



PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Spring 2016

This Edition:

CPO Message	Page 1
Captain’s Log	Page 2
Career Development	Page 6
Community Impact	Page 10
Healthy Lifestyle	Page 10
PHS in Action	Page 13
SG Spotlight	Page 14
PharmPAC Highlights	Page 16
Join our Meetings	Page 18

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CPO Message

Public Health Excellence

Contributed by *[RADM Pamela Schweitzer](#)*

Reviewed/Edited by *LCDR Susan Alu*

On March 4, 2016, at the American Pharmacists Association Federal Pharmacy Forum, Robin L. Corelli, PharmD and Karen S. Hudmon, DrPH, MS, BSPHarm, were presented the USPHS Public Health Excellence Award by Assistant Surgeon General, Rear Admiral Pamela Schweitzer, USPHS, in recognition of their exceptional contributions and national impact in tobacco cessation education.

The mission of the US Public Health Service is to protect, promote and advance the health and safety of our nation. One of the Surgeon General’s priorities is to prevent tobacco use. These two awardees have made a significant impact in tobacco cessation education by creating the Rx for Change Tobacco Cessation Training Program.

Robin L. Corelli, PharmD, is a professor and Vice Chair for Professional Affairs in the Department of Clinical Pharmacy at the University of California—San Francisco (UCSF) School of Pharmacy and Dr. Karen Hudman is a professor on faculty at Purdue University College of Pharmacy. For the past 18 years, they have been working together on virtually all things tobacco. Since 1998, they have both authored numerous publications, given hundreds of presentations, obtained grants, and peer reviewed books and journals on this topic.

Almost every graduating pharmacy student, and many of other health professionals, use the Rx for Change tobacco cessation program developed by Dr. Corelli and Dr. Hudman. It’s a comprehensive tobacco cessation training program that equips health professional students and practicing clinicians of all disciplines with evidence-based knowledge and skills for assisting patients with quitting. The program has been tailored for several other health professionals, including medical assistants, dental assistants, pharmacy technicians, psychiatry, mental health, and respiratory care professionals. These materials have all been made available free of charge.

The USPHS Commissioned Corps has adapted this program and is using it to train communities and health professionals.

The award is a public health service collage painted by Victoria Babb, the wife of Rear Admiral (ret) John Babb.



From Left to Right: The award winners and RADM Pamela Schweitzer

Captain's Log

How Do You Define Service and Success

Contributed by CAPT Aaron Sigler

Success

I had the fortune of attending the March APhA meeting in Baltimore. It's always reinvigorating to see fellow officers, listen to their experiences at their duty stations, and feel their passion for their work. In addition to seeing some of our own officers receive awards, an inspiring aspect was seeing Commander Ron Nosek, USN (ret) awarded Federal Pharmacist of the Year. CDR Nosek received the award for his work with the VA, which has significant national impact. He is a pharmacist that served twenty years in the US Navy, and during his eight years in the VA won a prestigious national award. I ask the question, would YOU consider that a successful career?

I had the pleasure of working with the CDR at the National Naval Medical Center (now Walter Reed National Military Medical Center). It got me thinking about where a number of our other Navy peers are. Only a few are still active duty. Such a career typically translates into 6 or 7 geographic moves and as children shift into high school, a lot of officers are ready to settle down. None of my close friends promoted to Captain, mainly for the reason above. Most retire after twenty years and transition to careers in business, industry, academia, and leadership throughout the country. Each of them would have considered their active duty career as successful and can be proud of their service. They retired as Commanders. Not begrudgingly, but thankfully, viewing their service as a chapter in a career filled with contributions to the country and both personal and professional growth.

Upon reflection of this observation, it led me to think about our service time in the Corps. My involvement in the PharmPAC has revolved heavily around career development. There have been considerable discussions involving promotion and our benchmarks through both the PAC and my OPDIV. The juxtaposition of old Navy friends and the PHS generated a concept of career Progression vs. Promotion in our Corps compared to our sister services.

Our Story

In the Navy, I rarely witnessed as intense of focus on promotion as I do in the PHS. This may sound a bit righteous coming from a Captain "that doesn't have to worry about it anymore", but I'll forgive myself simply because I never really looked at our culture and our concentration on promotion in this way. The prevalence of attention on promotion is enormous.

Why does promotion even matter? What does it mean to you? Have you ever thought to sit down and think about it? Despite our evolving culture, it's uncommon to find officers that celebrate their promotion with a wetting down. I find that discouraging because the goal of a wetting down is to thank your peers, family, friends, and mentors that helped you get promoted. So if the rank isn't necessary for our next job and not significant enough to celebrate, what, other than the obvious increase in salary, contributes to this single minded pursuit for a promotion in rank?

