



UNIVERSITY POINT OF CONTACT NEWSLETTER

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Pharmacists Professional Advisory Committee (PharmPAC)
University Points of Contact (UPOC)

Fall 2014

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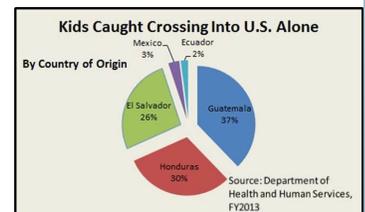
USPHS Pharmacists Deployed on Mission to US-Mexico Border

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

The mission of the United States Public Health Service (USPHS) is to “protect, promote, and advance the health and safety of the Nation.” At the direction of President Obama, a government-wide humanitarian response was initiated to assist with the influx of thousands of unaccompanied minors entering the United States. In keeping with the mission of the USPHS and in response to the President’s directive, USPHS officers deployed alongside healthcare professionals from other government organizations as well as civilians to help provide medical care, medical screening, and immunizations to unaccompanied minors.

We had the pleasure of interviewing two pharmacy officers who deployed for the Unaccompanied Minors Mission. CDR Alina Salvatore currently works as a Regulatory Project Manager in the Division of Nonprescription Drug Products at the Food and Drug Administration (FDA). CDR Salvatore deployed to Nogales, AZ from July 9- 22, 2014. LT Sharonjit Sagoo currently works as a Regulatory Project Manager in the Division of Psychiatry Products at FDA. LT Sagoo deployed to Nogales, AZ from June 27-July 11, 2014.

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2014 USPHS Scientific Training and Symposium Summary

submitted by LCDR Michelle Williams, PharmD

A favorite annual event of many, the USPHS Scientific and Training Symposium provides continuing education and training for Public Health Service Commissioned Corps officers and federal, tribal, state, and local health professionals. This year’s conference was held at the Raleigh Convention Center in Raleigh, North Carolina on June 10-12, 2014. Highlighted guest speakers included: Acting Surgeon General, RADM Boris Lushniak; Acting Deputy Surgeon General, RADM Scott Giberson; Dr. Richard Carmona, 17th Surgeon General of the United States; retired RADM Fitzhugh Mullan, Professor of Pediatrics, George Washington University; Dr. Arthur Kellermann, Dean of F. Edward Hebert School of Medicine for the Uniformed Services University; and Dr. William Lanier of the Mayo Clinic.

The Symposium is broken down into Plenary Sessions on Day one, Category Day the next, and the third day consists of Track sessions on best practices, case studies, emerging trends and the latest research in public health. Category Day consists of a full-day of profession-specific content for dentists, dietitians, engineers, environmental health officers, health



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services officers, nurses, pharmacists, physicians, scientists, therapists, and veterinarians. Then the rest of the time is rounded out with other workshops, Leadership Seminar, Exhibit Hall, retirement seminar, Surgeon General 5K Run/Walk, Anchor and Caduceus Dinner, Ensemble Concert, and Joint and Category Socials that allow individuals to connect and network. The learning and professional/personal growth opportunities are multiple and varied. The Symposium is the single most attended event by USPHS Commissioned Corps officers. There has been tremendous positive feedback from U.S. health professionals applauding the content and speakers at the Symposium.

For students and health professionals considering a career in Public Health or with the U.S. Public Health Service Commissioned Corps, I would highly recommend attending the USPHS Scientific and Training Symposium next year, which will be held at the Sheraton Hotel in Atlanta, Georgia from May 18-21, 2015. I encourage each of you to take advantage of the opportunity to learn more about interesting and pertinent topics related to Public Health and to reach out and connect with those actively protecting, promoting, and advancing the health and safety of the Nation.

Attention Students: Next year's Symposium will be held in Atlanta, GA from May 18-21, 2015 and will cover the latest on Corps responses to Ebola, unaccompanied children, influenza, overweight/obesity, mental health needs, and much more. Students can attend the sessions for FREE! For more info, go to <http://symposium.phscof.org/>.

Student Affairs: AZ submitted by CDR Rebecca Reyes

On July 7, 2014 CAPT Catherine Witte and CDR Rebecca Reyes were invited to speak for the PI class at the Midwestern University - Glendale (AZ) College of Pharmacy Public Health Course lecture series. CAPT Witte, a pharmacist and Chaplain for the Oncology Centers of Excellence at the Phoenix Indian Medical Center (PIMC), gave a detailed description about the provision of culturally centered care for Indian Health Service patients. CDR Reyes, the IHS National Pharmacy Residency Program Coordinator and inpatient pharmacist at PIMC, followed with an in-depth presentation about the IHS pharmacy program style of practice and USPHS opportunities. Also in attendance were PIMC's two newest pharmacy residents on their first day of work, LT Carlos Gonzalez and LT Francisco Antigua, and JR COSTEP ENS Kaitlyn Skulkan from the University of Arizona.



Editor's Note:

Welcome to the Fall 2014 edition of the UPOC Newsletter! The UPOC newsletter has served as a gateway for pharmacy students to learn about the roles and activities of USPHS officers as well as for UPOC officers to share their recruitment activities. I work with a very talented group of officers who are striving to make this newsletter as relevant to pharmacy student issues as possible.

It's Residency time! In this issue, you will find pertinent information regarding residencies, especially the feature on CDR Rebecca Reyes, IHS' Residency Director. For those early on in their pharmacy studies, read on about COSTEP and APPE experiences with the FDA, IHS, and many more. Keep this issue as a resource come rotations and residency time.

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

Join us on Social Media!

Happy Holidays!

Yours sincerely,

LCDR Honeylit Cueco, PharmD



Check us out:

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



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Continued from page 1... USPHS Pharmacists Deployed on Mission to US-Mexico Border

Question: What was your role as a Pharmacist and how did you support the mission?



CDR Salvatore

CDR Salvatore: I was initially deployed as a pharmacist vaccinator, and administered flu vaccines to children ages 11-18. I also worked in the pharmacy dispensing medications for minor aches, illnesses, lice and scabies.

LT Sagoo: I'm a member of the Rapid Deployment Force (RDF) 2 team and my role fluctuated during the deployment. My main responsibilities with logistics were arranging mobilization of the team, making sure supplies we needed to operate were available, and transporting and receiving/restocking pharmaceutical supplies. In the pharmacy, my team reconstituted and administered a number of childhood vaccines.

Questions: What challenges did you experience during the mission and how did you overcome them?

CDR Salvatore: As a mother, it was difficult to see the children without their parents in an unfamiliar environment. Knowing the children were safe and away from conflict, however, helped put things into perspective and allowed me to focus on the children's immediate needs. Working through the hot temperatures was also difficult. Although the situation was not ideal, officers were fully dedicated to the mission of medically evaluating and treating the children.

LT Sagoo: It was my first deployment and I did not know what to expect. It was essential to be flexible and prepared for anything.

Awareness of the challenges these children endured made me emotional at times. But, knowing that our purpose was to help them was encouraging.

