiting trips. LT Ong is a graduate of the Loma Linda University School of Pharmacy class of 2013. He was very excited to return to campus to reach out to students. The first visit to the university occurred on October 11. CDR Nguyen and LT Ong did a campus tour, recruiting on behalf of the United States Public Health Service (USPHS) and the Bureau of Prisons (BOP) since they are both part of the BOP’s SRCOSTEP (Senior Commissioned Officer Student Training and Extern Program) initiative, which encourages students to apply for the SRCOSTEP program with the BOP, as well as the University Point of Contact recruiting group. The tour included a visit to the School of Allied Health Professions to visit with physician assistant and dietician students, the School of Nursing, the School of Dentistry, and the School of Pharmacy. During this visit, CDR Nguyen and LT Ong had the opportunity to meet with professors, school administrators, and students. They provided a presentation to the physician assistant students graduating class of 2020 about the BOP and the USPHS SRCOSTEP program. The students were very enthusiastic about the program, with several students having prior military service who were unaware of the USPHS.

On October 26, CDR Nguyen and LT Ong returned to the Loma Linda University School of Pharmacy to participate in the school’s annual interview day. They interviewed ten 4th year pharmacy students and provided information about the USPHS and the BOP. One of the questions the students were asked during the interview was what they had heard about the USPHS and the BOP, and most of them responded that they had heard good things from fellow students who had been at the Federal Correctional Complex Victorville (FCC Victorville) on their Introductory Pharmacy Practice Experiences and Advanced Pharmacy Practice Experiences rotations. Since CDR Nguyen is the Chief Pharmacist and preceptor at FCC Victorville, his current and former students’ feedback provides a great way to spread awareness about the USPHS and the BOP. One of the students signed up for the interview day because she had heard of the USPHS, but was more interested in the Indian Health Service (IHS) than the BOP. She was given more information on IHS and was referred to several IHS pharmacists for additional information. The interview day was a great success and provided much information to the pharmacy students.
In a smoke-filled room no larger than a closet, sat a patient awaiting a home visit from two community health workers (CHWs) and a pharmacy student. Plastic tarps covered the windows and blocked the sunlight, and there was barely any space to move around the room cluttered by a mattress, two chairs and an old dresser. This impactful home health visit was part of the Public Health Elective course at Temple University School of Pharmacy (TUSP), in which students conduct medication histories of local residents in North Philadelphia.

As a former special education teacher in Baltimore, Maryland, I have experienced first-hand the challenges of teaching students who lived in developing socio-economic neighborhoods. For example, after spring or winter vacation, I would return to school and find some of my students noticeably thinner. Sadly, these students suffered from missing their school sponsored breakfast and lunch. Another time, I had taken one of my students on a field trip to the campus of nearby Johns Hopkins University. After the trip, he shared with me that his favorite part of the trip was simply riding the elevator. The social disparity in Baltimore is real. As a former teacher and future pharmacy provider, I am still very passionate about engaging with the local community and bridging the socio-economic gap in any way possible. As I stood in front of that 66-year-old disabled patient in North Philadelphia, a patient with a significant history of heart failure, I immediately saw the faces of my former students.

Following my training, I carefully explained the purpose of the home visit and asked my patient for his medication history. He stated that he had a frightening episode of acute heart failure exacerbation two weeks ago, and since then he claimed to be adherent to all of his medications. To prevent fluid overload, he was restricted to 1.5 liters of liquid intake per day, yet instead of hydrating himself with water, he filled a large portion of his liquid intake with beer. Outside of this, the patient was knowledgeable of his medications and motivated to manage his chronic health condition. Together, we verified each medication, clarified its purpose, and discussed his adherence to the regimen. The home visit ended with a cordial discussion regarding his desire to move out of his home.