Captain's Log (cont.)

My observation is that PHS professional success is identified as career Promotion versus Progression. Much like us, in the DoD, you focus on your mission, your job, your patients, your staff, your command, and hopefully find time to work on some projects with a broad reaching impact. The DoD career progression is more focused on the next job and less about the next rank. DoD gives officers increasing levels of responsibility as an indicator of competency and performance. So when CDR Nosek looked back at his naval career, he could see multiple jobs over the world and different types of practice. He was awarded for exemplary performance with increasingly challenging positions. These new positions gave him opportunities to grow. He served and there is pride and satisfaction in that service. Conversely, for us in the PHS, our personnel system differs in that it does not map out career paths, nor does it require or easily advocate mobility. Most of us end up staying in the same job or at least OPDIV for large chunks of time. So instead of looking back over seven years at three fulfilling jobs and accomplishments, we have remained in the same OPDIV in the same or a similar job. I'm not suggesting that the only path to professional fulfillment is geographic mobility. Contributions to the OPDIVs often become more meaningful as we gain experience and produce more value. There are other contributing factors that shape this definition of success. Delays in receiving awards limit our performance recognition. The definition of career progression becomes less about the **accomplishments** and more about **promoting** to a new rank. Essentially, I question if we view promotion as our yardstick of success because we are lacking in others?

Somehow a paradigm shift in our thinking of promotion and expectations needs to occur. When I think of the transformation of the Corps over the last 14 years, I think of a transition of officers wearing beards and civvies, to a donut-hole period of change with shifting identities, to our current model steeped in service and Officership. This in no way minimizes the contributions of our retirees. It's simply recognizes different expectations at different times. Promotion has changed as well. The Corps is shifting rank distribution to a steeper pyramidal shape. Promotion percentages have been on the decline the last few years. In the past, the expectation was that if you just did your job you would be promoted to O-6. Promotion had an air of entitlement and the word "deserved" continues to be used. **That's not realistic.** Our officers need to recognize that their terminal grade may be O-5 and there's nothing dishonorable about that. Income ranges vary by category, but by the time an officer is an O-3 over 3 years, the net salary is similar to a civilian counterpart. Do you define your career by your rank at retirement, or your contributions? Would increasing the number of T/E years required to sit for promotion help change our culture? Would that relieve the pressure of feeling promotion is constantly right around the bend? Are there other changes that would help make this change easier to accept?

Don't Hate the Playa, Hate the Game

I have to be careful about making comparisons between PHS and DoD, as they can be tricky and often mismatched. A junior officer asked why officers get "extra credit" for being former Active Duty. This was during VADM Carmona's lecture on leadership. He was a former US Army Medic and proud of his service in both

Captain's Log (cont.)

organizations. My response was simply that there aren't any "points" given in the Benchmarks for this. But if I dig deeper into the question and the possibility of prior active duty service providing credibility, I suppose I'd have to agree. The credibility rationale is simple to me and likely prejudice's hiring at my OPDIV. It's the separation of sacrifice and service. We all serve in uniform. But do we sacrifice? Someone that has sacrificed in the past and sees that as an element of their service is more likely to do so in the future. There was a statement the corpsmen always made; pick your rate, pick your fate. The job you get drives your quality of professional and personal life. Some jobs require more sacrifice than others. This is true in all uniformed services. I was guilty of comparing my level of sacrifice when an active duty "medical type" to that of line officers. It wasn't until joining the Corps and recognizing the fallacy in that logic that I was able to reconcile not only my contributions in the Navy, but those of our fellow Corps officers. It's difficult to draw conclusions from dissimilar duties. With that said, one doesn't need to be in uniform to serve, but the expectation of being in uniform should be that there will be times of sacrifice. Obviously officers populate the spectrum of sacrifice and service to our country and the Corps.