Questions: What was the most rewarding part of the experience?

CDR Salvatore: It was rewarding to help the children entering the nation. I felt very proud of the Corps and the help we as Americans were providing to this underserved and high risk population.

LT Sagoo: Having the opportunity to deploy and serve a mission of this magnitude. As it was documented in the news, there were thousands of children coming across the border so I was happy to help and work alongside other officers. We went in knowing people needed help and I was doing things for a good cause. It was a really great mission because not only were PHS officers present but so were Disaster Medical Assistance Teams (DMAT), Immigrations and Custom Enforcement (ICE), Federal Emergency Management Agency (FEMA), and U.S Customs and Border Patrol (CBP) agents. There were a lot of teams working together.

CDR Salvatore and LT Sagoo worked with professionals from various agencies (e.g. FEMA and CBP). They served on multidisciplinary teams that included physicians, physician assistants, pharmacists, engineers, nurses, social workers and administrative personnel. The deployment served as an opportunity for hands-on use of the training we receive as USPHS officers. Thanks to the hard work of the officers deployed and all the other officers and professionals assisting with this mission, advances are being made in serving this vulnerable population of unaccompanied minors.

Thank you to CDR Alina Salvatore and LT Sharonjit Sagoo for sharing these inspirational experiences with us.

COSTEP Corner: Frequently Asked Questions

submitted by LCDR Stephanie Daniels

What exactly is a COSTEP?

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

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

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

Why should I consider a COSTEP?

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

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

What benefits are COSTEP participants eligible for?

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



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

When should I apply for a COSTEP?

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

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

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

Where can I find more information on the COSTEP program?

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

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

How do I apply for a COSTEP?

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

JRCOSTEP with the Catawba Indian Nation

submitted by ENS Kelly Keziah, PharmD Candidate & ENS Kelsey Fincher, PharmD Candidate



We are both pharmacy students from the South Carolina College of Pharmacy that were honored to be selected for the JRCOSTEP at the Catawba Service Unit (CSU) in Rock Hill, South Carolina. The CSU serves the Catawba Indian Nation and all other federally-recognized tribes. This externship allowed us to experience an interdisciplinary approach to healthcare for an underserved population.

We rotated throughout the ambulatory care clinic and worked with the pharmacists, primary healthcare providers, nurses, dentists, dietitian/diabetes educator, and psychiatrist via tele-medicine. We filled prescriptions and, after reviewing the patient's updated electronic health record, counseled on any new medications that were prescribed that day. Health records listed vaccinations, comprehensive medication lists, SOAP notes, labs, and other pertinent health information.

The primary focus of our time at the CSU was on tobacco cessation. The CSU has a pharmacist-led tobacco

cessation clinic due to the high prevalence of tobacco use in the American Indian and Alaska Native population.

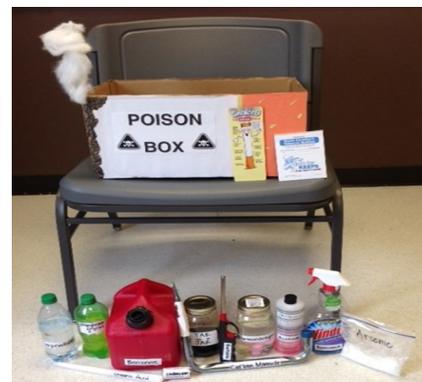


ENS Keziah and ENS Fincher, along with PharmD candidates Heather Tanner, Kevin Spangler, and Candice Berry, at an anti-tobacco presentation at Camp Kic-A-Wah, the Catawba after school program.

Tobacco prevalence is high among Catawbans at 41% compared to 20.5% for South Carolina and 22% for the U.S. The tobacco cessation clinic meets with patients who express an interest to quit smoking and are typically referred by another healthcare provider at the clinic. The tobacco cessation clinic currently has 187 enrolled patients, which is 12% of the service unit's user population.

We learned how to assess patients on their smoking habits and recommend appropriate smoking cessation therapies. Patients were then followed longitudinally to provide support, diminish barriers to quitting, as well as encourage patients to continue their progress in quitting. We updated each patient's electronic health records during every encounter so that we, future students, and other healthcare providers at the clinic, could reference the patient's progress towards tobacco cessation.

In addition to our time at the CSU, we visited various children and adolescent programs on the reservation and talked to them about the harmful effects of tobacco. We visited the day-care, head start, and after school programs. With a wide range of children we had to develop meaningful presentations that would target ages ranging from 3 years to 16 years old. Our JRCOSTEP experience was a diverse cultural opportunity and an unique perspective of pharmacy not seen in typical practice.



Educational tool presented to children to demonstrate the harmful chemicals that make up a cigarette, such as benzene and carbon monoxide.

We would encourage all pharmacy students to apply for this opportunity and hope that we will be able to continue to incorporate public health initiatives into our pharmacy practice in the future.

Statistics contributed by: CDR Misti Houck, PharmD, BCPS, NCPS



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JRCOSTEP Internship : Division of the Civilian Volunteer Medical Reserve Corps submitted by ENS Sophia Yang, PharmD candidate

My experience with the U.S. Public Health Service as a JRCOSTEP this past summer was an experience that I would wish for any student who is interested in public health, the federal government, or really any non-traditional career in pharmacy. I was stationed in Rockville, MD at the Office of the Surgeon General (OSG) with the Division of Civilian Volunteer Medical Reserve Corps (DCVMRC).

The Medical Reserve Corps is a nationwide network mainly composed of public health and medical professional volunteers who are trained to respond in emergency or disaster situations. They increase community emergency and disaster preparedness, and also support local public health initiatives that are relevant to their communities. During my time at the DCVMRC, I was able to attend conferences, meetings, support administrative tasks, coordinate and facilitate two week-long internships for HO-SA-Future Health Professionals students,

work on a youth engagement toolkit for the network, and more! It is truly a necessary and beneficial program to the entire nation, and it was a privilege to work at the program office of this national volunteer program.



With Acting Surgeon General RADM Boris Lushniak and Acting Deputy Surgeon General RADM Scott Giberson at my pinning ceremony!

Another invaluable portion of my experience was being able to visit various agencies where USPHS pharmacists were stationed. I was able to visit with pharmacists and officers from other categories from the OSG, IHS, BOP, CMS, HRSA (OGHA and OPA), FDA, USAID, SAMHSA, and even APhA (my apologies for all of the acronyms: as someone in the office

put it, the federal government is an ARE--an acronym-rich environment!). The networking opportunities were priceless--the Corps is a lot smaller than it seems!

Although my experience was not directly pharmacy-related, I learned an immense amount about public health and the behind-the-scenes action of the federal government within that realm. My 9 weeks as a COSTEP were nothing short of life-changing, and I am eternally grateful to all of the people I have encountered who made my experience everything that it was. A special thank you to the DCVMRC--CAPT Tosatto, Tracey Smith, LCDR Payne, LT Hager, CAPT Reed, and CAPT Denis--you guys rock! It was bittersweet to leave the DCVMRC and the OSG, but I cannot wait to see where my career takes me (and my fingers are crossed that it involves the USPHS!)

