Max D. Ray, Pharm.D., M.S., LHD, has been chosen as the 2010 recipient of the ACCP Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy. The Paul F. Parker Medal recognizes an individual who has made outstanding and sustained contributions to the profession that improve patient or service outcomes, create innovative practices, affect populations of patients, further the professional role of pharmacists, or expand the recognition of pharmacists as health professionals.

Dr. Ray is Dean Emeritus of Pharmacy at Western University of Health Sciences in Pomona, California. Now retired, he serves part-time as a faculty member in our college where he is a Professor of Pharmaceutical Sciences in the Health Outcomes and Policy Research Division.

Dr. Ray’s career has encompassed pharmacy practice, education, and pharmacy association leadership. He served as Chair of the Department of Clinical Pharmacy at the Medical University of South Carolina from 1970 until 1975, Director of the Professional Practice Division and Director of the Pharmacy Residency Accreditation Program for ASHP between 1976 and 1985, and Executive Vice President of the California Society of Hospital Pharmacists from 1985 until 1990. Dr. Ray joined the faculty of the College of Pharmacy at Western University of Health Sciences in 1996, and he was appointed Dean of the College in 1999, a post he held until his retirement in 2006. Since 2007, he has served as a consultant to the Accreditation Council for Pharmacy Education (ACPE).
Dr. Ray has received numerous awards, including the ASHP Harvey Whitney Lecture Award, the Outstanding Alumnus Award from the University of South Carolina, the Pharmacist of the Year Award from both the California Society of Hospital Pharmacists and the South Carolina Society of Hospital Pharmacists, the Northeastern University John Webb Lecture Award, the Albert Jowdy Award from the University of Georgia, and the Walker Scholar Award from Auburn University, as well as a Citation of Honor from the California Board of Pharmacy. Finally, the selection committee observed that Dr. Ray is clearly one of clinical pharmacy’s most dedicated and patient-centered leaders, noting that his perspective has been expressed as “we’re simply going to do what is right for society.”

(see end of Newsletter for Dr. Ray’s speech)

Interdisciplinary Simulation Center

BlueCross Blue Shield of Tennessee Health Foundation has funded a three year grant totaling $2,912,751 grant entitled “Promoting Patient Safety Through Teamwork-focused Interdisciplinary Simulation Program.” The grant was jointly developed by Jill S. Detty Oswaks, CRNA, DNSc, Director, Nurse Anesthesia Option; Stephanie J. Phelps, PharmD, Associate Dean, Academic Affairs, College of Pharmacy; Bob Schreve, MD, Associate Dean, College of Medicine; by Margaret E. Carbaugh, Senior Writer-Producer, Development and Alumni Affairs Office; and Hershel P. Wall, MD, Special Assistant to UT President.

Foster National Press Club Video Recording

The archived interview of Dr. Fosters presentation at the National Press Club for the National Foundation of Infectious Disease (NFID) can be found at http://www.c-spanarchives.org/program/295869-1. Dr. Foster discussed the critical role of non-traditional vaccination settings, with the focus on pharmacies and vaccination administration by pharmacists.
Grants

Stephanie J. Phelps, PharmD. Promoting Patient Safety Through Teamwork-focused Interdisciplinary Simulation Program. BlueCross Blue Shield of Tennessee Health Foundation. $2,912,751 Co-developers: Jill S. Detty Oswaks, CRNA, DNSc, Bob Schreve, MD, Margaret E. Carbaugh, and Hershel P. Wall, MD.

Publications


Presentations

Rolly Dickerson, PharmD, Obesity in Critical Care Workshop, November 12, 2010, Las Vegas, Nevada.

Stephanie J. Phelps, PharmD spoke on Pediatric Epilepsy during the California Society of Hospital Pharmacists annual meeting in San Francisco, California.

STUDENTS, GRADUATE STUDENTS and POST-DOCTORAL RESIDENTS

Tillman Awarded Grant

Emma Tillman, PharmD, fellow, Neonatal Pharmacy Resident/ Fellow Research Grant, Pediatric Pharmacy Advocacy Group. “Concentration dependent effects of eicosapentaenoic acid and docosahexaenoic acid on bile acid induced apoptosis in HepG2 cells.” $2,000. Principal Investigator
Norman Wins Best Student Poster at ACCP

Johanna Norman, P3 student pharmacist (center), won the Best Student Poster at the recent Annual Meeting of the American College of Clinical Pharmacist. Her work entitled “The Incidence of Bleeding with Enoxaparin Bridging” was conducted at the Veterans Affairs Medical Center. Other authors on the poster included Maria Pham, PharmD, Kelly C. Rogers, PharmD (faculty, left), and Shannon W. Finks, PharmD (faculty, right).