I'm not suggesting we all need to move every three years to different OPDIVs and look for supervisory positions. Our personnel system couldn't accommodate that. Equally important is the fact that career progression within an OPDIV is what aligns an officer for positions of greater responsibility, influence, and Corps recognition. Gaining experience that contributes to the mission is paramount to an officer's development. Our primary function is to be an asset to the OPDIV and ensure as a Corps officer our presence is **value added**. An officer can display leadership and responsibility, without being a supervisor. I'd suggest the greatest leadership quality you can possess is self-awareness. Many officers feel they are killing themselves to show value to their OPDIV. There are officers working 60 hours a week and some strictly 40. If you look around and you are contributing no more than someone that is limited to working 40 hours a week, then you have to ask if you're a value for your OPDIV and sacrificing for the mission of the Corps. Contributing meaningfully is as important as the sacrifice. Yes, you are expected to go above and beyond, but that won't be possible every single day over a twenty year career. Yes, the Corps demands career enhancing education while other personnel systems do not. It is all geared toward developing public health leaders. Consistent messages from every OPDIV and Category point to a frustration regarding benchmarks and predictability of requirements for promotion. There are neither easy nor expedient solutions. We have a system that depends on the integrity of the officer to describe their contributions and accomplishments, and a supervisor adept at articulating them accurately and robustly. How many times have you heard, "how did that person get promoted?" Well, it was simple. The officer described his career in a manner that resonated with the board members. They only have short periods of time to review information that the officer provides. So yes, the better you describe your success, especially in a data or metric-driven format, the more likely the board members will favorably view your package. All Categories struggle at promotion with how to compare the quality and quantity of work an officer contributes. We are in such varied agencies and roles that evaluating and comparing promotion packages is extremely difficult. So while it may not be a perfect system, it's the one we have and results are as good as can be expected at the present.

Captain's Log (cont.)

The Future

If you've taken from this article a belief that DoD is "better" than PHS, I failed to articulate my points. If you work in the middle of nowhere and sacrifice hours of family time each week, then this should serve as validation of your efforts. Nothing can be nobler than a career devoted to public service and specifically to that of our citizenry's health. This article is not meant to be a "conclusion" on the discussion of career advancement in the Corps. It's a collection of thoughts meant to provoke contemplation and dialogue. We have employment predictability, so despite shrinking promotion rates, we have (in most cases during most times) a stable work environment and income. There have been various comparisons between the DoD and PHS above. The most significant gap lies in the expected sphere of influence and shaping of public health outcomes. Our mission is to protect, promote, and advance the health and safety of our Nation. In the DoD you'll have an expectation to maintain force readiness and better the lives of servicemen, dependents, and retiree's. As a PHS officer, the expectation is to contribute to our mission, which affects the lives and health of the entire nation and beyond. That's part of the sacrifice of your time beyond your "job". Certainly an officer doesn't have to begin by being president of a national organization. Contributions at any level that are significant can help improve the health of our citizens. But that's the additional responsibility of being commissioned. You not only bring **greater value** to your agency, but also to those in your community, region, and the country. It's a tremendous undertaking and no one person can move the nation, but collectively enough pebbles can create a landslide.

Think about your career and what you value about it. This should be occurring throughout your career, not just during promotion years or when you have to put pen to paper in officer statements. You should think about your goals and what you want your career to look like as a sum of accomplishments. What will be your legacy? Are the differences between service and sacrifice clear? Are you working towards career progression or promotion? What can you agree with in the above statements? Officers should still freely discuss promotion with me. But if asked "why" you want to get promoted and the first answer that comes to mind is the raise, you may want to rethink your motivations, your goals, and your involvement in the Corps. That may sound harsh, but the Corps is dynamic and the expectations are increasing for service. "We must dare to be great; and we must realize that greatness is the fruit of toil and sacrifice and high courage."-Theodore Roosevelt



Career Development

Where we go...

*Contributed by CDR Matt Brancazio
Reviewed/Edited by CDR Kristina Donahue*

If you had told me years ago (when I was grudgingly working full-time at a thankless retail pharmacy) that I would be touring the Department of Justice (DOJ) building and standing outside the Attorney General's office as part of my position as a pharmacist within the Food and Drug Administration, I would have laughed and suggested you seek help! It amazes me that as we ALL journey on life's ups and downs, we often forget to stop, reflect, and gain perspective. This moment of clarity came in the form of a tour of the Robert F. Kennedy Department of Justice Building in February 2016. This tour, not open to the public, requires a DOJ employee to vet your credentials weeks prior to your appointed time. Living in the DC Metro Area for 3.5 years now has, in a way, desensitized me to landmarks you would see on shows like NCIS; however, the artwork and sculptures inside the DOJ building are truly breathtaking. If you consider the atmosphere and turmoil our country was facing when these were commissioned (racial tension, gender inequality, etc.), they become even more significant. Furthermore, the DOJ library's rare book collection (amazingly still in use!) contains Supreme Court cases throughout our nation's history accentuating the dedication and thought that has shaped the United States of America. I have included a link with this article so that everyone may experience the beauty of the building on its 75th anniversary. I would hope that the takeaway for many of you after reading this article is that don't ever feel you are "pigeon holed" in your job or your career. Opportunities and challenges present themselves in various forms throughout your life (inside and outside of work). You are solely responsible for making the most of those turning points in your life because you'll never know where they will take you. Lastly, always remember that when you see a podium set up for the Attorney General, stand behind it! <http://www.justice.gov/sites/default/files/jmd/legacy/2014/06/30/75RFKBuilding.pdf>