One memorable aspect of this home visit was the difficulty I had properly communicating with my patient. The conversation surrounding his alcohol consumption had been translated to me by the CHW because I had difficulty understanding the patient’s vernacular. At that point, I realized what good is my passion for patient care and my years of education if I cannot communicate with my own patients? Often, students find it difficult to venture out of their closed academic community and meaningfully engage with the underserved population who need our care the most. It is even more difficult for us to relate to these patients and understand their perspectives because sometimes we simply cannot fathom their situations and their priorities. It is crucial for us to recognize that our years of academic course-work do not automatically equip us with the ability to effectively interact with our patients. Rather, it is the human interactions and our ability to listen humbly, empathize, and work together that will make us effective and passionate pharmacists who will really make a difference.

The TUSP Public Health elective, taught by Dr. Nicole Sifontis, is truly an invaluable experience. It opened our eyes to urgent and pervasive issues in public health that often escape our attention. Because of this experience and the humbling interaction with my patient, I realize there are many ways for me to make a difference as a pharmacist. In addition, I am certain that through the inspiration of professors like Dr. Sifontis and experiences such as my home health visit, I will be ready to bridge the gap of health disparities for all of my patients no matter which area of pharmacy I am fortunate enough to practice.
attractions. Monument Valley, Canyon de Chelly, Purgatory Ski Resorts, Four Corners Monument, and tours of the San Juan mountains were a few of the adventures that the surrounding area offered. Living in, and exploring the reservation and the Four Corners area for six weeks was definitely a great way to begin to learn about the beliefs and traditions of the Navajo people, in addition to appreciating nature.

Working at NNMC in Shiprock, New Mexico was an experience of a lifetime that helped both of us grow as pharmacy students. We were able to learn how to incorporate cultural competence into our practice, and we were able to utilize and apply our knowledge gained in school during our rotation. We strongly recommend and advise pharmacy students to seek out rotations and/or career opportunities with IHS. It is a perfect opportunity to work in an environment where you can make a difference and grow as a well-rounded health care professional.

Continued from page 5...APPE Rotation at Tsehootsooi Medical Center on the Navajo Nation

Submitted by Lavina Lu, PharmD Candidate of 2018, LT Melody Sun

your duty to the public, and advancing the overall health of the Nation.

This was all possible thanks to my preceptor Danhe Cui, who assigned me a schedule that would allow me to experience and learn something new every day with the many different pharmacists who I shadowed. She and the other pharmacists made it known that it was also important to have fun during my rotation. All the pharmacy students had the opportunity to participate in Fort’s Relay for Life Fit Day, a fundraiser to raise money for the American Cancer Society. On the weekends, we had time to travel to nearby towns like Gallup, and explore beautiful landmarks such as Window Rock, Petrified National Forest, Antelope Canyon, Horseshoe Bend, Arches National Park, and Ojo Caliente Mineral Springs.

When I first arrived in Fort Defiance, I thought I would have a hard time adjusting to life here for five weeks because it was so different from the big cities where I came from. However, I really enjoyed my time here and value that this was a unique opportunity that not all pharmacy students may have the privilege of experiencing. The grateful patients and kind staff from all different departments really made me feel welcomed and I feel like I was part of the healthcare team. Knowing that I was able to provide excellent quality care to patients who truly appreciate it is a really humbling experience that I hope to gain from all my other future rotations as well. I highly recommend for all pharmacy students who have the chance to complete a rotation at Tsehootsooi Medical Center to do so, because it would be rare to receive an exposure like this anywhere else.
Continued from page 10...From The Mountain State to The Last Frontier
Submitted by: Courtney Hartman, PharmD Candidate at West Virginia University School of Pharmacy

cream, which was very tasty. I spent the Fourth of July in Girdwood hiking around Alyeska where I took the tram to the top of the mountain. It turned out to be one of my favorite views in Alaska. In Seward, I went on a cruise around the glaciers. The cruise allowed me to see lots of wildlife, including whales, puffins, and otters. It was truly remarkable to see all of the animals playing around the boat while taking in all the beautiful scenery. On the very last weekend I ended the rotation experience by skydiving in Palmer, which was absolutely breathtaking and an adventurous way to take in Alaska’s beauty one last time before leaving.