Student Affairs: Highlighting a rotation in the Indian Health Service submitted by LCDR Gabriella Janke, PharmD

Gallup Indian Medical centers offer a high quality advanced practice rotation that expands a student's horizons. Students interact with a unique patient population, Native Americans, and gain work experience in a rural setting. Our students rotate through pharmacy managed clinics in anticoagulation, asthma, pain, nephrology, HIV/AIDS, hepatitis C, and diabetes. During their 4-6 week rotation students are able to practice the nationally acclaimed Indian Health Service model of counseling, thereby gaining important real word experience. In addition to clinics and counseling, students provide continuing education to our pharmacists highlighting updated guidelines, new medications, and many other topics that help keep our staff up-to-date on current changes in pharmacy.

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Student coordinators for GIMC Pharmacy: LCDR Gabriella Janke, Aimee Reinhard, Robert Ferguson (not in photo)

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Advanced Pharmacy Practice Experience (APPE) at White Earth Health Center

submitted by Kathryn Sawyer
née Gustafson



White Earth Health Center (WEHC) is located on the beautiful White Earth Indian Res-

ervation in northwestern Minnesota, approximately 65 miles East of Fargo-Moorhead. The reservation is the home of the White Earth band of Ojibwe. WEHC serves approximately 12,000 Native American patients living on the reservation, and throughout the greater Minnesota. The facility is primarily an ambulatory care clinic and offers family practice, internal medicine, pediatrics, dental, optometry, pharmacy, mental health, physical and occupational therapy, audiology, podiatry and nutrition services. During my 5-week APPE, I was given the opportunity to shadow many health professionals, interact with patients and help contribute to the revitalization of Improved Patient Care (IPC) which is a foundation of care within the Indian Health Service (IHS).

On the first week of rotation, I travelled with the diabetes educator and nutritionist to Elbow Lake where I witnessed an innovative way to educate the public about diabetes. Diabetes Bingo is a game played at least once a month which combines the liveliness of bingo with educational topics surrounding diabetes care and management. During the game, players mark off pictures which correlate to managing diabetes. For instance, a picture of a Jingle Dress Dancer is used to signify increasing physical activity to 150 minutes per week to help with self-management. I was amazed by the participation of the public during the game, and the willingness to learn when education is combined with fun. Diabetes Bingo is an example of how the healthcare system can help motivate patients to take ownership of their disease states.

IPC is the future of not only the IHS, but of the entire U.S. healthcare system. When an institution practices IPC, it means each health professional is utilized to their highest potential and the patient is placed at the center of care. To incorporate IPC into WEHC, the pharmacy team initiated reviewing patient's charts for appropriateness, effectiveness, safety and convenience of the patient's medication regimen. The IPC initiative advanced my clinical and communication skills, because I reviewed patient charts and then made direct recommendations to the providers. The providers at the clinic were very open to recommendations, and by completing chart reviews, I helped contribute to improve patient care.



My 5-week APPE would not have been a success without the dedication of my preceptor LCDR Jessica Anderson. LCDR Anderson

is an enthusiastic preceptor who is continuously looking for opportunities to engage students. She goes above and beyond in lining up shadowing opportunities and creating an APPE tailored to each student's individual needs. Without her guidance, the rotation would not have been the success it was.

Upon completing this pharmacy experience, I am a better clinician and communicator, but the greatest thing I learned was to continuously collaborate with all health professionals to invent innovative new practices and outreach initiatives to improve patient care.

The Division of Drug Information – The Pharmacist's Connection to Patients

submitted by Ramya Mathews,
PharmD Candidate

In October 2014, I traveled from New York to Washington DC to complete my APPE rotation at the Food and Drug Administration (FDA) with the Division of Drug Information (DDI). DDI is the public's link to the FDA – who they can reach out to with their inquiries regarding human drug products. To me, DDI is a great opportunity for the FDA to maintain the safety of these products after they are approved by monitoring and evaluating post-marketing data through the MedWatch program, as well as connecting with patients to identify and resolve problems patients commonly face with medications. Through DDI, patients can be assisted with optimizing the benefits of their treatment.

One of the vital responsibilities of DDI is the MedWatch Program. Most, if not all, pharmacy medication guides contain drug information and also contains the MedWatch reporting phone number. This line is specifically for the public to report any side effects that are experienced with medications. Most of the calls received at DDI are about adverse events that a patient experiences with their medication. When these calls are received, the patients are strongly encouraged to fill out a MedWatch Report form. They can complete it online, or it can be mailed or faxed to them. The MedWatch reporting system is very important when it comes to ensuring post-marketing safety. These reports give the FDA information that allows them to take action if and when they receive numerous reports regarding the same adverse event to the same medication.

During my first week, I was introduced to the division and was given thorough training in order to handle the MedWatch calls we receive efficiently and per protocol. We shadowed numerous pharmacists and observed how they managed each call. This rotation reinforced one skill that many student pharmacists feel they are not fully competent in: Drug Information.

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Through the training sessions, the pharmacists helped reestablish the numerous resources available to provide our patients.

My most memorable caller was a man who asked for some information about an

antibiotic he was taking. He reported side effects and wanted to know if this was normal or if it was something he should worry about. After doing more research, I assured him that it was indeed a common side effect and should end once he stopped taking the drug. I reminded him of the importance of finishing the entire course of the antibiotic and told him if things got worse, he should contact his doctor regarding alternative treatment. At the end of this call, he expressed to me how grateful he was to be able to get in contact with a reliable

healthcare professional regarding his concerns. He said he felt better taking medication now, knowing that there was someone he could call with any questions that he had. I, too, felt the same way after this call. I reassured him of the medication’s safety and reinforced the importance of his medication adherence.

Being able to help this man maximize the benefits of his medication was gratifying.

When you’re a student in pharmacy school, you always hear about the prestigious FDA – the organization responsible for protecting the public’s health. To have the opportunity to complete a rotation there and get a full understanding of what it’s like to work as a pharmacist for the organization was truly a rewarding and humbling experience.

This rotation opened my eyes to a whole new world of opportunities out there for pharmacists. Not only was I exposed to

a pharmacist’s role at the Division of Drug Information, but through the Student Experiential Program, we learned about the mission of the FDA and the various offices that support that mission. I will cherish this experience and believe it has helped me become a well-rounded pharmacist.



Continued from page 5... Student Affairs

New Mexico is one of several states currently recognizing pharmacist practitioners and our students are able to participate in clinic with a pharmacist clinician and see more opportunities that a career in pharmacy has to offer. Each year we expand our program to include more opportunities for students to see what a vital role in health care pharmacists play. Our staff encourages students to consider a residency in the IHS or a career in Public Health and work to provide answers to any questions they may have about being a Commissioned Officer. Our site sets a wonderful example

of the work the USPHS and IHS does to improve the health and wellness of an underserved population. Students also bring a wealth of knowledge and a desire to learn and are a vital part of pharmacy and help keep the staff growing and developing. Our facility is honored to be able to have an average of 2-3 students per rotation block.