Picture on left
Commandeer-
ing the Attor-
ney General's
podium during
the tour



Picture above- The "Great Hall" of the DOJ set up for a public speaking engagement earlier that day.

Career Development (cont.)

Career Expo at Midwestern University

Contributed by CDR Carl Olongo and LCDR Jose Aparicio

Reviewed/Edited by CDR Kristina Donahue

On February 4, 2016, a group of four Public Health Service (PHS) officers attended a Career Expo at Midwestern University, located in Glendale Arizona. The Career Expo is held every year and students are able to talk to various health care professionals and organizations that are in attendance. There are various colleges within the university including: School of Pharmacy, School of Dentistry, College of Osteopathic Medicine and College of Health Sciences. Being a well-rounded university with these various specialty health care schools allows Midwestern University to teach and focus on a team approach to health care; students are taught early on to collaborate with other health care professionals to achieve the common goal of patient-centered care.

CDR Carl Olongo and LCDR Jose Aparicio, pharmacists at Florence and Eloy Detention Center respectively, have attended the annual Career Expo since

2011, and both have thoroughly enjoyed sharing their PHS, ICE Health Service Corps (IHSC) and overall pharmacy experiences with the Midwestern students. At this year's expo, the IHSC pharmacists were joined by two pharmacists from Indian Health Service (IHS), CAPT Rebecca Reyes and LT Trisha McCurdy. The team of four pharmacists manned a PHS table and talked to various first, second, and third year pharmacy students.

As we reflect on this event, we agree that it was great to interact with the motivated pharmacy students. In fact, one of the students (Ms. Powell) had attended the USPHS Scientific and Training Symposium in Glendale, Arizona, in May 2013, so her participation and interaction at these PHS events are indicative of her interest in PHS and the opportunities available for PHS pharmacy officers. We are proud to mentor her and hope to help her as she nears the end of pharmacy school and starts her professional career as a pharmacist. The opportunity to interact with pharmacy students is rewarding; it is refreshing to see their eagerness towards making a difference for the pharmacy profession. As previously mentioned, we have attended the Expo since 2011 and have started to recognize the students from previous years. It is inspiring to hear about their progress through pharmacy school, and we enjoy updating them on achievements in PHS pharmacy. The Career Expo at Midwestern University continues to be a fulfilling experience, and we look forward to attending again next year.



From Left to Right: CAPT Rebecca Reyes (IHS), CDR Carl Olongo (IHSC), LCDR Jose Aparicio (IHSC), LT Trisha McCurdy (IHS)

Career Development (cont.)

Changing the Face of Pharmacy

Contributed by CDR Holly Rice

Review/Edited by LCDR Scott Raisor

“Just slap a label on it” is a phrase that many pharmacists have dreaded hearing during their career. This long time perception has plagued the services that clinical pharmacists provide, which has become a difficult concept to change. At the Woodrow Wilson Keeble Memorial Health Care Center Indian Health Service (IHS) in Sisseton, SD the pharmacy staff have diligently worked to eliminate this misconception.

In November 2015, all seven pharmacists at Woodrow Wilson Keeble Memorial Health Care Center received board certification in either pharmacotherapy or ambulatory care. This is the first instance within the Great Plains Area that all of the pharmacy staff received this certification and very well could be the first instance within all of the IHS. The high standard of care displayed in the pharmacy department has become a standard for all staff to follow. The clinical expertise that they offer is valuable to the providers in delivering quality patient care.

The pharmacists serve clinically in pharmacist managed clinics and have been instrumental in meeting Government Performance Results Act (GPRA) goals. The staff of five technicians have assisted pharmacists in improving care by screening charts and offering vaccines at every opportunity. Not only is the service offered, but high standards of performance are expected and reviewed on monthly peer reviews and on overall employee Performance Management Appraisal Performance (PMAP) reviews to ensure accountability.