I have learned so much in such a short period of time in Alaska, and I am so grateful for this opportunity. The views here are amazing and I enjoyed getting to hike, explore, and just be outdoors. I also appreciate everything I have learned in the infusion center. I certainly feel more confident in my knowledge about oncol-

Continued from page 16...The Professional, Personal, and Cultural Journey of a Lifetime
Submitted by: Jacob Ellerbrock, PharmD Candidate at Virginia Commonwealth University School of Pharmacy
Preceptor: CDR Anne Marie Bott, PharmD, BCPS, BCOP, NCPS

about them and collaborate together as a team.

It’s not often in life that I have seen someone whose persona is “larger than life” in person, but while in Alaska this very experience occurred. A major aspect of ANMC is the United States Public Health Service Commissioned Corps officers and their commitment to public service. Due to the large population of Commissioned Corps officers at ANMC, the United States Surgeon General, Vice Admiral (VADM) Jerome M. Adams, M.D., M.P.H., a leader of the USPHS, came and spoke to the hospital. His family history gives him motivation to push harder than most in his passion of having a healthier America. VADM Jerome Adams along with fellow Commissioned Corps officers, myself and three other pharmacy students were honored to work together to make naloxone kits for the people of Anchorage, helping spread the lifesaving medicine to those who need it.

I could write many pages about the amazing time I had on rotation, but to not mention the outdoor adventures I had in Alaska would be an injustice. From glacier and wildlife tours to hiking through the national parks, Alaska truly is the most beautiful place I have ever visited. One of the most exciting experiences I had was white water rafting with my fellow VCU students. I would recommend that anyone who has even the slightest interest in nature, outdoors, cultural experiences, learning, and working with an amazing staff should do whatever they can to come to ANMC in Anchorage.

The pharmacy staff I worked with will always be a part of me as they welcomed me like family and made Alaska the best trip I have ever had. Thank you to infusion pharmacy technicians, pharmacists, nurses, palliative care team, and oncologists for all that you showed me over the five weeks which went by too fast. My experience in Alaska has been nothing short of life changing, and I would love nothing more than to have the opportunity to come back and work at ANMC.
## Useful Info and Resource Links

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact</th>
<th>Telephone</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Disease Control (CDC) and Prevention</td>
<td>LCDR Jennifer N. Lind</td>
<td>404-498-4339</td>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
<td><a href="mailto:vox2@cdc.gov">vox2@cdc.gov</a></td>
</tr>
<tr>
<td>Food and Drug Administration (FDA)</td>
<td>CAPT Beth Fritsch</td>
<td>301-796-8451</td>
<td><a href="http://www.fda.gov">www.fda.gov</a></td>
<td><a href="mailto:beth.fritsch@fda.hhs.gov">beth.fritsch@fda.hhs.gov</a></td>
</tr>
<tr>
<td>Health Resources &amp; Svcs Adm. (HRSA)</td>
<td>LCDR Jane McLaughlin</td>
<td>301-443-1603</td>
<td><a href="http://www.hrsa.gov">www.hrsa.gov</a></td>
<td><a href="mailto:JMclaughlin@HRSA.gov">JMclaughlin@HRSA.gov</a></td>
</tr>
<tr>
<td>Indian Health Service (IHS)</td>
<td>LCDR Jessica Anderson</td>
<td>218-983-6206</td>
<td><a href="http://www.ihs.gov/pharmacy">www.ihs.gov/pharmacy</a></td>
<td><a href="mailto:Jessica.Anderson@ihs.gov">Jessica.Anderson@ihs.gov</a></td>
</tr>
<tr>
<td>ICE Health Services Corps (IHSC)</td>
<td>CAPT Jeff Haug</td>
<td>202-494-8081</td>
<td><a href="http://www.ice.gov/ice-health-service-corps">www.ice.gov/ice-health-service-corps</a></td>
<td><a href="mailto:jeff.e.haug@ice.dhs.gov">jeff.e.haug@ice.dhs.gov</a></td>
</tr>
<tr>
<td>National Institutes of Health (NIH)</td>
<td>CDR Fortin Georges</td>
<td>301-496-9358</td>
<td><a href="http://www.nih.gov">www.nih.gov</a></td>
<td><a href="mailto:georgesf@cc.nih.gov">georgesf@cc.nih.gov</a></td>
</tr>
<tr>
<td>U.S. Coast Guard</td>
<td>CAPT Paul T. Michaud</td>
<td>202-475-5171</td>
<td><a href="http://www.uscg.mil">www.uscg.mil</a></td>
<td><a href="mailto:Paul.T.Michaud@uscg.mil">Paul.T.Michaud@uscg.mil</a></td>
</tr>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td>CAPT Jill Christ</td>
<td>420-786-8826</td>
<td><a href="http://www.cms.gov">www.cms.gov</a></td>
<td><a href="mailto:Jill.Christ@cms.hhs.gov">Jill.Christ@cms.hhs.gov</a></td>
</tr>
</tbody>
</table>