Painting the Rock at UTK

Hamilton Borden (Louisville), Andrew Rhodes (Hendersonville), Amy Richardson (Seymour), Rachel Bauer (Tullahoma), Kevin Vo (Nashville), and Becky Miller (Livonia, MI) paint “The Rock” at the University of Tennessee, Knoxville in honor of American Pharmacists Month. Photo taken by painter Andy Bernard (Germantown)

ALUMNI and FRIENDS

Ben Moore (’50, middle) of Cleveland tours the new building with Drs. Gourley (right) and Eoff (left). Mr. Moore is a major benefactor to the College, having donated the student lounge space on the first floor.
Reed Delivers Stevens Professorship Lecture

Michael D. Reed, PharmD, FCCP, FCP (center) receives a commemorative plaque from Drs. Gourley (left) and Christensen (right) following his lecture on “Optimal Drug Dosing in Pediatrics: Integration of Ontogeny and Pharmacy”. Dr. Reed is Director of the Rebecca D. Considine Research Institute and the Division of Clinical Pharmacology and Toxicology, Children’s Hospital Medical Center of Akron. He is Professor and Associate Chair, Department of Pediatrics, Northeastern Ohio College of Medicine.

Dr. Reed received his Bachelor of Science degree in Pharmacy and post-baccalaureate Doctor of Pharmacy degree from the University of Cincinnati. While obtaining his doctorate, he served a concurrent clinical pharmacology residency in pediatrics at the Children’s Hospital Medical Center, Cincinnati. At Case Western, Dr. Reed established a new interdisciplinary paradigm for clinical service, teaching and translational research in pediatric clinical pharmacology and toxicology, while building an internationally recognized Center for New Drug Research in Children. Dr. Reed’s research interests focus on the developmental pharmacology and toxicology of drugs in humans and how these data translate into the design of optimal dosing regimens for use in infants, children, and adults. He has extensive research experience in the design, implementation, and analysis of pharmacokinetic, pharmacodynamic and pharmacogenomic interrelationships as they relate to the maturing infant, child and adolescent. Dr. Reed has authored more than 200 published works describing his original research activities, invited reviews and book chapters. He serves on numerous editorial boards, is a reviewer for many prestigious health publications and is the recipient of the 2010 PPAG Sumner Yaffe Lifetime Achievement Award.

Have You Seen the College of Pharmacy Commercial?
(http://www.uthsc.edu/pharmacy/)

This is one of several commercials designed to celebrate the UTHSC’s 99 years “Right Here in Memphis” campaign.
Blair Joins UTHSC and College Development Team

Nell Blair joined the UTHSC development team on December 1, 2009 and has recently begun to work with the College of Pharmacy. She is a 1991 graduate of the University of Alaska, Fairbanks and is currently working on her masters degree in Public Administration. With 18 years of experience in development and non-profit management, Nell most recently served as Director of Development for the College of Arts & Sciences at the University of Memphis. Nell is a member of CASE District III (Southeast) and the Association of Fundraising Professionals Memphis Chapter. As a 6th generation Tennessean, she enjoys being back in her home state with family and participating in community events and various volunteer activities. She states, “I am very excited to be working with the dynamic UT College of Pharmacy. All the alumni and donors I have met have been extremely supportive, and I look forward to helping the College and donors meet their mutual goals for success.” Please contact Nell at (901) 448-5516 or jblair20@uthsc.edu.

Parker Award Lecture - An Authoritative Voice

By Max D. Ray

(Presentation given at the 2010 ACCP Annual Meeting during the Paul Parker Medal Award ceremony—October 17, 2010)

Thank you, Dr. Tisdale.

I want to first let you all know that I share in your grief over the loss of Dr. Tom Foster. One of the founding visions of ACCP was that clinical pharmacists would have an authoritative voice in matters related to pharmacotherapy. I want to explore briefly today this notion of an authoritative voice for pharmacists.

Before I proceed, let me express how honored I feel by this recognition, and how grateful I am to receive an award named in honor of Dr. Paul Parker. Paul was a personal friend of mine, extending from around 1963 until his death in 1998. He was a great man—a visionary, a pioneer, an articulate spokesman for the profession, a teacher, mentor, and the consummate pharmacist. I said at Paul’s funeral service that he was a giant. The influence he continues to exert on the profession, some 13 years later, underscores his stature. He still looms large on the pharmacy horizon.

I want to thank two of my colleagues at the University of Tennessee for nominating me: Dr. Stephanie Phelps and Dr. Brad Boucher. I am very grateful to three other special friends for the marvelous letters of support they wrote: Dr. Ray Maddox, Dr. Don Letendre, and Dr. Lucinda Maine.