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

In an interview with CDR Rebecca Reyes, PharmD, MAdmin, BCPS and the IHS National Pharmacy Residency Coordinator, the following information was shared with us regarding the IHS Pharmacy Residency Program.

Background

The Public Health Service pharmacy residency program started decades ago, though program numbers experienced a drastic increase after 2000. Most of the pharmacy residency programs are in IHS; however the Bureau of Prisons does have one Post-Graduate Year I residency program at the Federal Medical Center in Butner, North Carolina. Nearly all of the programs are ASHP accredited.

Currently there are 20 IHS wide residency programs with 24 residents in the 2014–2015 class. For the upcoming hiring cycle, they will be hiring 22 residents at 19 sites. Ambulatory care is the primary focus of many programs, but some also offer inpatient acute care experiences. During the past few years there were over 150 applicants annually for these positions. All IHS residencies are PGY-I, one year programs. The residency cycle starts in July of each year and ends June the following year.

What can an IHS Resident expect?

Though each residency site differs, all residency sites offer various clinical rotations and advanced hands-on learning experiences. Most sites have anticoagulation rotations, ambulatory care rotations, management rotations, and various other disease state specific learning experiences. Specialized training in HIV, latent TB, emergency medicine, infectious disease, and critical care are available at some locations.

IHS Residency training provides unique opportunities to develop skills that the

average pharmacist may not be afforded. IHS residents gain experience in leadership, management, clinical skills, informatics, and many also gain teaching skills. Residents become certified in pharmacy run clinics, participate in Pharmacy and Therapeutics Committee activities, leadership meetings, formulary decision-making, advanced electronic health record training, and development of policies and procedures.

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

Residents are guaranteed to attend the ASHP Midyear Meeting if they meet the residency requirements prior to the meeting. Other trainings and meeting attendance may be provided by the residency sites. Opportunities will vary by site.

What is expected of an IHS Resident?

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

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

ASHP accredited programs have very strict evaluation requirements and provide frequent feedback both written and verbal to residents about their performance. Rotation goals, objectives, and expectations are reviewed with the resident at the start of each rotation so the resident is aware of how they will be evaluated. A summative evaluation is provided at the end of each

learning experience, along with quarterly cumulative evaluations occurring throughout the year.

Salary and Benefits

IHS residency programs are highly competitive when considering salary. Federal civil servants start as a GS – 9, and Commissioned Corps Officers start at O-3 rank with a PharmD degree. Some IHS sites are tribally run, and have their own hiring and pay systems. All selected residents are offered the opportunity to apply to the USPHS Commissioned Corps.

The amount of vacation time earned varies according to the personnel system the resident is hired under. ASHP accreditation limits the amount of vacation time the resident can use during the residency year, and most sites allow residents to take up to 10 vacation days during residency. And as mentioned above, IHS residents are funded for the ASHP Midyear Clinical Meeting.

What do you look for in an applicant?

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

After Residency

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

Residency Highlight: LT Sara Low (Alaska Native Medical Center/Southcentral Foundation Ambulatory Care Pharmacy Residency) Submitted by LCDR Robert Kosko

LT Sara Low graduated from the University of Maryland School of Pharmacy (Baltimore, MD) in May 2012. She joined the USPHS Commissioned Corps in July 2012 and completed the Alaska Native Medical Center/Southcentral Foundation Residency in Anchorage, AK from 2012-2013.



At Southcentral Foundation, clinical pharmacy services range from full service ambulatory care and village pharmacy to integrated pharmacists within multidisciplinary care teams. These clinical pharmacy services are incorporated within a relationship-based health care delivery system offering a wide range of programs to address physical, mental, emotional, and spiritual wellness for over 63,000 Alaska Native and American Indian people. The geographic service area spans some 100,000 square miles, and includes Anchorage, the Matanuska-Susitna Valley, and remote villages accessible only by boat or airplane.

Required Rotations: Pharmacy Staffing, Drug Information, Anticoagulation, Pediatrics, Internal Medicine, Rural Anchorage Service Unit (village and telepharmacy), Informatics, Pharmacy Practice Management, Integrated Care

Elective Rotations: Valley Native Primary Care (Wasilla, AK), Research, Psychiatry, Remote Site Visit, and more

Teaching Opportunities: Diabetes Wellness Groups, Tobacco Cessation Classes, Opiate Treatment Groups, Pharmacotherapy Lectures, Journal Club

What led you to pursue a career in pharmacy?

I entered college as a biology major because I liked science and excelled in it, but I had no idea what career I wanted to pursue. I briefly considered medicine, research, and teaching, but none of them seemed quite right. After online research, volunteering in a hospital pharmacy, and shadowing an anticoagulation clinic pharmacist, I finally settled on pharmacy. I loved the idea of improving individual lives as a medication expert... and still do!

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

In pharmacy school at the University of Maryland, I interacted with numerous USPHS officers in a variety of settings at the school (e.g., organizational events, lectures, round table events, and job fairs) and on rotation at IHS and FDA. I quickly gained a deep appreciation for the diverse tasks those officers accomplished to protect, promote, and advance the health and safety of our Nation and desired to do likewise.

I chose IHS because I wanted to make a difference serving the Alaska Native and American Indian people while gaining a solid foundation in patient care. In addition, I had a great IHS pharmacy rotation experience at Acoma-Canoncito-Laguna Hospital in San Fidel, NM.

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

Students can expect a challenging yet rewarding year in which your clinical knowledge, skills, and abilities will soar with dedication on your part.

If you have the opportunity to complete a student rotation at IHS, FDA, or another federal agency, take it. For sites you are extremely interested in, consider an on-site visit or interview. Remember to write thank you notes!

If you attend the American Society of Health-System Pharmacists (ASHP) Mid-year Clinical Meeting, come to the IHS residency showcase prepared with questions about the programs that cannot be answered on the IHS residency website. In addition, I highly recommend visiting the IHS pharmacy resident posters as well as the IHS and USPHS booths.

What have been the biggest challenges of your position?

The biggest challenge of the IHS residency was time management. On top of starting a new rotation every 4-6 weeks, there were many projects to complete, presentations to give, classes to teach, and students to mentor. These opportunities were often exciting, but time is limited. I learned that it is important to judiciously choose projects so as not to sacrifice quality for quantity.

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

The most rewarding experience was implementing a pharmacist into 6 family medicine primary care teams at Benteh Nuutah, Valley Native Primary Care Center in Wasilla, AK within 2 months of the facility opening. After setting up a workstation co-located with the primary care teams, I provided drug information and drug therapy consultation services to the teams and direct care to patients for 4 weeks. On a satisfaction survey, physicians, physician assistants, and nurses expressed increased job satisfaction and unanimous support to keep the integrated pharmacist. As a result, the integrated pharmacist was accepted as a standard of care at the facility. I was privileged to be instrumental in expanding access to clinical pharmacy services for approximately 5,000 Alaska Native and American Indian people living in the Matanuska-Susitna Valley.