The pharmacists have assisted with exceeding the national average for time in therapeutic range for anticoagulation and have succeeded in assisting with tobacco cessation to fully support one of the Surgeon General's Priorities. At this service unit the pharmacists administer 20% of the adult influenza vaccines at the facility and so far they have administered 30% of the Hepatitis B and Pneumococcal conjugate since the Advisory Committee on Immunization Practice (ACIP) recommendations changed to expand the indications. All lab cultures and drug screens are reviewed by a pharmacist to assist with decreasing antimicrobial resistance and prescription drug abuse respectively, which are both public health issues and national concerns. With the assistance the technicians provide in performing technical duties the pharmacists are in a valuable position to provide clinical expertise as an integral part of the care team to improve patient outcomes.

The mere concept of pharmacists counting and putting a label on a bottle is an old misconception that must be proven wrong in order for pharmacists to work towards gaining provider status. The role that pharmacists have in every day patient care must be recognized and the best way to do that is to prove capabilities as clinical providers. Becoming Board Certified is just one way to demonstrate specialized skills and knowledge, which sets a standard to help in changing the face of pharmacy. With the numerous advances in health care we must continue to protect the true clinical functions of a pharmacist and strive to support the mission of USPHS and IHS so that we are at the forefront in advancing the health of the nation.

Career Development

2nd Annual Medical Reserve Corps Event held in our Nation's Capital...USPHS on Deck!

Contributed By : Ikechukwu Oji, PharmD Candidate; Bijan Mekoba, PharmD Candidate; LT Corwin Howard ; LT Andrew Gentles, and LT Carlisha Gentles

Across our nation, there are healthcare and socioeconomic disparities that continue to threaten the very communities and loved ones we care for. As PHS officers we need to ask ourselves, do we view these as challenges or as unique opportunities to truly become community leaders? Consistent themes at the recent 50th USPHS Symposium were the messages of increasing our visibility, enhancing partnerships, promoting public health and mobilizing within our communities. These are exciting times we should take advantage of but knowing where to look can be daunting given hectic work schedules and family obligations. There are exciting ways in which you can volunteer. One of these opportunities, the Medical Reserve Corps (MRC) is an established network of medical and non-medical volunteers supported by the Surgeon General and tasked with meeting the health needs of their community. These volunteers accomplish this by donating their time and expertise to supplement existing public health and medical resources during emergencies and other times of need. On April 18th, 2015, the Capitol City Pharmacy Medical Reserve Corps (CCPMRC) held its 2nd Annual Pharmacy Wellness Fair at Freedom Plaza in Washington, DC. This successful event had over 400 community residents in attendance. Howard University is the first in the nation to have a College of Pharmacy affiliated with the Medical Reserve Corps. CCPMRC is a partnership between the College of Pharmacy and District of Columbia Department of Health comprised of volunteers committed to building community resilience. Community resilience is the ability of a community to anticipate risk, reduce the probability of disaster-induced loss of functionality, and recover rapidly. The CCPMRC addresses resilience by hosting numerous community outreach events throughout the year,

the biggest one being the annual Pharmacy Wellness Fair.

This year, several PHS pharmacists volunteered at an "Ask a Pharmacist" booth answering a range of health-related topics ranging from health insurance to OTC recommendations. Participants in attendance also enhanced their knowledge of emergency preparedness and major chronic disease states that plague the region such as hypertension, diabetes, chronic kidney disease, HIV/STIs and other diseases. Education was delivered in various dynamic methods such as physical exercises, trivia games, and providing event and more help is needed around the country for healthy foods such as smoothies.

Community members who visited all of the Pharmacy Wellness Fair booths were rewarded with raffle tickets and entered in the free giveaway contest. These tickets were periodically drawn throughout the fair with the grand prize of an Apple® iPad Mini. As this event successfully demonstrated, PHS officers were a great asset to this CCPMRC sustained volunteerism at other MRC events from fellow pharmacists and PHS officers. As an added bonus, members are privy to continuing education (CE) courses and training relevant to emergency response. If you're interested in knowing more about the Medical Reserve Corps, please visit <http://www.medicalreservecorps.gov/>. If you live in the DC area and would like to know how to become a member of the CCPMRC in Washington, DC please visit <http://www.ccpmrc.org>.



From Left to Right: LT Corwin Howard, LT Andrew Gentles and LT Carlisha Gentles.