I want to leave you with four thoughts today about an authoritative voice for pharmacists. And I want to acknowledge that my thinking on this has been influenced greatly by Dr. Parker’s 1967 ASHP Whitney Lecture, which he titled “Drugs and the People.” Paul thought pharmacists should have an authoritative voice on all matters related to drugs and society, and especially on the clinical use of medications in individual patients. Point number one: it’s very impractical to think that pharmacists could come straight out of a Pharm.D. program with a voice of authority. An authoritative voice accrues gradually, and it requires knowledge, experience, clinical maturity, and distilled wisdom. One step down that path, I think, would be to set the expectation that all pharmacists take a residency program to help prepare them for a position of authority in the clinical use of medications. And I want to commend ACCP on the leadership position it has taken regarding universal residency training for pharmacists.
Second, I want to commend ACCP on the leadership it has provided in the area of specialization. Paul encouraged us in “Drugs and the People” to develop specialty fields within pharmacy. Rigorous training and experience in specialized areas of pharmacy lead to an authoritative voice. But we need to think now about clinical pharmacy generalists. It seems to me that specialty practice presupposes a general practice. We need practitioners who have an authoritative voice in the overall management of patients’ medication therapy—that is, clinical pharmacy generalists. We need to settle on a definition and on specific roles for a pharmacy generalist. We need to develop practice models for generalists. And we need to work out a structure for the relationship between generalists and specialists. This structure might be based on referrals, or on consultation, or both. Could pharmacy generalists be the ones, for example, to initiate consult requests to pharmacy specialists, rather than depending on physicians to initiate those requests? I encourage that ACCP work on the generalist model before it moves much further in the development of specialization or sub-specialization.

Third: Paul underscored the need for pharmacists to accept social responsibility for the full scope of medication use. And I agree. We need to have an authoritative voice in every aspect of the medication use system. I want to comment today on one specific area of social responsibility. Pharmacy practice—and, to a large degree, medical practice—is shaped by the drugs that are available on the market. But many of those drugs are unnecessary. Many others have very limited value. And many are highly toxic. On the other hand, we need new drugs in a number of areas. We need safer drugs. And we should demand that the pharmaceutical industry pay attention to those needs. The decisions that drive where the pharmaceutical companies put their R&D efforts are driven by the need for profit (or market share). Could we go to the pharmaceutical industry and say, “Work with us to re-set your priorities”? Do we have the voice of authority to accomplish this? If not, what would it take to get us there?

My last point: The number one problem facing the profession, in my opinion, is the fact that two-thirds of the American pharmacy workforce is employed in the for-profit corporate sector. In such situations, pharmacists have very little ability to manage their practice. Their work is controlled by corporately-generated job descriptions, and their performance evaluation is based on profit-driven productivity measures. Pharmacists in such an environment have very little opportunity to develop an authoritative voice on behalf of the millions of patients they serve every day. This situation is unacceptable. And it must change. I have hope that it will change.

In closing, I encourage the leadership of ACCP to chart its future course based not so much on credentialing issues and other admittedly important matters on which you have already provided superb leadership, but more on the unmet and under-met needs of patients in the area of the clinical use of medications. Let this be the litmus test for every element of your strategic plan. In the process, you will help pharmacy, in immeasurable ways, to find its authoritative voice. Wouldn’t that be wonderful?

I thank you all for this singular honor.
IT’S FOOTBALL TIME IN TENNESSEE – GO VOLS!!

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COLLEGE TRIVIA

At the conclusion of the last Newsletter it was 1937 and the college had just conferred the first BS degree in pharmacy.

World War II brought a dramatic decrease in pharmacy school enrollment but it escalated again in the latter 1940’s. Only 16 students graduated with pharmacy degrees from 1944 through 1946.

Overseas, two UT pharmacy grads and one student made the ultimate sacrifice for their country. In 1942, Lee New Minor (’40) was killed in China while serving with General Claire Chenault's famed "Flying Tigers." Navy Chief Pharmacist Mate David Edward Nolte (’27) died after Japanese bombs hit his destroyer off The Phillipines in 1944. Pete Hooser had completed only his first year of pharmacy school, and he was reported missing in action in Europe in 1944. Pete was the son of pharmacist Eddie and Aileen Hooser of Nashville. Eddie Hooser was President of the Tennessee Pharmacists Association at the time of his son’s death.

Upon the death of Dean Robert L. Crowe, Karl John Goldner succeeded him as dean, serving as dean until 1959, when he resigned to resume his teaching career. During the 1950’s pharmacy school tuition at UT was $90 per quarter or $270 per year. UT Memorial Hospital was completed in Knoxville, establishing a vital educational component.
The University of Tennessee College of Pharmacy

Submit news items to dbyrd4@uthsc.edu or jbogue@uthsc.edu

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