What did you do after completing your IHS residency?

After the residency, I continued work at Southcentral Foundation as a staff pharmacist.

Internships—So what? submitted by CDR Jerry Zee, PharmD, MPHc

Whenever I pose the question regarding student internship(s) in front of pharmacy students, I often get a variety of responses. You are probably thinking internship does not pertain to you since you have one year's worth of pharmacy rotations in your last year of curriculum. Therefore an internship is not important. Well, the last time I checked anyone and everyone who is in a Doctor of Pharmacy program has the same exact requirement of 1 year of rotations.

According to the 2012 Survey for the Chronicle of High Education ("Internship Numbers Stuck in Neutral," WSJ, November 13, 2014.), employers now give nearly twice as much weight to graduates' work experience as to their academic credentials. Interestingly enough, the value of a diploma and traditional measures such as GPA have also fallen among employers when hiring candidates. The question that I have for you, the pharmacy student is do you know your pharmacy school's employment rate for graduates 6 to 12 months

out from graduation? The chances are you probably won't find any since ACPE does not mandate any reporting which is very different compared to the North American Pharmacist Licensure Examination (NAPLEX) passing rates since that is required (<http://www.medscape.com/viewarticle/823365>).



So, how can you separate yourself from 14,000 other graduates who have the same Doctor of Pharmacy degree as you? Experience, which I dare say involves "internships!" The one answer that I always get is "I don't have time for this." Well, you might have plenty of time on your hands after you graduate since

you might be either unemployed or underemployed because of a lack of experience, and employers decided to overlook you compared to other candidates with more comprehensive experience. Unfortunately, I have witnessed that time and time again.

There are definitely paid internships opportunities out there, and you are welcome to start looking at the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) for pharmacy students on www.usphs.gov. Personally, prior to my graduation, I did three paid summer internships (retail, pharmaceutical industry, and the FDA). Not only did it enrich my pharmacy experience and helped pay for my bills, the internships really fine-tuned my career outlook in the pharmacy profession. So, don't wait until graduation day please; Find yourself an internship!



Fall 2014

Recruitment: New Pharmacy Program, New Opportunities

submitted by LCDR Christopher LaFleur, PharmD



Starting a new Pharmacy school has many challenges and obstacles that must be overcome. That is exactly what the University of North Texas (UNT) Health Sciences Center System College of Pharmacy has done. With pre-candidate status from the Accreditation Council for Pharmacy Education (ACPE), they welcomed their first class of students in the fall of 2013. These students knowingly took a risk by attending an un-accredited Doctor of Pharmacy (PharmD) program.

After I had the pleasure of meeting with the Assistant Dean for Experiential Education, Dr. Lisa Killam-Worrall, I knew they were not taking a risk at all. They have achieved each level of accreditation the first time ACPE reviewed them. Dr. Killam-Worrall gave me a tour of the state of the art laboratories, counseling rooms, exam rooms, and lecture halls. From guiding me around campus to talking in her office about the process for making it this far, going over the core curriculum, and discussing their vision for the future, she was energized, full of excitement, confident, and proud. It was evident that Dr. Killam-Worrall and the rest of the staff are completely committed to the success of this program.

When I arrived on campus for the second time a few months later, I was full of that same excitement and energy that Dr. Killam-Worrall had. This visit served a much different purpose, to expose the students to the United States Public Health Service (USPHS), all of the student opportunities the USPHS has to offer, and the Federal Medical Center Carswell (FMC Carswell) as a student rotation site. The presentation was conducted during the lunch hour between 2 core classes which helped capture nearly 100% of the student body. Roughly 77

students and 6 faculty were in attendance. To my joy, when I asked who had heard of the USPHS, nearly 15 hands went up. Although we would like to see all 80+ hands go up, this was truly remarkable to me and caught me off-guard. Only 6 years ago when I was a student at St. Louis College of Pharmacy, CDR Kara King gave a similar presentation to almost 40 students and not a single one of us had heard of the USPHS.

As I continued with the presentation, I could see the students becoming truly interested and curious. There was less than 50 minutes to conduct the presentation so I had to cover a lot of information in a short amount of time. Since this was the first time that the USPHS had been on the university's campus and the first time these students were officially introduced, I wanted to provide a broad overview of the USPHS, including our history, mission, agencies, benefits, responsibilities, and then I focused on the student opportunities that the USPHS has to offer. Finishing the presentation hit closer to home. Being less than 7 miles from campus and the only federal medical center for female offenders in the country, FMC Carswell has a plethora of learning opportunities for these students to experience.

Upon completing the presentation, I opened the floor for a Q&A session. The questions asked demonstrated interest and touched on some of the items briefly addressed during the presentation. One question seemed to stir the audience and rightfully so. The student asked if they could participate in any of the student opportunities, from rotation sites to Jr/SrCOSTEP, since the program was not yet accredited. I informed them that I would confirm with USPHS HQ, but to my knowledge, as long as the program is in good standing with ACPE and is at the time-appropriate accreditation status, then they would be able to participate. They were relieved and started to ask more questions than time permitted. I left them with my business card and

a copy of Pharmacy's Best Kept Secret. Multiple students have reached out to me since then with individual situations and questions. Additionally, I reached out to LCDR Dorinda Ball, SrCOSTEP/NHSC Program Manager, who confirmed that UNT students could participate in any of these programs.

Since my presentation, the staff and students of UNT System College of Pharmacy have kept busy and have stayed right on track to becoming fully accredited. The ACPE Board of Directors conducted an on-site evaluation and awarded the program Candidate status. This was great news for the program as it allowed for a second class of students to begin the coming fall and for the current students to begin their Professional Year #2. I was thrilled when Dr. Killam-Worrall told me the great news and am looking forward to having students complete a rotation at FMC Carswell.



Attention UPOCs!

The 2014 PHS Recruitment presentation has been posted to the website under "Recruitment Presentations." Please use this presentation for your upcoming speaking engagements regarding PHS Pharmacy:

http://www.usphs.gov/corpslinks/pharmacy/sc_recruit_pres.aspx

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Pharmacist Profile: LCDR Sean Berkey submitted by LCDR Matthew Duff

LCDR Sean Berkey was born in Logan, Utah, and grew up in the northwestern part of Wisconsin. He earned a bachelor's degree in biology from the University of Wisconsin in 1988 and a Master's in Science Teaching from the University of Iowa in 1994. He worked in wildlife biology and taught public school science until 2003 when he entered Creighton University School of Pharmacy. He was called to duty in the USPHS Commissioned Corps upon graduation in 2007, and has worked at the Alaska Native Medical Center (ANMC) Inpatient Pharmacy since.

What inspired you to join the Commissioned Corps?