Healthy Lifestyle and Fitness

Officers Making a Difference

Contributed by LCDR Andrew Kim, and CDR Vincent Sansone

Reviewed/Edited by CDR Jamie Shaddon

In September 2015, the Surgeon General's Call to Action on Walking and Walkable Communities was released which generated over two billion media impressions and the partnership of dozens of organizations across the country. Through the Call to Action, communities, organizations, and individuals are taking measures to promote walking and make their communities safer for people to walk. Walking is an accessible, affordable way to meet our goal of reclaiming a culture of physical activity in America. The Greater Chambersburg Chamber of Commerce in Pennsylvania annually sponsors a business breakfast and invites speakers to present on topics to enhance their communities' quality of life. This year, their keynote address focused on physical activity. The chamber solicited the help of the United States Public Health Service to champion this message. CDR Vincent Sansone and LCDR Andrew Kim stepped up to support the Surgeon's Call to Action to Promote Walking and Walkable communities by traveling to the Chamber's Annual Business breakfast at Wilson College where they presented to over 250 business members on the benefits of walking and creating walkable communities. The keynote speech they delivered not only outlined and described the goals of "Step it up" but gave examples of how business leaders could implement this call to action improving their community. This venue also allowed CDR Sansone and LCDR Kim to showcase the PHS by educating the community organizations who the US Public Health Service is along with our mission, goals, and values. It created a great opportunity and even bigger success resulting in open discussion between both groups to intervene and collaborate in the future. More events like these will certainly have a

huge impact on the health of the nation and further promote the Surgeon's General Call to Action of "Step it up."



From Left to Right: CDR Vincent Sansone and LCDR Andrew Kim at Wilson College

Community Impact

USPHS Officers Present to Preschool Students on Medication Safety and Poison Prevention

Contributed by CDR Sandeep Saini and CDR Elaine Cunningham

Reviewed/Edited by CDR Kendra Stewart

Two PHS pharmacist officers presented to 35 preschool age students, ages 3 to 5 years old, on medication safety and poison prevention. CDR Elaine Cunningham and CDR Sandeep (Sonny) Saini were invited to participate during Career Week at The Goddard School in Herndon, VA. Presenters during Career Week at the preschool included a pediatrician, dentist, computer programmer, U.S. Marine, and culminated with the PHS officers' presentation. When the officers arrived, the children were very enthusiastic and curious about the PHS uniform. This allowed CDR Cunningham and CDR Saini the opportunity to educate the children about the PHS and what the uniform represents. The officers explained the differences and similarities between the PHS and the Armed Forces. In addition, the officers explained the role of pharmacists in the healthcare system and

Community Impact (cont.)

As pharmacists, CDR Cunningham and CDR Saini are aware that inappropriate medication use/ingestion is the leading cause of child poisoning and that over 90 percent of poisonings occur at home. For this reason, they created an interactive presentation with live demonstrations to show how medicine can look very similar to candy, and educated the children on the importance of taking medicine appropriately and only when given to them by a trusted adult. Likewise, the officers demonstrated how it is difficult to tell the difference between colorful cleaning agents (which are poisons) (e.g., Pine-Sol) and similar look-alike children's drinks (e.g., apple juice). Throughout the presentation, CDR Cunningham and CDR Saini reinforced the message to the children of the importance of always asking a trusted adult before touching or eating anything that they are not familiar with. The teachers were very appreciative of the officers taking the time to create a lively presentation that engaged the children. School management also provided feedback the following day that parents of the children expressed their gratitude for the officers, as many of the children went home and explained to their parents the important lessons they learned during the presentation. Both parents and teachers recognized the value of their children learning about the dangers of inappropriate medication use and poisons and to how to prevent them.

As a result of the many outstanding responses from the presentation, CDR Cunningham and CDR Saini plan to attend other local preschools and elementary schools to broaden the reach of this important information on medication safety and poison prevention to help ensure the safety of children.



From Left to Right: CDR Saini and CDR Cunningham presenting to students at The Goddard School in Herndon, VA

River Valley Regional Food Bank Volunteer Day

Contributed by LT Nikolas Stajduhar and CAPT Clint Bullock

Reviewed/Edited by CDR Kendra Stewart

The Kiamichi COA is a group of 27 USPHS officers that serve in Southeast Oklahoma. The majority of the members work for the Choctaw Nation Health Care Services. In addition to our public health duties we search for positive ways to impact our community.

Recently, we joined forces with the River Valley Regional Food Bank, located in Ft. Smith, Arkansas. The food bank is currently in the process of moving to a new facility and was in great need of volunteers to help clean the new building and paint some of the floors.