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
USPHS: http://usphs.gov
USPHS PharmPAC Website: http://www.usphs.gov/corpslinks/pharmacy/
USPHS Student Opportunities: http://www.usphs.gov/student/
United States Public Health Service
Protecting, Promoting, and Advancing the Health and Safety of our Nation.

CORE VALUES

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

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

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

Excellence
Exhibits superior performance and continues improvement in knowledge and expertise

Did you know?

The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and over 767 subscribers on the pharmacy student listserv. In total, there are over 2,000 readers of the UPOC newsletter. BUT… it’s up to you to distribute. Please take the time to distribute the UPOC Newsletter to your Universities or take a colored copy for your Career Fair Recruitment table.

Thank you from the UPOC Newsletter Workgroup!

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

PharmPAC UPOC Newsletter Lead
CDR Sadhna Khatri, Pharm.D, MPH, MS, Med

UPOC Newsletter Workgroup 2018

<table>
<thead>
<tr>
<th>CDR Victoria Ferretti-Aceto</th>
<th>CDR Monica Reed-Asante</th>
<th>LCDR Steven Rodgers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDR Renee Taylor</td>
<td>CDR Carolyn Volpe</td>
<td>LCDR Brett Whitehead</td>
</tr>
<tr>
<td>CAPT JoAnn Hittie</td>
<td>CDR Nicole Zelenak</td>
<td>LCDR Michelle Locke</td>
</tr>
<tr>
<td>CDR Ray Ford</td>
<td>CDR Joshua Wireman</td>
<td>LCDR Danica Brown</td>
</tr>
<tr>
<td>CDR G. &quot;Brent&quot; Hobbs</td>
<td>CDR Sadhna Khatri</td>
<td>LCDR Christopher McKnight</td>
</tr>
<tr>
<td>CDR Robert Kosko</td>
<td>LCDR Stephanie Daniels-Costa</td>
<td></td>
</tr>
<tr>
<td>CDR Kelley Simms</td>
<td>LCDR Lysette Deshields</td>
<td>LCDR Nga (Nikki) Doan</td>
</tr>
<tr>
<td>CDR Christina Thompson</td>
<td>LCDR Joshua Hunt</td>
<td>LT Phuong Nguyen</td>
</tr>
<tr>
<td>CDR Hawyee Yan</td>
<td>LCDR Ashlee Janusziewicz</td>
<td>LT Rachael Oyewole</td>
</tr>
<tr>
<td>CDR Jerry Zee</td>
<td>LCDR Salvatore Pepe</td>
<td>LT Medison Pavlechko</td>
</tr>
</tbody>
</table>