My grandparents were teachers at a Bureau of Indian Affairs (BIA) boarding school and in Native communities in northern Wisconsin. I grew up in a small Wisconsin farming town, spending lots of vacation time on various reservations, mainly Lac Courte Oreilles in Hayward, Wisconsin. I was vaguely aware of IHS healthcare growing up, but in pharmacy school at Creighton we were quickly introduced to all the ways IHS pharmacy has helped define the practice of clinical pharmacy. What sealed the deal on my desire to join the USPHS Commissioned Corps was participating in Creighton's Service Learning course, lead by an amazing professor named Victoria Roche. The class culminates in a week at Chinle, Arizona, in which the students spend extensive time with active Corps officers, as well as traveling to nearby areas of the Navajo Reservation, where they assist Elders and help out wherever possible. I was deeply touched by the commitment to service demonstrated by the officers at Chinle, as well as the opportunities offered by the Commissioned Corps.



What is one of the most important things that being in the Commissioned Corps has taught you?

The Commissioned Corps has taught me the value of service. A pharmacy career in the Commissioned Corps offers a multitude of rewards, but at its core is the commitment to serving others. Real service often involves sacrifice. What is best for patients may not be what is best for you or your family at all times. To me, the stellar reputation of Commissioned Corps pharmacy is built on the day-to-day dedication of officers, giving of themselves to promote the health of others, and restlessly finding new ways to be of service.

What is the greatest challenge you have encountered since joining the Commissioned Corps and how have you overcome it?

Our second child had a medical emergency as a newborn, which required multiple surgeries and a long, complicated recovery. He's now a strapping boy about to enter kindergarten. Our family would

not have weathered this challenge as well as we have without the amazing support of the Commissioned Corps and my duty station, ANMC. Financially, this event would have been devastating without the superb insurance provided to officers through Tricare. My co-workers throughout the hospital supported us in so many ways, with food and time and caring, during the days and weeks, and years that followed my son's illness. And perhaps most touching to me, our son has received almost all of his medical care at ANMC. There is no question in my mind that without our facility's outstanding care, our son would not have survived. No day goes by for me without a feeling of profound gratitude to ANMC and a desire to give back to others in need.

What is your vision for the future of the Corps?

The Commissioned Corps has such a proud history of leadership in public health. Even though our duty stations are as diverse as NIH, CDC, BOP, and remote Native health centers, they all benefit from the competence and caring we bring to the job. As a flexible, deployable force, I believe there are great opportunities for the Corps to implement our Mission to protect, promote, and advance the health and safety of the Nation. Climate change seems likely to pose acute threats to health and healthcare infrastructure, which the Corps is uniquely prepared to address. And as a group dedicated to healthy living and physical fitness, Corps officers have the potential to impact the health of the nation as role models and mentors. Anyone up for deployment to a kids' health boot camp?

What is your most rewarding USPHS professional experience?

Pharmacy is highly integrated into the healthcare team at ANMC. Every day at work I am given the opportunity to contribute meaningfully to the course of someone's illness. Pharmacists at ANMC are relied upon by our patients, by providers, nurses, dietitians, respiratory therapists and physical therapists for our unique knowledge and skills. The members of the team ask for, and expect our involvement. This is a trust and an honor that humbles me over and over. It motivates me to keep learning and growing.

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

Easy jobs are boring and will probably leave you feeling hollow. Go where you are needed. Don't shy away from hard, challenging work. A career in pharmacy can be 20-30 years long. As a Commissioned Corps pharmacist, you have a huge diversity of workplaces available to you, which will provide endless growth challenges. Unlike the private sector, changing jobs in the Commissioned Corps does not mean starting over in salary and benefits. This, along with the chance to really serve, makes the Commissioned Corps a totally unique career pathway for a pharmacist.

Fall 2014

USPHS Pharmacists Improve Care at Saint Elizabeths Hospital

submitted by CDR Renee Taylor, LCDR Alister Rubenstein and LT Phillip Williams



Saint Elizabeths Hospital (SEH) is a government agency under the Department of Behavioral Health that has a memorandum of understanding with the United States Public Health Service. Saint Elizabeths is a 300-bed hospital for individuals with mental illness, who have been either civilly or forensically committed. There are currently four PHS officers assigned there, three of which are from the pharmacy category.

Schizophrenia is a chronic mental illness affecting approximately 2.4 million adults in the U.S. and is usually characterized by the appearance of a broad range of symptoms such as hallucinations, delusions, and cognitive impairment to name but a few. Among all psychiatric illnesses, schizophrenia is commonly encountered at SEH. A treatment mainstay for this disorder employs the usage of a class of medications referred to as antipsychotics. Adherence to therapy is paramount to improving patients' symptoms and treatment outcomes. Unfortunately, with this patient population, compliance can be poor and providers are often seeking ways to improve treatment adherence. One way of potentially doing so involves transitioning patients from an oral regimen to one that consists of a long acting injection (LAI). Some of the benefits of LAIs include decreased pill burden, once or twice monthly administration, lower risk of relapse, and consistent drug levels.⁽³⁾ The use of LAIs has been encouraged strongly at SEH and pharmacists are

playing a key role in this venture. One way in doing so involves enrolling SEH in programs which will allow reimbursement for starter doses of LAIs. Taking advantage of these programs leads to more patients having access to LAIs as well as significant cost savings for the institution. To date, approximately 15 patients have been successfully transitioned from oral therapy to LAIs with the assistance of these reimbursement programs since March 2014. The pharmacists at SEH will continue to have an essential role in collaborating with providers to target patients who will be potential candidates to make the switch to LAIs.

We have also found that individuals in our care may sometimes be reluctant to use insulin-based products because it involves a needle, or because of stigma which may be related to a bottle of insulin and a needle. Subcutaneous insulin is considered a "High Alert Medication" by the Institute for Safe Medication Practices (ISMP). Drawing up doses from multiple dose vials may be error-prone (according to ISMP) and may also present difficulties in acceptance by our individuals in care. Pharmacy and Nursing have recently introduced insulin pens within the hospital to make diabetes treatment easier for all involved. We follow product labeling guidelines and individually label each pen for each specific patient. We have found that the nursing staff finds our new formulary options (such as Lantus Solostar®, and Novolog Flexpen®) easy to administer, and our patients find the experience positive (fewer medication refusals) because the pen hides the needle. We are also assured of dosing accuracy. While refills may occur often for individuals with longer stays, as the pens only hold 3mL (100 units/mL) of insulin, we have implemented a processing system with accurate labeling and timely fills for each of our hospital's wards.

In early September 2014, under the leadership of the Chief Pharmacist, CDR Renee Taylor, the pharmacy procured approximately 17 complete treatment regimens of the triple-combination pharmaceutical standard of care for Hepatitis C virus (HCV). This regimen consists of Pegasys (PEG-Interferon Alfa 2-A), Ribavirin, and Sovaldi (sofosbuvir). The latter is a drug approved by FDA in December, 2013 for its high cure-rate of HCV in combination with the other two components. It has been shown in its clinical trials to be a ground-breaking treatment for HCV, a disease of public health concern. Co-morbidity of HCV with psychiatric illness and substance abuse can be common, and pharmacy is sometimes consulted on complex cases. In September, with the support of medical leadership, the hospital initiated a pilot program for individuals receiving care at SEH to begin treatment. This intervention was spearheaded by the pharmacy and medical staff. The pharmacy established a system of monitoring compliance with the regimen as we strive for a cure at 84 days. It is not uncommon for individuals in care to refuse therapy, however, we have found that the patients and their legal guardians are generally excited by this initiative and the potential to fully cure HCV.