With this mission in mind, the Kiamichi COA jumped into motion. On January 16, 2016 we deployed nine officers (six of which were pharmacists), along with 2 family members to assist the food bank. Upon arrival we split up into two teams. One team focused on removing debris, sweeping and cleaning, while the second team applied epoxy paint to the floors in designated areas. Overall, it was a very satisfying experience for all involved.

The local representatives of the food bank expressed their gratitude of our services by providing the team with breakfast and lunch. They were so pleased with our team that they asked if we would be interested in volunteering again in the future. They also extended an invitation to their upcoming grand opening. This opportunity made such an impact on us all that we have already decided that this is an endeavor that we are very happy to be a part of. We look forward to serving the food bank in the near future and represent the USPHS with pride.

Community Impact (cont.)



Back Row from Left to Right: CDR Ross Green, CDR Mark Rubertus, LCDR Randy Steers, CAPT Clint Bullock, LT Nikolas Stajduhar
Front Row from Left to Right: LCDR Nancy Edwards, LT Dwala Gibson, LCDR Kristen Scoggin, LT Carrie Thrasher



Back Row Left to Right: LCDR Nancy Edwards, CDR Mark Rubertus, LCDR Randy Steers, CAPT Clint Bullock, LT Nikolas Stajduhar, CDR Ross Green
Front Row Left to Right: Shelby Green, Stacia Green, LCDR Kristen Scoggin, LT Dwala Gibson, LT Carrie Thrasher

PHS in Action



CDR Bill Lehault presents to 314 attendees at the Seminar by the Sea hosted by the University of Rhode Island



Surgeon General Spotlight

The Surgeon General Meets With Scouts To Discuss Medication Safety

Contributed by LCDR Ben Bishop

Reviewed/Edited by LCDR Jason Kinyon

It may be a little known secret that each year, the Boy Scouts of America (BSA) brings to Washington, D.C. a delegation of 12 to 15 outstanding youth and adult volunteers representing more than 2.7 million Scouts and one million volunteers. This year marked the 100th anniversary of the 1916 Congressional Act authorizing Scouting's annual Report to the Nation. The delegation meets with all three branches of government including the President, Supreme Court, members of Congress; and other federal leaders.

This year, the BSA developed a special patch called the SCOUTStrong Be MedWise Award. The award, developed in collaboration with the National Council on Patient Information and Education, may be awarded to any American youth who completes the program which teaches about the importance of responsibly using medicine. Learning about the safe and appropriate use of medicine reinforces their commitment to healthy living. The curriculum and award support the National Prevention Strategy, particularly the priority of preventing drug abuse which is part of the Strategic Direction for Health and Safe Community Environments.

In recognition of their efforts, Assistant Surgeon General and Chief Pharmacist RADM Pamela Schweitzer set up a meeting between the Scouts and Surgeon General VADM Vivek Murthy. RADM Schweitzer enjoys a long history with Scouting and wanted these Scouts to be able to share their accomplishments with the Surgeon General, as well as report to him about their work supporting medication safety. CAPT Mike Long, CDR Chris Jones, CDR Diem-Kieu Ngo, and LCDR Ben Bishop were honored to represent RADM Schweitzer at the event. Significantly, the pharmacy category includes over 60 former Scouts and current adult volunteers, 37 of which are Eagle Scouts.

The meeting was held at HHS Headquarters on March 1st, 2016, slightly later than scheduled due to the Scouting delegation being delayed by a longer than expected meeting with the Commander in Chief! When they arrived, they presented a commemorative MedWise award and patch to the Surgeon General, who discussed its merits with the Scouts and talked with them about principles of healthy living. VADM Murthy mentioned that he had been a Cub Scout as well. He engaged the youth, taught and inspired them, and made them laugh. It was obvious that they were excited to be there and were very impressed by VADM Murthy. It would not be surprising at all to see some of these Scouts as future Commissioned Corps officers and even as pharmacists!

Surgeon General Spotlight (cont.)



Boy Scouts of America Report to the Nation Delegation with VADM Vivek Murthy



Boy Scouts of America Report to the Nation Delegation, Lcdr Ben Bishop (front), VADM Vivek Murthy

PharmPAC Highlights

Key Changes in the Revised Annual Physical Fitness Test (APFT)

Contributed by CDR Kenda Jefferson and LT Marie Manteuffel

Reviewed/Edited by CDR William Pierce and CDR Timothy Murray

There are four overall components to the revised APFT that went into effect 01 JAN 2016: 1) Cardiorespiratory endurance, 2) Upper body endurance, 3) Core endurance and 4) Flexibility. The revised APFT includes three new exercise options to include elliptical, stationary bike, and plank as well as a new flexibility component called the seated toe touch. Officers must achieve a satisfactory or greater level in each of the first three components listed above. The flexibility component is scored as either satisfactory or unsatisfactory. More age bands at 5 year increments have been established for scoring, as well as more options for observing and verifying APFT results. Please note that only approved elliptical machines and stationary bikes can be used, and the approved models, as well as more detail on all of the exercises, male and female standards, and scoring, is listed in the POM released 14 May 2015, and available at http://dcp.psc.gov/CCMIS/ccis/documents/pom15_004.pdf.