The pharmacists have been commended by members of the medical staff for their diligence in assessing the regimen rollout and in its education of the staff. The pharmacists are continuing to closely monitor labs and assess adherence to treatment. The acquisition and use of this new gold standard in Hepatitis C therapy is a major accomplishment in reducing health care disparities in this underserved population.

Continued from Page 10 — Residency Highlight: LT Sara Low

cist. Recently, I accepted a new role at my site as an integrated pharmacist within family medicine primary care teams.



(L-R) LT Arnatt with LT Low

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

Explore! Learn everything you can about the USPHS and the different functions of officers in your category. Websites are a good place to start, but there is no substitute for interacting with officers.



NOTRE DAME
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UNIVERSITY

SCHOOL OF PHARMACY

Continued from Page 9 — IHS Pharmacy Residency Program

elsewhere.

Application Information

The IHS residency website contains a listing of the 19 locations and site descriptions, along with contact information for each location. Interested parties should contact each site directly for more information. All programs will be represented at the ASHP Midyear Clinical Meeting in Anaheim, California in December 2014. This is a great opportunity to meet Residents and Directors! All sites welcome on-site visits and interviews.

The current application cycle opened October 1, 2014 and will end January 2, 2015. IHS resident selections are made in February of each year, prior to the ASHP Match program. IHS Residency Programs do not participate in the ASHP Match system. All application materials can be found on the IHS Residency website at [HTTP://www.IHS.com/pharmacy/resident](http://www.IHS.com/pharmacy/resident) .

Interested in an IHS Pharmacy residency?

Visit <http://www.ihs.gov/pharmacy/resident/index.cfm?module=home> for more information.

We will highlight a different site in each issue of the UPOC Newsletter.

Public Health Professionals for the Future: Student Commissioned Officers

Association submitted by Kathryn Gustafson, PharmD Candidate and CDR Michael Verdugo

On Wednesday, June 11, 2014, CDR Michael Verdugo and student pharmacists, Kathryn Gustafson and Sean Navin, from the University of Minnesota College of Pharmacy presented a poster at the 2014 USPHS Scientific and Training Symposium in Raleigh, NC on the development of the Student Chapter of the Bemidji Branch of the Commissioned Officers Association (SCOA) on the University of Minnesota, Duluth Campus.

This was a highly attended conference by many commissioned officers from different professional categories and governmental agencies. The broad array of attendees allowed Kathryn and Sean to network with many officers and share information about founding SCOA, a new student group whose mission is to cultivate interest in USPHS careers among students enrolled in health or pre-health related professional programs

Reasons to consider starting a SCOA chapter:

First, some relevant facts to keep in mind:

There are an additional 32 million Americans who now have access to health insurance.

There is a 45,000 primary care physician shortage in the USA.

There are 50,000 fewer public health workers than 20 years ago and 50 percent of state health agency workforce is eligible to retire.

The Affordable Care Act eliminated the USPHS hiring cap.

There is an opportunity to utilize SCOA members as potential candidates for the 850 scholarships per year available through the authorization of the Public Health Sciences Track

There is a need to train a dedicated group of health professional leaders to meet the health care needs of America.

SCOA can effectively recruit the next generation of public health professionals who will fill the need in our Nation. By engaging professional students when they first enter their professional programs, the USPHS can reach a highly motivated group of students who are committed to the mission of *protecting, promoting, and advancing the health and safety of the Nation*. There are many student groups within professional programs, but no student group represents the interests and goals of the USPHS. The creation of additional SCOA chapters will further the mission of the USPHS and create an outstanding pool of applicants for future Commissioned Officers.

The following highlights frequently asked questions and their corresponding answers:

What does a SCOA chapter bring to the USPHS?

Besides creating the next generation of commissioned officers, a SCOA chapter can energize current officers, allow for greater collaboration with colleges and universities, and increase participation in current USPHS student opportunities and training. Our SCOA chapter created a mentor program where medical and pharmacy students are paired with commissioned officers currently working in their respective professions. The mentor program not only provides students with a new perspective on opportunities within the USPHS, it also re-invigorates the passion of serving within the USPHS for commissioned officers as they relay to their mentee the aspects of the Commissioned Corps they love. Other opportunities for officers associated with SCOA include: presenting at the students' university, collaborating on research projects, social/networking events and any other projects the students and officers want to spearhead. A

SCOA chapter can increase participation from officers, and help to strengthen the Corps by introducing the very best students to careers in the USPHS early in their academic experience.

How do I start up a SCOA Chapter?

Step 1 - Find an Interested Officer to be the Liaison to a Student Chapter

Step 2 - Find Interested Students

Reach out to students (e.g. JrCOSTEP, SrCOSTEP, MPH, Professional Student Organizations, etc.)

Step 3 - Find a Faculty Advisor at the Students' University

Step 4 - Create a Mission, Vision & Constitution

Step 5 - Affiliate the Chapter with National & Local COA Branch

Step 6 - Create Programs for the Students & Officers to Interact

Inclusion in Branch Meetings

University Visits

Mentor Program



White Coat Transition Ceremony, University of MN Duluth April, 25, 2014

University of MN Duluth Student COA Team (from left to right) Kathryn Gustafson, CDR Michael Verdugo, Tony Olson, Tim Stratton, PhD, RPh, and Sean Navin

Networking Meetings

Outreach Opportunities

Career/Leadership Development Workshops

It is often the easiest to start with one professional student group and then expand from there. Student pharmacists started our SCOA chapter and the group continues to reach out to the medical, engineering and social work schools at the University of Minnesota, Duluth Campus in order to promote the inter-professional spirit of the USPHS.

Take Away Message:

Starting a SCOA chapter will demonstrate the great opportunities that lie in having students apart of your local COA branch, national COA and the USPHS. With the need for positive changes in the Nation's health care system comes the need for professionals to lead such changes. The time is now to reach out to students in an organized effort through student chapters because *protecting, promoting, and advancing the health and safety of the Nation* starts with bringing up the next generation of public health professionals.

If you would like additional information and resources on how to start-up a SCOA chapter, please email Kathryn Gustafson (gusta598@d.umn.edu) or CDR Michael Verdugo (michael.verdugo@ihs.gov).

Life on an Indian Reservation: APPE Edition

submitted by Ashley Brown, PharmD Candidate

The Navajo people tie their culture into their everyday lives in any way possible. This was apparent when I first entered the Tsehootsooi Medical Center on my first day through a revolving door that turned clockwise. I learned that the Navajo people believe life moves in a clockwise direction and thus, their revolving doors do the same. This was one example of how the Navajo people keep their culture alive.

This was my first advanced pharmacy practice experience (APPE) and it was located on a Navajo Indian reservation in Fort Defiance, Arizona. I jumped into the rotation immediately counseling Navajo patients using the comprehensive Indian Health Service (IHS) counseling techniques. The patients were kind and accommodating as I learned alongside pharmacists and physicians. I quickly grasped the questions not to ask patients about their cul-

ture, specifically regarding rituals or components of their herbal teas. The patients were open to sharing their Navajo beliefs, but some parts remained private. I had the opportunity to work beside emergency room physicians, surgeons, primary care doctors, nurse anesthetists, and U.S Army Special Forces medics which all helped to broaden my knowledge.

The hospital includes a diabetes clinic, asthma clinic, primary care clinic, tuberculosis clinic, anticoagulation, optometry, dentistry, respiratory therapy, and physical therapy. I was shown how interdisciplinary teams efficiently work together and support their patients, both inpatient as well as outpatient. I immersed myself in the common disease states seen on the

reservation such as diabetes, hypertension, and hyperlipidemia, both clinically and actively. The community organized several 5K races throughout the summer and I had the opportunity to run a 5K alongside the community members. It was motivating to be apart of the proactive choices the community was making to better their health and increase health awareness. I was also given the opportunity to teach a lecture on medication administration

at a nearby school for staff members who were the caretakers of students living in the dormitories. Our lecture covered hand washing to Tylenol dosing to treating impetigo. It was rewarding to learn inside and outside of the hospital, while participating in community life.

There were many challenges on the reservation that I had never been exposed to before. Many patients hitchhiked their way to the hospital or walked long distances, since they had no access to transportation. Others did not have electricity to store their insulin products. My projects reflected these issues, such as creating a reference

sheet for healthcare professionals so they could instruct patients when each of their insulin products expired without refrigeration.

The time I spent outside of the hospital was rich in culture. I attended an inter-tribal ceremony and was invited into the homes of natives for their summertime feasts. However, the compassion felt by the doctors around me was the highlight. I worked with doctors that were passionate about their work and treated the patients with respect, care, and a gentle demeanor. The site reignited my enthusiasm for pharmacy, while putting me outside of my comfort zone to help develop me into a well-rounded healthcare professional.



Ashley Brown, PharmD Candidate, outside of Wide Ruins Community School with Lieutenant Crystal Lui, PharmD, BCPS, CDE after training the staff members on medication administration

Fall 2014

Useful Info and Resource Links

Agency	Contact	Telephone	Website	Email
Federal Bureau of Prisons (BOP)	CAPT Cassandra White	210-472-4510	http://www.bop.gov/jobs/positions/?p=Pharmacist	c3white@bop.gov
Centers for Disease Control (CDC)	LT Jennifer N. Lind	770- 488-5157	www.cdc.gov	vox2@cdc.gov
Food and Drug Administration (FDA)	CAPT Beth Fritsch	301-796-8451	www.fda.gov	beth.fritsch@fda.hhs.gov
Health Resources & Svcs Adm. (HRSA)	LT Jane McLaughlin-Middlekauff	301- 443-1603	www.hrsa.gov	JMclLaughlin@HRSA.gov
Indian Health Service (IHS)	CDR Damion Killsback	301-443-2472	www.pharmacy.ihs.gov	damion.killsback@ihs.gov
Immigration Health Services Corps (IHSC)	CAPT Chae Un Chong	202-210-1773	www.ice.gov/about/offices/enforcement-removal-operations/ihs	chae.u.chong@ice.dhs.gov
National Institutes of Health (NIH)	CAPT Bob Dechristoforo (Ret.)	301-496-5477	www.nih.gov	rdechris@nih.gov
U.S. Coast Guard	CAPT Deborah Thompson	202-475-5181	http://www.uscg.mil/health/cg1122/pharmacy.asp	Deborah.J.Thompson@uscg.mil
Centers for Medicare and Medicaid Services (CMS)	LT Teisha Robertson	410-786-6567	www.cms.gov	Teisha.Robertson@cms.hhs.gov
USPHS Best Kept Secrets (PDF or online view)			http://www.usphs.gov/profession/pharmacist/secrets.aspx	
Facebook Page			www.facebook.com/USPHSPharmacists	
IHS Residency Information			http://www.ihs.gov/medicalprograms/pharmacy/resident/	
Uniform Help Desk Email			www.phscuniform@hhs.gov	
Uniform Information			http://www.usphs.gov/aboutus/uniforms.aspx	
USPHS			http://usphs.gov	
USPHS PharmPAC Website			http://www.usphs.gov/corpslinks/pharmacy/	
USPHS Pharmacist Listservs			http://www.usphs.gov/corpslinks/pharmacy/listserv.aspx	
USPHS Student Opportunities			http://www.usphs.gov/student/	

Upcoming Pharmacy Meetings: 2014-2015

- **December 7-11, 2014** ASHP 2014 Midyear Meeting- Orange County, California
- **February 13-14, 2015** Indian Health Service Conference Oklahoma Area meeting
- **March 5-8, 2015** Endocrine's Society's Annual Meeting & Expo (ENDO)-San Diego, CA
- **March 27-30, 2015** American Pharmacists Association (APhA)-San Diego, CA
- **April 7-10, 2015** AMCP 27th Annual Meeting and Expo San Diego, CA
- **April 9-12, 2015** Indiana Health Service Conference Quad – Phoenix, Tucson, California, Navajo, Albuquerque Area
- **April 10-14, 2015** ACCP Updates in Therapeutics 2015- Rosemont, IL
- **April 25, 2015 –** Indian Health Service Conference Northern Tier - Bemidji, Great Plains, and Billings Area
- **April 30 to May 2, 2015** ACCP/ASHP Oncology Pharmacy Preparatory Review and Recertification Course
- **May 18-21, 2015** Commissioned Officer's Association (COA) USPHS Scientific and Training Symposium- Atlanta, GA
- **May 13-17, 2015** American Association of Clinical Endocrinologists (AACE) Annual Meeting- Nashville, TN
- **June 5-9, 2015** American Diabetes Association (ADA) Scientific Sessions- Boston, MA



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

CORE VALUES

Leadership

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

Service

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

Integrity

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

Excellence

Exhibits superior performance and continues improvement in knowledge and expertise



RADM Pamela Schweitzer
USPHS Chief Pharmacy Officer

We want your submission of articles and pictures! Please email LCDR Honeylit Cueco and she will forward them to the appropriate section leads!

Did you know?

The UPOC Newsletter is potentially read by the 1,276 subscribers to the PHS-pharmacists listserv and the 567 subscribers on the pharmacy student listserv. In total, there are over 1,800 readers of the UPOC newsletter. BUT... it's up to you to distribute. Please take the time to distribute the UPOC Newsletter to your Universities or take a colored copy for your Career Fair Recruitment table.

Thank you from the UPOC Newsletter Workgroup!

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