The final APFT score is based on the average score from the cardiorespiratory, upper body and core endurance components. An unsatisfactory flexibility test (i.e., the officer was unable to touch their toes after up to three attempts) drops the overall score by one level.

Overall APFT levels and point values:

- Maximum = 100 points
- Outstanding = 90 to 99 points
- Excellent = 75 to 89 points
- Good = 60 to 74 points
- Satisfactory = 45 to 59 points
- Failure = under 45 points

How to score your APFT:

Component	Example 1	Example 2	Example 3
Cardiorespiratory Endurance	Run: MAXIMUM (100 pts)	Elliptical: OUTSTANDING (90 pts)	Stationary bike: SATISFACTORY (45 pt)
Upper body Endurance	Push-ups: GOOD (60 pts)	Push-ups: GOOD (60 pts)	Push-ups: SATISFACTORY (45 pts)
Core Endurance	Plank: EXCELLENT (75 pts)	Side bridge: GOOD (60 pts)	Sit-ups: SATISFACTORY (45 pts)
Flexibility	Seated toe touch: SATISFACTORY	Seated toe touch: UNSATISFACTORY	Seated toe touch: UNSATISFACTORY
Calculation	$100 + 60 + 75 = 235$ $235 \div 3 = 78$ pts	$90 + 60 + 60 = 210$ $210 \div 3 = 70$ pts	$45 + 45 + 45 = 135$ $135 \div 3 = 45$ pts
Overall Score	EXCELLENT	SATISFACTORY	FAILURE
NOTES		The score averages out to GOOD, but the overall score is one level lower due to the unsatisfactory score on the seated toe touch	The score averages to SATISFACTORY, but the overall score is one level lower due to the unsatisfactory score on the seated toe touch

PharmPAC Highlights

APFT results for each of the four test components are entered into Direct Access under Physical Fitness. Officers should maintain hard copy documentation of their test result sheet.

The screenshot shows a web browser window displaying the United States Coast Guard Physical Fitness application. The page header includes the Coast Guard logo and the text "United States Coast Guard U.S. Department of Homeland Security". Navigation links for "Home", "Add to My Links", and "Sign out" are visible. Below the header, there are tabs for "My Page" and "Requests". The main content area contains four test sections, each with a dropdown menu for the test type, input fields for results, minutes, and seconds, and a score field. The "Cardio Test" section shows "1.5 Run" selected, with "Results" and "Score" fields set to 0. The "Core Test" section shows "Crunches" selected, with "Results", "Minutes", "Seconds", and "Score" fields set to 0. The "Upper Body Strength Test" section shows "Pushups" selected, with "Results" and "Score" fields set to 0. The "Flexibility Test" section shows "Toe Touch" selected, with a "Results" dropdown menu. At the bottom of the form, there are "Save" and "Cancel" buttons. The Windows taskbar at the bottom shows the date and time as 6:41 AM on 03/16/2016.

Other helpful information can be found at:

Overview of Revised APFT:

http://dcp.psc.gov/ccmis/RedDOG/REDDOG_APFT_overview_m.aspx

APFT Procedures and Instructions:

http://dcp.psc.gov/CCMIS/PDF_docs/PHS%20APFT%20Procedures%20&%20Instructions.pdf

FAQs:

http://dcp.psc.gov/CCMIS/RedDOG/REDDOG_APFT_frequently_asked_questions_m.aspx

JOIN OUR MEETINGS



PharmPAC Meetings are held the first Thursday of the month at 1pm EST.
Upcoming meetings will be on:

August 4, 2016
September 1, 2016

Join us for PharmPAC's monthly meetings via teleconference or in person
By Conference Call:

Phone: 855-828-1770 or 301-796-7777
Meeting ID: 744 171 156

In Person: FDA White Oak Campus
Bldg 22, room 1419

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This newsletter has been provided by the PharmPAC Communications Section. For more information on how to contribute to future editions, please contact Section Co-Leads:

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